

**Request to Delegate Expense Report Duties**

This form is to be used to delegate the processing of a travel expense report to an assistant.

For Travel Expense Report Processors submit form to: [Travel@louisvilleky.gov](mailto:Travel@louisvilleky.gov)

It is the delegate's duty to be knowledgeable of all requirements, responsibilities, and functions of the expense processor. However, it is the responsibility of the traveler to ensure only allowable transactions are made, as outlined in the Out of Town (overnight) Travel Policy.

**Traveler Information:**

Name of Traveler:	Traveler Employee ID:
<b>By signing this document I am authorizing the delegate, provided below, to process my expense report.</b>	
Traveler Signature:	Date:

**Delegate:**

Name of Delegate:	
Email Address:	
Employee ID#	
By signing this document the delegate agrees to perform the duties of the aforementioned cardholder and to abide by all cardholder responsibilities as outlined in the corresponding Travel Policy and Procedures.	
Delegate Signature:	Date:

The delegate is to be active through the following dates: (enter no end date, if permanent)	
From:	To: