

**NAVARRO COUNTY
STATE TRAVEL MANAGEMENT PROGRAM
FOR USE OF NAVARRO COUNTY CREDIT CARD**

NAME: _____ DEPARTMENT: _____

CONTRACT AIRLINE FARE AND/OR HOTEL AUTHORIZATION

PURPOSE OF TRAVEL: _____

DESTINATION: _____ AIRLINE: _____

DEPARTURE DATE: _____ DEPARTURE TIME: Morning Noon to 6:00 Anytime

RETURN DATE: _____ RETURN TIME: Morning Noon to 6:00 Anytime

HOTEL: _____ CONFIRMATION: _____

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.

Auditor 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: Terri Gillen; Phone: 903-654-3095 Fax: 903-654-3097