NAVARRO COUNTY
STATE TRAVEL MANAGEMENT PROGRAM
CONTRACT AIRLINE FARE AUTHORIZATION

NAME: _____ DEPARTMENT: _____

PURPOSE OF TRAVEL: _____

DESTINATION: _____

DEPARTURE DATE: _____

DEPARTURE TIME: o Morning o Noon to 6:00 o Anytime

RETURN DATE: _____

RETURN TIME: o Morning o Noon to 6:00 o Anytime

The undersigned certifies that the information contained herein is true and correct, is reasonable and within the employee's normal assignment and necessary for County business.

_____ _____
Employee Signature Date Officeholder Signature Date

Note: Employee must carry a copy of this authorization when traveling.

Travel Agency Use Only

CONTRACT RATE: _____

CONFIRMATION NUMBER: _____

CONFIRMATION DATE: _____

Note: Please return this along with Itinerary

County Auditor's Office Only

AUTHORIZATION FOR TRAVEL

This is to certify that the above named individual is authorized to travel utilizing the State Travel Management Program, of which Navarro County is a participant. This individual is on official County business and travel arrangements are the responsibility of Navarro County.

_____
Authorized County Official Date

CONTACT INFORMATION FOR THE COUNTY:
Office: Navarro County Auditor's Office
Point of Contact: Tim Easley Phone: 903-654-3095 Fax: 903-654-3097