

Board of Supervisors Policy D – 1: Travel
 Delegation of Authority to Approve Travel Requests

Department/Agency: _____

I, as the head of the above-named department or agency, hereby delegate authority to approve travel requests, up to the amounts specified below, for the divisions specified, to the employee(s) listed below.

Signed: _____ Date: _____

Printed Name: _____

Employee Name	Title	Authorization Limit	Division(s)	Employee Signature*

*By signing above, I acknowledge that I have been delegated the specified authority. I further acknowledge that I understand Board of Supervisors Policy D -1: Travel, and will exercise my authority in accordance with its provisions.