

**Click on Bookmarks
To View Travel Detail**

TRAVEL VOUCHERS.TXT

1*****
 FAM165TV COUNTY OF EL PASO CNY RUN DATE: 12/10/2010
 TRAVEL VOUCHERS RUN TI
 PAGE NUM: 1

ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE SELECTION DATE: 99/99/9999 CHECK DATE: 12/10/2010 POSTING PERIOD: 03 2011
 OVOUCHER NUMBER VENDOR NUMBER INDEX PROJECT USER CODE GROSS NET CLEARED FOR
 DOC REFERENCE VENDOR NAME SUBOBJECT GRANT BALANCE DUE BALANCE DUE PAYMENT
 DOI NG BUSI NESS AS DESCR I PTI ON

0 TOTALS FOR TRANSA CTI ON DATE : 11/10/2010 .00 .00 .00
 1*****

FAM165TV COUNTY OF EL PASO CNY RUN DATE: 12/10/2010
 TRAVEL VOUCHERS RUN TI
 PAGE NUM: 2

ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE SELECTION DATE: 99/99/9999 CHECK DATE: 12/10/2010 POSTING PERIOD: 03 2011
 OVOUCHER NUMBER VENDOR NUMBER INDEX PROJECT USER CODE GROSS NET CLEARED FOR
 DOC REFERENCE VENDOR NAME SUBOBJECT GRANT BALANCE DUE BALANCE DUE PAYMENT
 DOI NG BUSI NESS AS DESCR I PTI ON

| VOUCHER NUMBER | VENDOR NUMBER | INDEX | PROJECT | USER CODE | GROSS | NET | CLEARED FOR |
|--------------------|--|-------|--|-----------|----------|----------|-------------|
| OTA1100060 | EMPO0062 01 | 6705 | GADMI NGF | | 1,062.33 | 1,062.33 | 1,062.33 |
| AUDI TORS OFFICE | | | | | | | |
| OTA1100061 | EMPO2496 01 | 6602 | BIRMI NGHAM, AL 1/25-28/11REG FIN MGMNT TRNG SMI NA | | 469.98 | 469.98 | 469.98 |
| SHERI FF DEPT | | | | | | | |
| OTA1100062 | EMPO2497 01 | 6602 | MI DLAND, TX 12/15-17/10 BASI C ANI MAL CONTROL CERT | | 369.98 | 369.98 | 369.98 |
| SHERI FF DEPT | | | | | | | |
| OTA1100063 | V010458 03 | 6703 | MI DLAND, TX 12/15-17/10 BASI C ANI MAL CONTROL CERT | | 1,449.00 | 1,449.00 | 1,449.00 |
| DALLAS COUNTY | | | | | | | |
| OTA1100064 | V023341 01 | 6703 | STATE DRG CRT TRNG-2011 10/06-08/10 DALLAS COUNTY | | 64.00 | 64.00 | 64.00 |
| KELLY SUMMERS BAYS | | | | | | | |
| OTA1100065 | V023399 01 | 6703 | STATE DRG CRT TRNG-2011 10/06-08/10 KELLY S BAYS | | 326.40 | 326.40 | 326.40 |
| SHEL I TTA GREEN | | | | | | | |
| OTA1100066 | V023401 01 | 6703 | STATE DRG CRT TRNG-2011 10/06-08/10 SHEL I TTA GREEN | | 383.40 | 383.40 | 383.40 |
| NI I ME MUHAMMAD | | | | | | | |
| OTA1100067 | V023411 01 | 6703 | STATE DRG CRT TRNG-2011 10/06-08/10 NI I ME MUHAMMAD | | 421.51 | 421.51 | 421.51 |
| KATHLEEN GRUVER | | | | | | | |
| OTA1100068 | V023616 01 | 6703 | STATE DRG CRT TRNG-2011 10/06-08/10 KATHLEN GRUVER | | 326.40 | 326.40 | 326.40 |
| MARY CONVI NGTON | | | | | | | |
| OTA1100069 | V023623 01 | 6703 | STATE DRG CRT TRNG-2011 10/06-08/10 MARY CONVI NGTON | | 308.80 | 308.80 | 308.80 |
| MCLENNAN COUNTY | | | | | | | |
| OTA1100070 | V023624 01 | 6703 | STATE DRG CRT TRNG-2011 10/06-08/10 MCLENNAN CO | | 1,086.00 | 1,086.00 | 1,086.00 |
| ANGELI NA COUNTY | | | | | | | |
| 0 | TOTALS FOR TRANSA CTI ON DATE : 12/13/2010 | | | | 6,267.80 | 6,267.80 | 6,267.80 |
| 0 | REPORT TOTAL | | | | 6,267.80 | 6,267.80 | 6,267.80 |

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP00062 01
 Voucher Total: \$1,062.33
 No. of Lines: 1
 T/C Hash : 208

Single Check (Y/N): _____

Date Entered: 12/09/2010

Entered by: AN

Preparer's Initials: AN

Amount Spelled: ONE THOUSAND,
SIXTY TWO DOLLARS AND THIRTY THREE CENTS

Vendor Name: DONNA TEAGUE
AUDITORS OFFICE
Street: 415 W. REDD RD. APT 34B

City, State, Zip: EL PASO TX 79932

Subject: BIRMINGHAM, AL 1/25-28/11REG FIN MGMNT TRNG SMINA

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|------|--------|---|----------|---------|-----|------------|--------|------------|
| 01 | 208 | 1,062.33 | GADMINGF | 6705 | 145 | CAU004 | | |
| | Desc: | BIRMINGHAM, AL 1/25-28/11REG FIN MGMNT TRNG SMINA | | | | | | |
| 02 | | | | | | | | |
| | Desc: | | | | | | | |
| 03 | | | | | | | | |
| | Desc: | | | | | | | |
| 04 | | | | | | | | |
| | Desc: | | | | | | | |
| 05 | | | | | | | | |
| | Desc: | | | | | | | |
| 06 | | | | | | | | |
| | Desc: | | | | | | | |
| 07 | | | | | | | | |
| | Desc: | | | | | | | |
| 08 | | | | | | | | |
| | Desc: | | | | | | | |
| 09 | | | | | | | | |
| | Desc: | | | | | | | |
| 10 | | | | | | | | |
| | Desc: | | | | | | | |

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 12/09/2010

Approved by: _____ Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

DEC - 6 2010

Travel

Type: **ADVANCE**

Name: Donna Teague Department: County Auditor
 Date of Trip: Departure Date: 01/25/11 Return Date: 01/28/11 Destination: Birmingham, AL
 * Event: 2011 Regional Financial Management Training Seminars
 County Related Purpose: To meet Grant guidelines.

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: GADMINGF Sub-Object: 6705
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$36.0 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

| | | * CC |
|-----------------------------|-------------------|---------------|
| Airfare | \$360.80 | |
| Auto Rental | | |
| Mileage (.40 /mile) | | |
| Gas | | |
| Meal rate on Departure date | 27.00 | |
| Meal per diem (\$36.00) | 72.00 | |
| Meal rate on Return date | 18.00 | |
| Lodging | 547.03 | |
| Other - Registration | | |
| Other - Parking/Tolls | 17.50 | |
| Other - Taxi | 20.00 | |
| Other - Shuttle | | |
| Other - | | |
| TOTAL | <u>\$1,062.33</u> | <u>\$0.00</u> |

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: Emp 00062
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

CC

ADVANCE FROM COUNTY

\$1,062.33 \$0.00

Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: SIGNING OF THIS FORM IS AN ACKNOWLEDGEMENT OF THE COUNTY TRAVEL POLICY WHICH AUTHORIZES THE SALARY OFFSET OF WAGES FOR NONCOMPLIANCE

EMPLOYEE [Signature]
 SIGNATURE
 DEPT. HEADS [Signature]
 SIGNATURE

C.C.O. DATE

DATE: 6-Dec-10

**COUNTY OF EL PASO, TEXAS
COMMISSIONERS COURT TRAVEL EXPENSE POLICY
APPROVED NOVEMBER 8, 2010**

The following are some commissioners court guidelines to be used in conjunction with travel advances and expenses.

All travel vouchers and receipts must be submitted to the county treasury on or before the 10th working day from your last authorized travel date. If a refund is due to the County of El Paso, travel vouchers must be submitted to the county treasury along with any unused funds that were advanced and all supporting documentation. In regards to documentation, any lost receipts are the responsibility of the person receiving a county advance. Your evidence of such a refund will be a pink deposit warrant copy issued by the county treasury.

