

**Miami-Dade County
Department Travel Liaison
Fiscal Year 2013-2014**

Department/Agency/Division: _____

Approved by: _____ Date: _____
DEPARTMENT DIRECTOR SIGNATURE
(NO SIGNATURE STAMP)

DEPARTMENT DIRECTOR NAME
(PLEASE PRINT OR TYPE)

The individual listed below has been designated by the Director above to serve as a point of contact between the Department and the Office of Management and Budget, as it relates to County travel.

The "Departmental Travel Liaison" will be responsible for ensuring that the County's travel policy and procedures are adhered to for the Department.

Should a Department have more than one "Departmental Travel Liaison", it is necessary to provide a form for each.

Name _____

Division _____

Physical Address _____

Telephone number _____ ext _____

Fax Number _____

Email Address _____

Return by:

Monday, September 16, 2013

Return to:

Anita Gibboney
Office of Management and Budget
111 NW First Street
22nd Floor