



**FLORIDA ASSOCIATION OF GOVERNMENTAL FLEET ADMINISTRATORS
(FLAGFA)**

TRAVEL POLICY AGREEMENT

Per the FLAGFA Travel Policy, I hereby agree to:

1. Adhere to the Travel Policy established by the Executive Board:
2. Gain approval by the FLAGFA Executive Board to gain approval prior to travel or commitment of funds to any conference, meeting, convention, etc.
3. Make every effort to have travel funded by my respective affiliates.
4. If using Association funds, submit a Travel Expense Report to the Treasurer within ten (10) days upon return from trip.
5. Sign the Travel Policy Agreement, scan and send by e-mail to flagfa13@gmail.com.

Name/Title: _____

Signature & Date Signed: _____