All travel expenses require adequate supporting documentation or justification. Failure to provide adequate documentation or justification may cause your travel expenses to be disallowed by commissioners court and a refund to the county will be required. Personal expenses must be separated from county business expenses. Failure to adhere to this policy will result in salary offset of wages for any unallowable expenses or unreturned travel vouchers and receipts.

Instructions to Complete Travel Expense Vouchers

Purpose of Travel

Please record a brief description of the purpose of your trip (to attend a conference, seminar, school, et cetera).

Date(s) of Trip

Please show the date(s) of your authorized travel. Expenses must be maintained on a day-by-day basis which will facilitate identifying travel costs to be accounted for. All travel advances from current year funds must be approved by September 30. Travel advances for dates subsequent to fiscal year end utilizing current year funds must relate to travel that will be taken no later than November 15, of the new fiscal year.

Travel (Mode of Transportation)

Please report all expenses incurred for air fare, bus fare, car rental, shuttle and mileage reimbursement.

Lodging

Please attach a receipt for all lodging charges showing actual charges, name of the establishment, mailing address and date(s).

Mileage Reimbursement

The County's mileage rate is 40 cents per mile, when an employee's personal vehicle is used for county related travel.

Meals

A \$36.00 meal per diem with **no** receipts required for documentation. For out-of-town travel of a half day or less (ie: day of departure and/or day of return) the per diem rate is \$9.00 breakfast, \$9.00 lunch, \$18.00 dinner. If meals are included as program cost then the per diem must be adjusted accordingly. No per diem expense for travel where departure and return are on the same date.

Other

All other expenditures should be recorded, described and supported by receipts to the greatest extent possible.

Prohibited County Travel Expenses

Prohibited expenses include but are not necessarily limited to the following:

No Alcoholic drinks

No Nonbusiness related long distance and local telephone calls

No Supplies, books or other items which must be processed by the purchasing agent

No Movies, door prizes, gratuities (Tips)

No Utilization of travel agency

El Paso County Travel Justification Form

Employee: Donna Teague Signature [Signature] Date: 12/6/2010
Dept. Head: Edward Dion Signature _____ Date: 12/6/2010
Dept: Co. Auditor Job Title: Grant Accounting Supervisor

Travel Funding Source: X County Grant Other
Will any funds be reimbursed by another entity? NO
Travel Account No: Balance Remaining for FY: _____

Purpose: (check one)

[] Statutorily Required Training to Hold Elective Office
Statue Refrence:
My effective office requires _____ number of training hours annually.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this cours? _____
Please provide documentation for hours needed.

[] Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)
My effective office requires _____ number of training hours annually.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this cours? _____

[] Additional Professional or Technical Training NOT Required to Maintain License/Certification

[] Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy
Entity Name: _____
Purpose of Visit: _____

[] Travel for Program Revenue Enhancement/Sales Opportunity
Explain: _____

[] Program Development Training
Explain: _____

[] Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

[] Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

X [] Other: Grant Manadated Travel

Donna Teague

From: Woldu Woldu [wolduw@esi-dc.com]
Sent: Monday, December 06, 2010 9:16 AM
To: Donna Teague
Subject: Registration Confirmation
Attachments: 0Z40NSGU0.htm

Thank you for registering!

The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Office of the Chief Financial Officer (OCFO) has received your registration for the Birmingham, AL OCFO 2011 Regional Financial Management Training Seminar. All registrations are subject to approval. You will receive a second notice within 10 business days with a registration status update. If you have any questions, please contact rfmtsregistrar@esi-dc.com.

Reference Number is: OJPNOV10-43



El Paso, TX to Birmingham, AL

Air

Modify **\$360.80**

ITINERARY

| | | | | |
|---------------|--|-------|--|----------|
| DEPART | El Paso, TX to Birmingham, AL | #2636 | Depart El Paso, TX (ELP) | 9:20 AM |
| JAN | Tuesday, January 25, 2011 | | Arrive in Dallas (Love Field), TX (DAL) | 11:50 AM |
| 25 | Travel Time 5h 45 m (1 stop, includes 1 plane change) | #238 | Change in Dallas (Love Field), TX (DAL) | 2:35 PM |
| | | | Arrive in Birmingham, AL (BHM) | 4:05 PM |
| RETURN | Birmingham, AL to El Paso, TX | #702 | Depart Birmingham, AL (BHM) | 8:55 AM |
| JAN | Friday, January 28, 2011 | | Arrive in Dallas (Love Field), TX (DAL) | 10:55 AM |
| 28 | Travel Time 4h 45 m (1 stop, includes 1 plane change) | #168 | Change in Dallas (Love Field), TX (DAL) | 11:50 AM |
| | | | Arrive in El Paso, TX (ELP) | 12:40 PM |

PRICE

| Passenger Type | Trip | Routing | Fare Type | Base Fare | Govt. Taxes and Fees | Quantity | Total |
|---|--------|-------------|----------------|-----------------|----------------------|----------|-----------------|
| Adult | Depart | ELP-DAL-BHM | Wanna Get Away | \$147.91 | \$32.49 | 1 | \$180.40 |
| Adult | Return | BHM-DAL-ELP | Wanna Get Away | \$147.91 | \$32.49 | 1 | \$180.40 |
| Please read the fare rules associated with this purchase. | | | | \$295.82 | \$64.98 | 1 | \$360.80 |

Total Due **\$360.80**

1 TICKET. 2 BAGS. 0 FEES.



BAG FEES = \$0.00

Fly Southwest and save up to \$120 roundtrip. First and second checked bags. Weight and size limits apply.

Total **\$360.80**



Purchase your shopping cart... I accept the rules and want to continue with this purchase

Continue

Hotel

We'll keep an eye on your cart for you while you shop. Products not confirmed until purchase.



Search for hotels in Birmingham (01/25/2011 - 01/28/2011)

Close To (optional)
Center of city

Show Only (optional)
Hotel Chains

Find Hotels

Car

We'll keep an eye on your cart for you while you shop. Products not confirmed until purchase.



Type in any city or airport in the U.S., Canada or Mexico

Pickup Location

Pickup Date

Dropoff Date

Advanced Search

Find Cars

Trip Total **\$360.80**

Purchase your shopping cart... I accept the rules and want to continue with this purchase

Continue

You are now completing a reservation at Doubletree Hotels

Doubletree Hotels Home



[Help](#)

Making reservations is quick and easy for registered users! Sign in to access your account information.

Username/HHonors # Password/PIN

Your Pending Reservation Details

Selected Hotel [Edit](#)

Doubletree Hotel Birmingham
 808 South 20th Street, Birmingham, Alabama 35205
 1-205-933-9000

Stay Information [Edit](#)

Check-in: Tue 25 Jan 2011
Check-out: Fri 28 Jan 2011
Rooms: 1 Room
Guests per Room: 1 Adult

Room Type Preferences:

Non-Smoking
Your room type preferences will be submitted with your reservation and are subject to hotel availability.

Room / Rate Information [Edit](#)

Room Description:
 2 DOUBLE BEDS-NONSMOKING

Rate Type:
 INTERNET BEST RATE
 Rate per Night (USD) 159.95

| | |
|-----------------------|---------------|
| Total For Stay | |
| Rate (USD) | 479.85 |
| Taxes | 67.18 |
| Total | 547.03 |

Total For Stay
547.03 USD
Your total cost is estimated according to the tax information described below.

* required field

Guest Information

We value your privacy. See our comprehensive [policy](#) for more details.

*First Name *Last Name

Company

*Address *City

*State or Province U.S. / Canada Outside U.S. / Canada

*Zip/Postal Code *Country United States

Contact Information

*E-Mail Address *Phone Number

Hold/Guarantee

There is a Credit Card required for this reservation. If you wish to cancel, please do so by 6pm, hotel local time, on the day of arrival to avoid cancellation penalties.

*Credit Card Type
Select

*Credit Card Number

*Expiration Date
12 / 2010

[View our privacy policy.](#) (Updated July 2007)



ABOUT SSL CERTIFICATES

Your Rate Information

Rate Type:

INTERNET BEST RATE
Rate per Night (USD) 159.95

Total For Stay

| | |
|------------|--------|
| Rate (USD) | 479.85 |
| Taxes | 67.18 |
| Total | 547.03 |

Total For Stay

547.03 USD

Earn Rewards

Enter your HHonors number to earn points for qualifying stays.

HHonors® #

Two account types. Both could save you time.

Register for a **Fast Reservations** account to receive:

- Personalized profile
- Email subscription management
- Faster reservations

Register for a **Hilton HHonors®** account to receive all the benefits of a **Fast Reservations** account PLUS:

- Hotel points and airline miles for the same stay
- Recognition at over 2,700 Hilton Family Hotels Worldwide
- Free hotel nights, merchandise rewards and more!

Yes! I would like to create an account.

(You will be given the chance later to complete your account sign-up.)

Comments

Please note that comments may not be read by the hotel until the day of arrival. Due to system limitations please do not use the following characters: &, %, < and >.



You have 100 remaining characters.

Tax & Service Charge

Taxes are estimated based on a 14.00 % per room per night tax. Changes in taxes or fees applied after booking may affect the total rate for your stay.

Additional Charges

- Parking charges: Self parking: 10.00

Rules & Restrictions

- There is a Credit Card required for this reservation.
- If you wish to cancel, please do so by 6pm, hotel local time, on the day of arrival to avoid cancellation penalties.
- A maximum of one room per night at a specific hotel for the Diamond VIP Member to occupy may be validly booked in accordance with the Hilton HHonors Terms and Conditions Diamond VIP Membership 48 hour guaranteed reservations benefit. Additional rooms booked at the same hotel for the same date(s) utilizing the 48

hour guaranteed reservations benefit are invalid and will be cancelled by the hotel and accommodations denied without any liability for such cancelled rooms. Rooms booked utilizing the 48 hour guaranteed reservations benefit are booked at the prevailing rates and pre-negotiated rates and/or corporate rates cannot be utilized with this benefit and cannot be honored.

- At check-in, the front desk will verify your check-out date. Rates quoted are based on check-in date and length of stay. Should you choose to depart early, price is subject to change.
- We reserve the right to cancel or modify reservations where it appears that a customer has engaged in fraudulent or inappropriate activity or under other circumstances where it appears that the reservations contain or resulted from a mistake or error.

I have read and accept the Rules and Restrictions and [Site Usage Agreement](#).

[Book Now](#) ▶

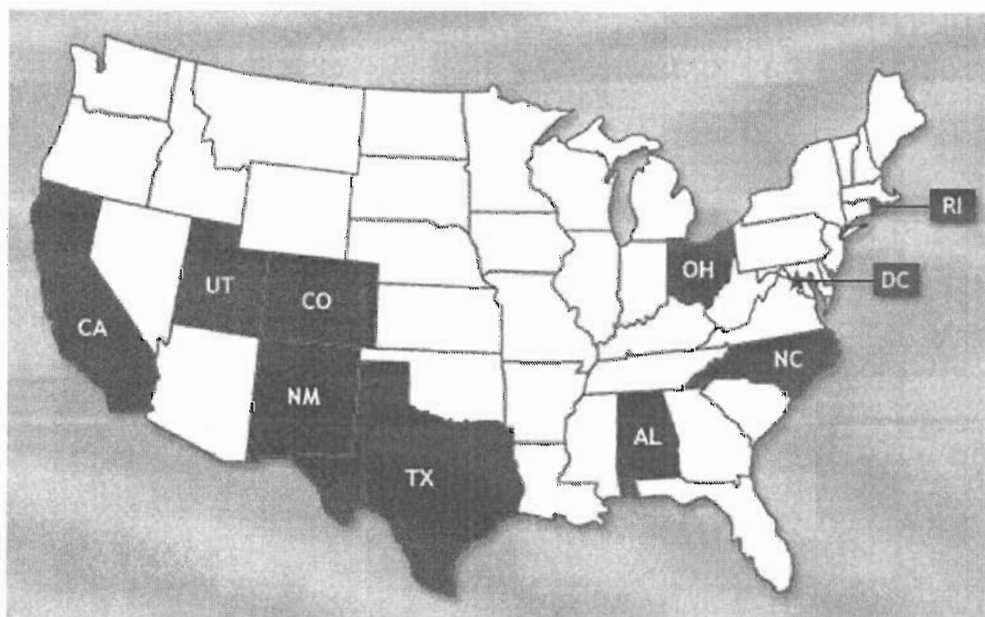
2011 Regional Financial Management Training Seminars

[Home](#) [General Information](#) [Locations & Registration](#) [Agenda](#)

2011 Seminar Locations

“The information provided was presented in a very “grantee” friendly way. I’m also glad the presenters allowed time to ask questions. The exercises allowed for hands on learning.”

[View by state \(click on the highlighted state\)](#) | [View by date](#)



When placing hotel reservations, reference the "Group Code" to receive the special seminar rate.

Seminar Locations by state

Alabama

| | |
|-----------------------------------|---------------------|
| Dates | January 26–27, 2011 |
| Hotel | TBD |
| Room Rates | TBD |
| Hotel Reservation Deadline | TBD |
| Register | Space available |

[[back to top](#)]

California

| | |
|-----------------------------------|---------------------|
| Projected Dates | October 19–20, 2011 |
| Hotel | TBD |
| Room Rates | TBD |
| Hotel Reservation Deadline | TBD |
| Register | Space available |

[[back to top](#)]

Colorado

| | |
|-----------------------------------|-----------------------|
| Projected Dates | September 21–22, 2011 |
| Hotel | TBD |
| Room Rates | TBD |
| Hotel Reservation Deadline | TBD |
| Register | Space available |

[[back to top](#)]

District of Columbia

| | |
|---------------------------|--|
| Dates | February 16–17, 2011 |
| Hotel | Washington Plaza Hotel 10 Thomas Circle, NW Washington, DC 20005 |
| Hotel Phone Number | 800-424-1140 |
| Group Code | OCFO 2011 Regional Seminar |
| Room Rates | \$181 plus tax |

| | |
|-----------------------------------|------------------|
| Hotel Reservation Deadline | January 25, 2011 |
|-----------------------------------|------------------|

| | |
|-----------------|-----------------|
| Register | Space available |
|-----------------|-----------------|

[[back to top](#)]

District of Columbia (Arlington, VA)

| | |
|------------------------|-------------------|
| Projected Dates | July 20–21, 2011* |
|------------------------|-------------------|

| | |
|--------------|-----|
| Hotel | TBD |
|--------------|-----|

| | |
|-------------------|-----|
| Room Rates | TBD |
|-------------------|-----|

| | |
|-----------------------------------|-----|
| Hotel Reservation Deadline | TBD |
|-----------------------------------|-----|

| | |
|-----------------|-----------------|
| Register | Space available |
|-----------------|-----------------|

**First time OJP/OVW grant recipients have priority registration at this session.*

[[back to top](#)]

District of Columbia (Arlington, VA)

| | |
|------------------------|--------------------|
| Projected Dates | December 7–8, 2011 |
|------------------------|--------------------|

| | |
|--------------|-----|
| Hotel | TBD |
|--------------|-----|

| | |
|-------------------|-----|
| Room Rates | TBD |
|-------------------|-----|

| | |
|-----------------------------------|-----|
| Hotel Reservation Deadline | TBD |
|-----------------------------------|-----|

| | |
|-----------------|-----------------|
| Register | Space available |
|-----------------|-----------------|

[[back to top](#)]

North Carolina

| | |
|------------------------|------------------|
| Projected Dates | June 22–23, 2011 |
|------------------------|------------------|

| | |
|--------------|-----|
| Hotel | TBD |
|--------------|-----|

| | |
|-------------------|-----|
| Room Rates | TBD |
|-------------------|-----|

| | |
|-----------------------------------|-----|
| Hotel Reservation Deadline | TBD |
|-----------------------------------|-----|

| | |
|-----------------|-----------------|
| Register | Space available |
|-----------------|-----------------|

[[back to top](#)]

New Mexico (Tribal*)

| | |
|--------------|-------------------|
| Dates | April 26–27, 2011 |
|--------------|-------------------|

| | |
|--------------|-----|
| Hotel | TBD |
|--------------|-----|

| | |
|-------------------|-----|
| Room Rates | TBD |
|-------------------|-----|

| | |
|-----------------------------------|-----|
| Hotel Reservation Deadline | TBD |
|-----------------------------------|-----|

Register

Space available

**Federally recognized American Indian and Alaska Native Tribes and Tribal organizations who are OJP/OVW recipients of grant funds will have priority registration at the session.*

[[back to top](#)]**Ohio****Projected Dates**

May 18–19, 2011

Hotel

TBD

Room Rates

TBD

Hotel Reservation Deadline

TBD

Register

Space available

[[back to top](#)]**Rhode Island****Dates**

August 10–11, 2011

Hotel

TBD

Room Rates

TBD

Hotel Reservation Deadline

TBD

Register

Space available

[[back to top](#)]**Texas****Dates**

November 16–17, 2011

Hotel

TBD

Room Rates

TBD

Hotel Reservation Deadline

TBD

Register

Space available

[[back to top](#)]**Utah****Dates**

March 16–17, 2011

Hotel

TBD

Room Rates

TBD

Hotel Reservation Deadline

TBD

[Register](#)

Space available

[\[back to top \]](#)

Click on the seminar location for more details.

Seminar Locations by date

| | |
|--|---|
| January 26–27, 2011 | Birmingham, AL |
| February 16–17, 2011 | Washington, DC |
| March 16–17, 2011 | Salt Lake City, UT |
| April 26–27, 2011 | Albuquerque, NM |
| May 18–19, 2011 (projected) | Cincinnati, OH |
| June 22–23, 2011 (projected) | Charlotte, NC |
| July 20–21, 2011 (projected) | Washington, DC |
| August 10–11, 2011 | Providence, RI |
| September 21–22, 2011 (projected) | Denver, CO |
| October 19–20, 2011 (projected) | San Diego, CA |
| November 16–17, 2011 | Houston, TX |
| December 7–8, 2011 (projected) | Washington, DC |

[\[back to top \]](#)

2011 Regional Financial Management Training Seminars

[Home](#) [General Information](#) [Locations & Registration](#) [Agenda](#)

“Very informative and educational. Best training by a Federal funding agency!”

General Information

Duration

Each 2-day seminar begins at 8:30 a.m. and ends at 5:00 p.m. Certificates are only given to participants who fully complete the 2-day training.

Who Should Attend

The seminars are designed for persons responsible for the financial administration of formula and/or discretionary grants and cooperative agreements awarded from Federal grant-in-aid programs administered by DOJ and OJP Bureaus and Offices.

Seminar Curriculum

Seminars will cover the formula/discretionary grants and cooperative agreements awarded by DOJ/OJP program offices. Knowledgeable and experienced OCFO officials will introduce seminar topics, serve as primary seminar presenters, and facilitate seminar discussion. Topics to be covered include:

- Application review process
- Grantee financial reporting requirements
 - SF-425 Federal Financial Report (FFR-425)
 - SF-1512 Reporting
- Payment methods
- Matching fund requirements
- Indirect cost methods
- Monitoring responsibility
- Grant fraud awareness
- Federal Funding Accountability and Transparency Act of 2006 (FFATA)
- Grant closeout process

Federal regulations and requirements governing the recording and expenditure of program income, procurement, lobbying, compliance with drug-free

workplace requirements, supplanting, and audits will also be reviewed.

Cost

There is no registration fee for the seminars. Seminar attendees are responsible for all costs associated with their participation in the seminar, including transportation, lodging, and meals.

Seminar Attire

Participants are invited to dress casually.

Hotel Accommodations

A block of rooms will be reserved at each of the seminar hotel sites. Attendees presenting government identification may be exempt from some of the taxes; check with the hotel when you make your reservation. Since the room rate indicated can only be guaranteed through the specified cutoff date, please make your reservations as soon as possible. Attendees traveling on grant funds are required to book lodging at or below the government lodging maximum (e.g., the rate at which the reserved rooms have been booked). If you are not offered this rate by the hotel before the reservation cutoff date, please notify us at rfmtsregistrar@esi-dc.com.

Transportation

Participants are responsible for arranging their own transportation.

Registration

Attendance for each seminar is limited, so register early. First-time attendees will be given priority. To ensure the training is available to as many participants as possible, please attend the training no more frequently than once every 2 years. Each person planning to attend the seminar must [register](#).

[Privacy Policy](#)

2011 Regional Financial Management Training Seminars

[Home](#) [General Information](#) [Locations & Registration](#) [Agenda](#)

Agenda

“Openness to questions, expertise of presenters, demonstrated desire to help. Huge amount of practical information. Well done and comprehensive handouts.”

- Opening Remarks
 - Personal Introductions
 - Overview of Course
- OJP Programs/Organization Structure
- Federal Budget Process
- Financial Management Systems
- Federal Laws and Regulations
- Common Rules
 - Suspension and Debarment
 - Drug-Free Workplace
 - Lobbying
- 2 CFR Part 225 (also known as OMB Circular A-87)
 - Selected Items of Cost
- Supplanting
- Match Requirements
- Procurement
 - Justification for Sole Source
- Pre-Award Exercise
- Financial Analysis/Exercise
- Award Notification and Acceptance
- Conditions of Awards
- Availability of Funds
- Program Income
- Payments
- Adjustments
- Financial Reporting/Exercise
 - Financial Point of Contact (FPOC)
- OMB Circular A-133
 - Audit Requirements
- Monitoring/Fraud
- Close-outs

- Financial Guide/Resources
- American Recovery & Reinvestment Act of 2009
 - Reporting Requirements
- Wrap-Up
 - Memorable Moments
 - Evaluations
 - Certificates

[Privacy Policy](#)

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO2496 01
 Voucher Total: \$469.98
 No. of Lines: 1
 T/C Hash : 208

Single Check (Y/N): _____

Date Entered: 12/09/2010
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: FOUR HUNDRED,
 SIXTY NINE DOLLARS AND NINETY EIGHT CENTS

Vendor Name: MICHAEL P. GONZALES
SHERIFF DEPT
 Street: 500 EAST SAN ANTONIO

City, State, Zip: EL PASO TX 79930

Subject: MIDLAND, TX 12/15-17/10 BASIC ANIMAL CONTROL CERT

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|------|--------|---|-------------|---------|-----|------------|--------|------------|
| 01 | 208 | 469.98 | SHERIFFLEOS | 6602 | 145 | SHE004 | | |
| | Desc: | MIDLAND, TX 12/15-17/10 BASIC ANIMAL CONTROL CERT | | | | | | |
| 02 | Desc: | | | | | | | |
| 03 | Desc: | | | | | | | |
| 04 | Desc: | | | | | | | |
| 05 | Desc: | | | | | | | |
| 06 | Desc: | | | | | | | |
| 07 | Desc: | | | | | | | |
| 08 | Desc: | | | | | | | |
| 09 | Desc: | | | | | | | |
| 10 | Desc: | | | | | | | |

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 12/09/2010

Approved by: _____ Date: _____



TJ

PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

Travel

Type: ADVANCE

Name: Michael P. Gonzales Department: EPSO
 Date of Trip: Departure 12/15/10 Arrival Date: 12/17/10 Destination: Midland, Texas
 * Purpose of Trip: Basic Animal Control Certification

*** Use of GADMINGF Funds requires legislative impact explanation**

Department Index: SHERIFFLEOS Sub-Object: 6602
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

| | | * CC |
|-----------------------------|----------|-------|
| Airfare | _____ | _____ |
| Auto Rental | _____ | _____ |
| Mileage (.40 /mile) | _____ | _____ |
| Gas | 100.00 | _____ |
| Meal rate on Departure date | _____ | _____ |
| Meal per diem (\$35.00) | 87.50 | _____ |
| Meal rate on Return date | _____ | _____ |
| Lodging | 207.48 | _____ |
| Other - Registration | 75.00 | _____ |
| Other - Parking/Tolls | _____ | _____ |
| Other - Taxi | _____ | _____ |
| Other - | _____ | _____ |
| Other - | _____ | _____ |
| TOTAL | \$469.98 | _____ |

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: EMP02496
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

| ADVANCE FROM COUNTY | \$469.98 | CC | \$0.00 |
|---------------------|----------|-------------|--------|
| Name: _____ | | Name: _____ | |
| Name: _____ | | Name: _____ | |
| Name: _____ | | Name: _____ | |
| Name: _____ | | Name: _____ | |
| Name: _____ | | Name: _____ | |

NOTATION: TRAVEL REQUEST FORM MUST
 BE SUBMITTED TO COUNTY AUDITORS-
 ACCOUNTS PAYABLE DIVISION BEFORE
TUESDAY 12:00 PM

SIGNATURE [Signature]
 DATE: 29-Nov-10

C.C.O. DATE 11/29/2010

31-Dec-10

[Signature] 11-29-10

Hotel Recommendations

The Basic ACO Course will be held at the DSHS office in Midland at
2301 N. Big Spring Rd. Midland, TX 79705

Below are hotel recommendations for some nearby hotels. Since hotels in Midland book up fast we recommend you make your reservations as early as possible. Please see attached map for course and hotel locations.

Plaza Inn
4108 N. Big Spring Rd.
Midland, TX 79705
1-800-365-3222

Comfort Suites
4706 N. Garfield St
Midland, TX 79705
(432) 620-9191

La Quinta
2606 N Loop 250 West
Midland, TX 79707
(432) 694-1200

Your Confirmation Information

Your reservation has been confirmed: [YRV7E335E](#)

Plaza Inn

4108 N Big Spring
Midland, TX 79705
432-686-8733

Your Itinerary | [Modify](#)

Check In 12/15/2010
Check Out 12/17/2010
Nights 2 Rooms 1
Adults/Room 1 Children 0
Rate Code Standard Rack
Room Type King Bed Non Smoking

Cost Summary

Subtotal \$182.00
Taxes & Fees \$25.48
Total \$207.48

Guest Information | [Modify](#)

First Name Michael
Last Name Gonzales
Address 1325 Hookridge
City El Paso
Country US
State/Province Texas
Zip/Postal Code 79925
Company El Paso County Sheriff's Office
Phone Number 915-433-8708
Email Address mgonzales@epcounty.com
Opt in to receive info No

Billing Information | [Modify](#)

Card Type VISA
Name on Card Michael P Gonzales
Credit Card No XXXXXXXXXXXX6999
Expiration Date 10/31/2014

King Bed Non Smoking | [Modify](#)



One King Non Smoking with cable television, hairdryer, iron, ironing board, coffee maker and wireless internet.

- Internet Access - Wireless
- Coffeemaker
- Hairdryer In Room
- Iron
- Ironing Board
- Alarm Clock

Comments

N/A

Guest Preferences (if available upon check in)

N/A

Terms and Conditions

General Policy

Check In: 3:00 PM
Check Out: 12:00 PM
Must be 21 years or older to reserve a room

Guarantee Policy

A valid Credit Card is required to confirm your reservation.

Cancellation Policy

Cancel by 4 PM on day of arrival, local hotel time, to avoid a 1 night(s) cancel penalty charge

Pet Policy

No pets allowed at this property



November 12, 2010

Dear Sgt. Michael Gonzales,

Congratulations! You have been accepted to attend the Texas Department of State Health Services Region 9/10 **Animal Control Officer (ACO) Basic Training Course** scheduled for **December 16th & 17th, 2010** from **8:00 am to 5:00 pm**. The course will be held at the Texas Department of State Health Services Midland Office at **2301 N. Big Spring St., Midland, TX 79705**. Officers are requested to wear their uniforms while attending the course.

There is a Texas Department of State Health Services (DSHS) *ACO Training Manual* (revised September 2009) to support the basic course. Prior to the course, students will need to study the basic chapters and laws in the manual, as the written test contains general and legal multiple choice questions based on the content of the manual. You must pass both parts of the written test in order to satisfactorily complete the course. **It is imperative that you study the manual and complete the enclosed pre-course assignment before coming to the class.** Please bring the manual to class with you. You must attend the complete course.

Call us as soon as possible at 915-834-7780 if you are unable to attend so that another officer can be enrolled in your place. We look forward to seeing you.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Reese".

Susan Reese, MPH
Regional Zoonosis Control Representative

Enclosures: Pre-course Assignment
Hotel Recommendations and Directions

Registration Fee:

Please mail a check or money order of \$75.00 prior to attending the course

***Texas Department of State Health Services
Attn: Zoonosis Control Staff
401 E Franklin Ste 210
El Paso, TX 79901***

Jorge Lopez

From: Lucille Samuel
Sent: Monday, November 29, 2010 4:17 PM
To: Victor Perez; Jorge Lopez
Attachments: Untitled.PDF - Adobe Acrobat Pro.pdf

Animal Control

El Paso County Travel Justification Form

Name: Michael Gonzales Signature  Date: 12/7/10

Dept: SO Job Title: Deputy Sergeant

Travel Funding Source: County Grant Other

Will any funds be reimbursed by another entity? _____ Travel
Account No.: _____ Balance Remaining for FY: _____

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

Statute Reference: _____ My
elective office requires _____ number of training hours per _____ months. I have already
fulfilled _____ of these hours for this time period. Estimated hours to be obtained from
this course? _____.

Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)

**Additional Professional or Technical Training NOT Required to Maintain
License/Certification**

**Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State
Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: _____ Purpose
of Visit: _____

Travel for Program Revenue Enhancement/Sales Opportunity
Explain: _____

Program Development Training
Explain: Tobacco Prevention

**Travel to Professional, County, or Elected Officials' Organization
Meeting/Convention**
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: AUSA Conference
Adopted by the El Paso County Commissioners Court on November 17, 2003

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO2497 01
 Voucher Total: \$369.98
 No. of Lines: 1
 T/C Hash : 208

Single Check (Y/N): _____
 Date Entered: 12/09/2010
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: THREE HUNDRED,
 SIXTY NINE DOLLARS AND NINETY EIGHT CENTS

Vendor Name: KUN LEE KIM
 SHERIFF DEPT
 Street: 500 EAST SAN ANTONIO

City, State, Zip: EL PASO TX 79901

Subject: MIDLAND, TX 12/15-17/10 BASIC ANIMAL CONTROL CERT

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|------|--------|---|-------------|---------|-----|------------|--------|------------|
| 01 | 208 | 369.98 | SHERIFFLEOS | 6602 | 145 | SHE004 | | |
| | Desc: | MIDLAND, TX 12/15-17/10 BASIC ANIMAL CONTROL CERT | | | | | | |
| 02 | | | | | | | | |
| | Desc: | | | | | | | |
| 03 | | | | | | | | |
| | Desc: | | | | | | | |
| 04 | | | | | | | | |
| | Desc: | | | | | | | |
| 05 | | | | | | | | |
| | Desc: | | | | | | | |
| 06 | | | | | | | | |
| | Desc: | | | | | | | |
| 07 | | | | | | | | |
| | Desc: | | | | | | | |
| 08 | | | | | | | | |
| | Desc: | | | | | | | |
| 09 | | | | | | | | |
| | Desc: | | | | | | | |
| 10 | | | | | | | | |
| | Desc: | | | | | | | |

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 12/09/2010

Approved by: _____ Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

NTJ

Travel

Type: **ADVANCE**

| | | | |
|-------------------------|---|---------------|-----------------|
| Name: | <u>Kun L. Kim</u> | Department: | <u>EPSO</u> |
| Date of Trip: Departure | <u>12/15/10</u> | Arrival Date: | <u>12/17/10</u> |
| Destination: | <u>Midland, Texas</u> | | |
| * Purpose of Trip: | <u>Basic Animal Control Certification</u> | | |

*** Use of GADMINGF Funds requires legislative impact explanation**

Department Index: SHERIFFLEOS Sub-Object: 6602
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

| | | | | |
|-------------------------------------|-------------------------|-------------------|-----------|----------|
| <input checked="" type="checkbox"/> | on Date of Departure by | After 12:00 P.M. | Half Rate | \$ 17.50 |
| <input type="checkbox"/> | on Date of Departure by | Before 12:00 P.M. | Full Rate | \$ 35.00 |

Please Check One (Return meal rate)

| | | | | |
|-------------------------------------|----------------------|------------------|-----------|----------|
| <input type="checkbox"/> | on Date of Return by | Before 5:00 P.M. | Half Rate | \$ 17.50 |
| <input checked="" type="checkbox"/> | on Date of Return by | After 5:00 P.M. | Full Rate | \$ 35.00 |

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

| | | * CC |
|-----------------------------|-----------------|-------|
| Airfare | _____ | _____ |
| Auto Rental | _____ | _____ |
| Mileage (.40 /mile) | _____ | _____ |
| Gas | _____ | _____ |
| Meal rate on Departure date | _____ | _____ |
| Meal per diem (\$35.00) | 87.50 | _____ |
| Meal rate on Return date | _____ | _____ |
| Lodging | 207.48 | _____ |
| Other - Registration | 75.00 | _____ |
| Other - Parking/Tolls | _____ | _____ |
| Other - Taxi | _____ | _____ |
| Other - | _____ | _____ |
| Other - | _____ | _____ |
| TOTAL | \$369.98 | _____ |

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: EM02497
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

| | | | |
|---------------------|-------------|-------------|-------------|
| ADVANCE FROM COUNTY | \$369.98 | CC | \$0.00 |
| Name: _____ | Name: _____ | Name: _____ | Name: _____ |
| Name: _____ | Name: _____ | Name: _____ | Name: _____ |
| Name: _____ | Name: _____ | Name: _____ | Name: _____ |
| Name: _____ | Name: _____ | Name: _____ | Name: _____ |

