COUNTY OF EL PASO, TEXAS County Auditor Office Travel/Training Pre-Check List

THIS CHECKLIST IS REQUIRED FOR ALL TRAVEL SUMBMISSIONS

The following is provided to assist in expediting Travel Advance/Reimbursement Requests by ensuring supporting documentation has been reviewed for reasonableness prior to submission to the County Auditor's Office. As per the County's Travel and Training Policy, all relevant travel and training forms shall be submitted to the County Auditor's Office at least 45 days prior to the date of travel. The issuance of travel related checks follows paid claims guidelines and Commissioners Court Agenda Deadlines. In most cases it takes more than a week to issue a check.

All forms must		forms including justification form and this checklist g the training and the department head, or designee
If the total cos	•	0.00, a signed employee training and professional
· · · · · · · · · · · · · · · · · · ·	O 1	expense receipts from previous training must be rel and training request is submitted.
	ere verified for consistency with train aining dates, if warranted).	ing dates (Explanation was provided justifying dates
Airfare was see warranted).	cured at least 21 days prior to trip ((Explanation was provided justifying exceptions, if
· · · · · · · · · · · · · · · · · · ·	<u> </u>	cation of training site (Explanation was provided are inconsistent with training dates).
to/from hotel ar	nd airport. If a rental car is needed and dinated with the County Purchasing	vailability of transportation (shuttle/taxi/Uber/Lyft) d justified within policy guidelines then a reservation department using the County's contracted rental car cluded. Written justification for rental car must be
_	st was verified and indication was no ent of registration by attendee.	oted for a separate vendor check payment or advance
	s estimates by day were verified votions, if warranted)	with policy guidelines. (Explanation was provided
Other estimates	s have been reviewed for accuracy as	nd reasonableness.
Travel advance	requested was verified for reasonab	pleness and accuracy.
All related doc	uments are signed by employee and	department head/elected official.
County Admin	strator Approval Signature:	
Date of Trip:	Purpose:	Destination:
Signature of Employee	requesting funds:	Date:
Signature of Department Head review:		Date: