Reset Form Print Form

Miami-Dade County
Travel Authorized Signatures
Fiscal Year 2011-2012

Department/Agency/Division:_____

Approved By: _____ Date: _____

DEPARTMENT DIRECTOR
(NO SIGNATURE STAMP)

_____
DEPARTMENT DIRECTOR NAME
(PLEASE PRINT OR TYPE)

Return by, Monday, September 19, 2011

Return to: Dania Diaz, Finance Department, 111 N.W. 1st Street - Suite 2620.

This travel authorization form lists the names of the individual(s) authorized by the department director, in addition to him/herself, to approve all travel related documents in lieu of the Director. These individuals should be classified at level of division directors or higher.

This authorization, unless changed due to employee transfers, terminations or the re-assignment of duties, will be effective for the fiscal year ending September 30, 2012.

Any changes due to transfers, terminations or re-assignments must be reported immediately to the Finance Department. If so please make a **brief footnote on a copy of this form** explaining the cause/reason for the change(s) and forward to our office. Only a change in department director will require the completion of a new authorization form in its **entirety**. When updating the form for any reason, please provide the effective date.

The department director and all authorized signatures must comply with Miami-Dade County's Travel Policy and Procedures Manual and travel Administrative Order 6-1.

The individual(s) listed below are officially authorized by the department director to sign Travel Requests, Travel Expense Reports and any approval memo(s) related to a specific travel for fiscal year ending September 30, 2012.

This signature form is maintained in departmental order as proof of authorization for auditing purposes in the Finance Department, Controller's Division - Accounts Payable Unit.

NAME TYPE OR PRINT	DEPT. NAME (PREFIX)	SIGNATURE* (PLEASE USE BLUE INK)

* PLEASE SIGN EXACTLY IN THE MANNER WHICH YOU WILL BE APPROVING ALL TRAVEL RELATED DOCUMENTS.