NOTATION: TRAVEL REQUEST FORM MUST
BE SUBMITTED TO COUNTY AUDITORS-
ACCOUNTS PAYABLE DIVISION BEFORE
TUESDAY 12:00 PM

SIGNATURE [Signature]
DATE: 29-Nov-10

C.C.O. DATE 11/29/2010

31-Dec-10

[Signature]
11-29-10

EL PASO COUNTY SHERIFF'S OFFICE

Travel Expense Estimate Report

Name Kun L. Kim Title Animal Control Officer Date 11/29/2010

| Date Day | Sun 12/12/2010 | Mon 12/13 | Tues 14-Dec | Wed 15-Dec | Thurs 16-Dec | Fri 17-Dec | Sat 18-Dec | Totals |
|------------------------------------|-------------------|--------------|----------------|---------------|-----------------|---------------|---------------|--------|
| Airfare (Any re-scheduled charges) | | | | | | | | |
| Auto Rental | | | | | | | | |
| Fuel | | | | | | | | |
| Taxi | | | | | | | | |
| Shuttle | | | | | | | | |
| Airport Parking | | | | | | | | |
| Misc. | | | | | | | | |
| Sub-total Transportation | | | | | | | | |

| | | | | | | | | |
|----------------------------------|--|--|--|----------|----------|---------|--|----------|
| Hotel | | | | \$103.74 | \$103.74 | | | \$207.48 |
| Meals | | | | \$17.50 | \$35.00 | \$35.00 | | \$87.50 |
| Misc. | | | | | | | | |
| Sub-total Hotel and Meals | | | | | | \$35.00 | | \$294.98 |

| | | | | | | | | |
|------------------------|--|--|--|--|---------|--|--|---------|
| Supplies/Equipment | | | | | | | | |
| Phone/Fax | | | | | | | | |
| Registrations | | | | | \$75.00 | | | \$75.00 |
| Other | | | | | | | | |
| Misc. | | | | | | | | |
| Sub-total Misc. | | | | | \$75.00 | | | \$75.00 |

| | | | | | | | | |
|----------------------|--|--|--|----------|----------|---------|--|----------|
| Total Per Day | | | | \$121.24 | \$213.74 | \$35.00 | | \$369.98 |
|----------------------|--|--|--|----------|----------|---------|--|----------|

PURPOSE OF TRIP

Topic: Animal Control Officer (ACO) Basic Training Course

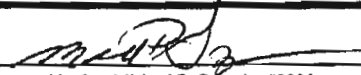
Location: Midland, Texas

Summary of expense

Total of Expense Estimate _____

Less Direct Payments _____

Cash Advance _____


Prepared by Sgt. Michael P. Gonzales #2086

11/29/2010
Date


Division Commander

11/29/2010
Date

EL PASO COUNTY SHERIFF'S OFFICE

Travel Expense Estimate Report

Name Michael P. Gonzales Title Sergeant Date 11/29/2010

| Date Day | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Totals |
|------------------------------------|-----|-----|------|----------|----------|---------|-----|----------|
| Airfare (Any re-scheduled charges) | | | | | | | | |
| Auto Rental | | | | | | | | |
| Fuel | | | | \$40.00 | \$20.00 | \$40.00 | | \$100.00 |
| Taxi | | | | | | | | |
| Shuttle | | | | | | | | |
| Airport Parking | | | | | | | | |
| Misc. | | | | | | | | |
| Sub-total Transportation | | | | \$40.00 | | \$40.00 | | \$80.00 |
| Hotel | | | | \$103.74 | \$103.74 | | | \$207.48 |
| Meals | | | | \$17.50 | \$35.00 | \$35.00 | | \$87.50 |
| Misc. | | | | | | | | |
| Sub-total Hotel and Meals | | | | | | \$35.00 | | \$294.98 |
| Supplies/Equipment | | | | | | | | |
| Phone/Fax | | | | | | | | |
| Registrations | | | | | \$75.00 | | | \$75.00 |
| Other | | | | | | | | |
| Misc. | | | | | | | | |
| Sub-total Misc. | | | | | \$75.00 | | | \$75.00 |
| Total Per Day | | | | \$161.24 | \$233.74 | \$75.00 | | \$469.98 |

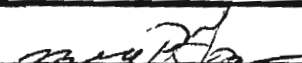
PURPOSE OF TRIP

Topic: Animal Control Officer (ACO) Basic Training Course

Location: Midland, Texas

Summary of expense

Total of Expense Estimate _____
 Less Direct Payments _____
 Cash Advance _____


 Prepared by Sgt. Michael P. Gonzales #2086 Date 11/29/10


 Division Commander Date 11/29/2010



November 12, 2010

Dear Sgt. Michael Gonzales,

Congratulations! You have been accepted to attend the Texas Department of State Health Services Region 9/10 **Animal Control Officer (ACO) Basic Training Course** scheduled for **December 16th & 17th, 2010** from **8:00 am to 5:00 pm**. The course will be held at the Texas Department of State Health Services Midland Office at **2301 N. Big Spring St., Midland, TX 79705**. Officers are requested to wear their uniforms while attending the course.

There is a Texas Department of State Health Services (DSHS) *ACO Training Manual* (revised September 2009) to support the basic course. Prior to the course, students will need to study the basic chapters and laws in the manual, as the written test contains general and legal multiple choice questions based on the content of the manual. You must pass both parts of the written test in order to satisfactorily complete the course. **It is imperative that you study the manual and complete the enclosed pre-course assignment before coming to the class.** Please bring the manual to class with you. You must attend the complete course.

Call us as soon as possible at 915-834-7780 if you are unable to attend so that another officer can be enrolled in your place. We look forward to seeing you.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Reese".

Susan Reese, MPH
Regional Zoonosis Control Representative

Enclosures: Pre-course Assignment
Hotel Recommendations and Directions

Registration Fee:

Please mail a check or money order of \$75.00 prior to attending the course

**Texas Department of State Health Services
Attn: Zoonosis Control Staff
401 E Franklin Ste 210
El Paso, TX 79901**

Jorge Lopez

From: Lucille Samuel
Sent: Monday, November 29, 2010 4:10 PM
To: Victor Perez
Cc: Jorge Lopez
Subject: FW:
Attachments: Untitled.PDF - Adobe Acrobat Pro.pdf

This conference has been cancelled. Please VOID the check. Thanks.

*R. Lucille Samuel
El Paso County Sheriff's Office
Budget Director
(915) 538-2286 Ext 2793/2791
Work Cell (915) 479-1517
Fax (915) 538-2246*

From: Lucille Samuel
Sent: Wednesday, November 10, 2010 4:05 PM
To: Victor Perez
Cc: Jorge Lopez
Subject:

Travel Sergio Gonzalez

El Paso County Travel Justification Form

Name: Kun L. Kim Signature:  Date: 12/7/10

Dept: SO Job Title: Animal Control

Travel Funding Source: County Grant Other

Will any funds be reimbursed by another entity? _____ Travel
Account No.: _____ Balance Remaining for FY: _____

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

Statute Reference: _____ My
elective office requires _____ number of training hours per _____ months. I have already
fulfilled _____ of these hours for this time period. Estimated hours to be obtained from
this course? _____.

Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)

**Additional Professional or Technical Training NOT Required to Maintain
License/Certification**

**Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State
Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: _____ Purpose
of Visit: _____

Travel for Program Revenue Enhancement/Sales Opportunity
Explain: _____

Program Development Training
Explain: Tobacco Prevention

**Travel to Professional, County, or Elected Officials' Organization
Meeting/Convention**
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____

Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: AUSA Conference
Adopted by the El Paso County Commissioners Court on November 17, 2003

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V023623 01
 Voucher Total: \$308.80
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____
 Date Entered: 12/09/2010
 Entered by: CS

Preparer's Initials: CS
 Amount Spelled: THREE HUNDRED EIGHT DOLLARS AND EIGHTY CENTS

Vendor Name: MCLENNAN COUNTY

Street: 214 N. 4TH STREET, SUITE 100

City, State, Zip: WACO TX 76701

Subject: STATE DRG CRT TRNG-2011 10/06-08/10 MCLENNAN CO

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|------|---|--------|--------------|---------|-----|------------|--------|------------|
| 01 | 238 | 308.80 | TRNDRUGCRT11 | 6703 | | | | |
| | Desc: STATE DRG CRT TRNG-2011 10/06-08/10 MCLENNAN CO | | | | | | | |
| 02 | | | | | | | | |
| | Desc: | | | | | | | |
| 03 | | | | | | | | |
| | Desc: | | | | | | | |
| 04 | | | | | | | | |
| | Desc: | | | | | | | |
| 05 | | | | | | | | |
| | Desc: | | | | | | | |
| 06 | | | | | | | | |
| | Desc: | | | | | | | |
| 07 | | | | | | | | |
| | Desc: | | | | | | | |
| 08 | | | | | | | | |
| | Desc: | | | | | | | |
| 09 | | | | | | | | |
| | Desc: | | | | | | | |
| 10 | | | | | | | | |
| | Desc: | | | | | | | |

