

THE HENSON

Richard A. Henson Hotel and Conference Center

Transfer Authorization

Date ____/____/____

ATTN: RICHARD A. HENSON CENTER MANAGEMENT

This is to confirm that _____ charges are authorized to the department's KFS account concerning payment for services provided through The Henson.

Dates: Arrival ____/____/____

Departure: ____/____/____

Name of Department: _____

Budget Number: _____ Amount: _____

Department Telephone Number: _____

I understand that my department is responsible for all charges incurred on this form.

Department Head/Chair: _____

(Signature)

Print Name: _____

Reason: _____

Administrative Affairs: _____

The University of Maryland Eastern Shore
906 Backbone Road
Princess Anne, MD 21853
Office (410) 651 – 8100
Fax (410) 651-7943

(Signature)

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