



COUNTY OF MARTIN

Authorization for Overnight Travel

Employee's Name: _____

Date Submitted: _____ Department: _____

<i>Date</i>	<i>Event</i>	<i>Location</i>	<i>Est. Mileage</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Telephone number where you can be contacted in case of emergency: _____

Other person(s) traveling with you: _____

Will you be on leave during any time while out of Martin County?

No Yes - type of leave: _____

Date(s) and time of leave: _____

Approval

Traveler's Signature

Date

Department Head's Signature

Date

County Manager's Signature

Date