Prepared by: TCAUD09-AUDITORS DONNA TEAGUE

CS

Date: 12/09/2010

Approved by: _____

[Signature]

Date: 12/9/10

STIPENDS

APPLICATION REVIEW:

| | | |
|--|---|---|
| Name: | MCLENNAN COUNTY * FOR KELLY BAYS | V023623-01 |
| Reimburse to: | COUNTY | |
| Maximum Reimbursement allowed: | | \$ 820.00 |
| Prepaid Expenses for Registration and Hotel: | \$182 Hotel p/person & \$185 Reg p/person | (367.00) |
| Balance after prepaid expenses : | | <u>\$ 453.00</u> |
| Meals: | REIMBURSED TO KELLY BAYS | <u>(64.00)</u> |
| Travel Transportation: | AIRFARE WILL BE PAID TO MCLENNAN COUNTY | <u>(308.80)</u> |
| | Ending Balance: | <u>\$ 80.20</u> |
| | | (value s/b 0.00 or a poistive balance amt) |

TOTAL REIMBURSEMENT MEALS AND TRAVEL TRANSPORTATION:

\$ ~~372.80~~ ^{VH}
308.80

VH

Reviewed by: _____
 VIRGINIA HERRERA, GRANT ACCOUNTANT

October 28, 2010

MEMORANDUM

TO: Leticia Medina, DWI Drug Court Coordinator

FROM: Rosie Medina, Special Programs Coordinator *RM*

SUBJECT: TADCP Stipend Reimbursements

Attached are TADCP Conference Reimbursements for your review and approval. Upon your approval, please forward to Virginia Herrera at the Auditor's Office for reimbursement processing. Attached are the following requests:

| | |
|------------------|-----------|
| HCCSCD: | \$748.70 |
| Andrea Curtiss: | \$64.00 |
| Sonya Cobbin: | \$64.00 |
| Cynthia Clark: | \$64.00 |
| Mary Covington: | \$326.40 |
| Laura McCarty: | \$305.90 |
| Ricky Sumlin: | \$329.90 |
| Staci Biggar: | \$299.90 |
| Randy Plemons: | \$344.80 |
| McLennan County: | \$308.80 |
| Kelly Bays: | \$64.00 |
| Cameron County: | \$1812.00 |
| Al Alonso: | \$263.40 |
| James Bryant: | \$35.00 |
| Lisa Candia: | \$338.90 |
| Ernie Glenn: | \$128.70 |

for Kelly Bays Airfare 102362301

original signature for this sheet, filed w/ Cameron County

PAID FROM COPY

10-28-10.

Reviewed and approved:



TADCP President

OCT 20 2010



1623341-01

EL PASO COUNTY
 County Criminal Court #2
 500 E. San Antonio Ave, Room 704
 El Paso, Texas 79901
 915-834-8232 * 915-834-8268 (fax)

TADCP Annual Training Conference
 El Paso, TX · October 6-8, 2010
 Request for Reimbursement of Expenses
 Form due by: November 8, 2010
 Please allow 30 day processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION. Please complete in full.

Name: Kelly Bays Title: Drug Court Officer County: McLennan
 Court: 74th District Court Court Address: 2601 Cholson Rd
 City/Zip: Waco 76704 Phone: (254) 757-5072 Email: Kelly.bays@Co.McLennan.TX.US

ITINERARY. Please complete in full.

Departed: Waco, Tx (City) on Date: 10-6-10 at Time: 7:15 Am
 Arrived: EL PASO, TEXAS on Date: 10-6-10 at Time: 9:55 Am
 Departed: EL PASO, TEXAS on Date: 10-8-10 at Time: 2:40 pm
 Arrived: Waco, Tx (City) on Date: 10-8-10 at Time: 9:15 pm

REGISTRATION FEES. Registration fees have been master-billed to El Paso County at a rate of \$150 (for members) and \$185 (for non-members).

Total Prepaid by El Paso County: \$ ~~150~~ 185.00

MEALS. Please note that some meals will be provided and attendees are not eligible for meal reimbursement. Receipts are not required.

| | 10/05/10* | 10/06/10 | 10/07/10 | 10/08/10* | 10/09/10* | Subtotal |
|-----------------------|---------------|-----------------|-----------------|-----------------|-----------|-----------------|
| Breakfast: \$6.00 max | \$ <u>N/A</u> | \$ <u>6.00</u> | \$N/A | \$N/A | \$ | \$ <u>6.00</u> |
| Lunch: \$11.50 max | \$ | \$ <u>11.50</u> | \$N/A | \$ <u>11.50</u> | \$ | \$ <u>23.00</u> |
| Dinner: \$17.50 max | \$ | \$N/A | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ | \$ <u>35.00</u> |

* Must be in travel status to claim meals on these dates.

TOTAL MEALS/INCIDENTALS \$ ~~54.79~~ 64.00

LODGING. Lodging will be master-billed to El Paso County. The amount of the lodging will be added into the totals (\$91.00/night). If your total reimbursement, including lodging costs exceeds the \$820 limit, your reimbursement will be reduced by the appropriate amount.

Prepaid TOTAL LODGING \$ 182.00

Reimbursement to County: \$ 308.80

TRANSPORTATION. The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required): \$ 308.80
 Personal Auto Miles: 0 miles x 40 cents/mile: \$
 Parking: \$ 0 Tolls: \$ 0
 Other Travel Expenses (please describe): \$
 TOTAL TRANSPORTATION \$ 308.80

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$820, including prepaid conference registration fees and lodging)

EP to reimburse McLennan County: 308.80
 EP to reimburse Ms. Bays: 64.00
 \$ ~~169.59~~
 \$ 739.80

I certify that:

- The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated.
- I have not been nor will I be reimbursed from any other source for any of the expenses listed.
- This request is correct to the best of my knowledge.
- I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: [Signature] Date: 10-11-10



1101 Richland Dr., Waco, Texas 76710
 254-776-4401 • Fax: 254-776-0062
 travelttime@hotmail.com

CUSTOMER COPY

CAUTION!
 MOST TICKETS ARE NON REFUNDABLE.
 ACCEPTANCE CONSTITUTES ACCURACY
 ON DOCUMENTS.
 AIRLINE TICKETS ARE REPORTED AND
 PAID WEEKLY. PLEASE REMIT WITHIN
 10 DAYS. THANK YOU.

PHOTO ID REQUIRED

SALES PERSON: 45 ITINERARY/INVOICE NO. 0038433
 CUSTOMER NBR: 2547509000 GNEOLS

DATE: 17 SEP 10
 PAGE: 01

TO: MCLENNAN COUNTY
 214 N 4TH ST SUITE 100
 WACO, TX 76701-1366
 ATTN ACCOUNTS PAYABLE

OR: BAYS/KELLY

| | | | |
|--------------------|---|------------|-------------------|
| OCT 10 - WEDNESDAY | | | |
| AIR | AMERICAN AIRLINES | FLT:4775 | ECONOMY |
| | OPERATED BY EXECUTIVE AS AMERICAN EAGLE | | FOOD FOR PURCHASE |
| | LV WACO | | 715A |
| | AR DALLAS FT WORTH | | 805A |
| | ARRIVE: TERMINAL B | | |
| | BAYS/KELLY | SEAT-13A | |
| AIR | AMERICAN AIRLINES | FLT:1467 | ECONOMY |
| | LV DALLAS FT WORTH | | 910A |
| | AR EL PASO | | 955A |
| | BAYS/KELLY | SEAT-17A | |
| OCT 10 - FRIDAY | | | |
| AIR | AMERICAN AIRLINES | FLT:574 | ECONOMY |
| | LV EL PASO | | 240P |
| | AR DALLAS FT WORTH | | 525P |
| | BAYS/KELLY | SEAT-14A | |
| AIR | AMERICAN AIRLINES | FLT:4772 | ECONOMY |
| | OPERATED BY EXECUTIVE AS AMERICAN EAGLE | | FOOD FOR PURCHASE |
| | LV DALLAS FT WORTH | | 830P |
| | DEPART: TERMINAL B | | |
| | AR WACO | | 915P |
| | BAYS/KELLY | SEAT-14D | |
| OTHER | WACO | | |
| | TRANSACTION FEE | | |
| | PROCESSING FEE | | 28.00 |
| R TICKET | AA7917896111 | BAYS KELLY | 280.80 |
| EC TKT | | | |
| | | | ----- |
| | SUB TOTAL | | 308.80 |
| | | | ----- |
| | TOTAL AMOUNT DUE | | 308.80 |



1101 Richland Dr., Waco, Texas 76710
254-776-4401 • Fax: 254-776-0062

travelttime@hotmail.com

SALES PERSON: 45 ITINERARY/INVOICE NO. 0038433
CUSTOMER NBR: 2547509000 GNEOLS

CUSTOMER COPY

CAUTION!
MOST TICKETS ARE NON REFUNDABLE.
ACCEPTANCE CONSTITUTES ACCURACY
ON DOCUMENTS.
AIRLINE TICKETS ARE REPORTED AND
PAID WEEKLY. PLEASE REMIT WITHIN
10 DAYS. THANK YOU.

