

**NAVARRO COUNTY
STATE TRAVEL MANAGEMENT PROGRAM
CONTRACT AIRLINE FARE AUTHORIZATION**

NAME: _____ **DEPARTMENT:** _____

PURPOSE OF TRAVEL: _____

DESTINATION: _____

DEPARTURE DATE: _____

DEPARTURE TIME: _____

RETURN DATE: _____

RETURN TIME: _____

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

AIRFARE 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: Natalie Robinson Phone: 903-875-3321 Fax: 903-654-3097