PHOTO ID REQUIRED

DATE: 17 SEP 10
PAGE: 02

TO: MCLENNAN COUNTY
214 N 4TH ST SUITE 100
WACO, TX 76701-1366
ATTN ACCOUNTS PAYABLE

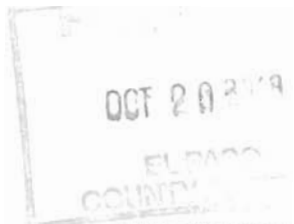
DR: BAYS/KELLY

TICKETS ARE NONREFUNDABLE / NONTRANSFERABLE ...
CHANGES ARE SUBJECT TO FEES ... FEES VARY ...
CANCEL PRIOR TO FLIGHT OR TICKET HAS NO VALUE ...
NEW TRAVEL MUST COMMENCE NO LATER THAN 1 YEAR FROM
ORIGINAL ISSUE DATE OR TICKET HAS NO VALUE ...

TICKET COST IS 308.80
OUR RECORD LOCATOR IS * GNEOLS

TICKET NUMBER - 001 7917896111

JUVENILE PROBATION
501 GHOLSON RD WACO TX 76704
MAIL ATTN. SANDY REDDIG



El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V023624 01
 Voucher Total: \$1,086.00
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____

Date Entered: 12/09/2010
 Entered by: CS

Preparer's Initials: CS

Amount Spelled: ONE THOUSAND EIGHTY SIX DOLLARS AND NO CENTS

Vendor Name: ANGELINA COUNTY

Street: P.O. BOX 727

City, State, Zip: LUFKIN TX 75902

Subject: STATE DRG CRT TRNG-2011 10/06-08/10 ANGELINA CO

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|------|---|----------|--------------|---------|-----|------------|--------|------------|
| 01 | 238 | 1,086.00 | TRNDRUGCRT11 | 6703 | | | | |
| | Desc: STATE DRG CRT TRNG-2011 10/06-08/10 ANGELINA CO | | | | | | | |
| 02 | | | | | | | | |
| | Desc: | | | | | | | |
| 03 | | | | | | | | |
| | Desc: | | | | | | | |
| 04 | | | | | | | | |
| | Desc: | | | | | | | |
| 05 | | | | | | | | |
| | Desc: | | | | | | | |
| 06 | | | | | | | | |
| | Desc: | | | | | | | |
| 07 | | | | | | | | |
| | Desc: | | | | | | | |
| 08 | | | | | | | | |
| | Desc: | | | | | | | |
| 09 | | | | | | | | |
| | Desc: | | | | | | | |
| 10 | | | | | | | | |
| | Desc: | | | | | | | |

GRANT FUNDS

12/9/2010

Prepared by: TCAUD09-AUDITORS DONNA TEAGUE  Date: 12/09/2010

Approved by:  Date: 12/9/10

**STIPENDS
APPLICATION REVIEW:**

| | | |
|---|---|---|
| Name: | ANGELINA COUNTY * THREE PEOPLE | V023624-01 |
| Reimburse to: | COUNTY | |
| Maximum Reimbursement allowed: | \$820 EACH | \$ 2,460.00 |
| Prepaid Expenses for Registration and Hotel: | \$182 Hotel p/person & \$185 Reg p/person | (1,101.00) |
| Balance after prepaid expenses : | | \$ 1,359.00 |
| Meals: | NO REIMBURSEMENT FOR MEALS | - |
| Travel Transportation: | AIRFARE FOR FOUR PEOPLE | (1,086.00) |
| Ending Balance: | | \$ 273.00 |
| | | <small>(value s/b 0.00 or a poistive balance amt)</small> |

TOTAL REIMBURSEMENT MEALS AND TRAVEL TRANSPORTATION:

\$ **1,086.00**

- *LINDA JAMES \$367 + \$81.50 + \$362 = \$810.50
- *LANETTE CHILDRES \$367+81.50+362=\$810.50
- *CHRISTOPHER LOGAN \$367+81.50+362=\$810.50

NO REIMBURSEMETN FOR MEALS
WAS APPROVED BY DEPARTMENT

Reviewed by:

VA

VIRGINIA HERRERA, GRANT ACCOUNTANT

November 30, 2010

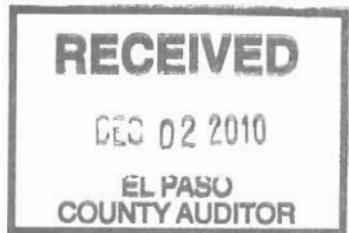
MEMORANDUM

TO: Leticia Medina, DWI Drug Court Coordinator
FROM: Rosie Medina, Special Programs Coordinator *rem*
SUBJECT: TADCP Stipend Reimbursements

Attached are TADCP Conference Reimbursements for your review and approval. Upon your approval, please forward to Virginia Herrera at the Auditor's Office for reimbursement processing. Attached are the following requests:

Angelina County: \$1086.00 *✓ 023624-01*

| | |
|-------------------|--------------------|
| Linda James | \$ 362.00 |
| Lanette Childres | 362.00 |
| Christopher Logar | 362.00 |
| | <u>\$ 1,086.00</u> |



original ↙

12-1-10
Reviewed and
Approved
[Signature]



EL PASO COUNTY
 County Criminal Court #2
 500 E. San Antonio Ave, Room 704
 El Paso, Texas 79901
 915-834-8232 * 915-834-8268 (fax)

TADCP Annual Training Conference
 El Paso, TX · October 6-8, 2010
 Request for Reimbursement of Expenses
 Form due by: November 8, 2010
 Please allow 30 days for processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION. Please complete in full.

Name: Linda James Title: ADAC Counselor County: Angelina
 Court: 217th Re-Entry Court Court Address: P.O. Box 908 Lufkin, TX
 City/Zip: 75902 Phone: 936-639-3913 Email: lchilders

ITINERARY. Please complete in full.

Departed: Lufkin, Texas (City) on Date: October 5, 2010 at Time: 2:30 p.m.
 Arrived: EL PASO, TEXAS on Date: October 5, 2010 at Time: 6:00 p.m.
 Departed: EL PASO, TEXAS on Date: October 8, 2010 at Time: 3:00 p.m.
 Arrived: Lufkin, Texas (City) on Date: October 8, 2010 at Time: 9:00 p.m.

REGISTRATION FEES. Registration fees have been master-billed to El Paso County at a rate of \$150 (for members) and \$185 (for non-members).

Total Prepaid by El Paso County: \$ 185.00

MEALS. Meals must be itemized. Receipts are not required.

| | 10/05/10* | 10/06/10 | 10/07/10 | 10/08/10* | 10/09/10* | Subtotal |
|---|-----------------|-----------------|-----------------|-----------------|-----------|---|
| Breakfast: \$6.00 max | \$ <u>6.00</u> | \$ <u>6.00</u> | \$ <u>6.00</u> | \$ <u>6.00</u> | \$ | \$ <u>18.00</u> |
| Lunch: \$11.50 max | \$ <u>11.50</u> | \$ <u>11.50</u> | \$ <u>11.50</u> | \$ <u>11.50</u> | \$ | \$ <u>34.50</u> |
| Dinner: \$17.50 max | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ | \$ <u>70.00</u> |
| | <u>17.5</u> | <u>17.5</u> | <u>17.5</u> | <u>29</u> | | \$ <u>122.50</u> |
| * Must be in travel status to claim meals on these dates. | | | | | | TOTAL MEALS/INCIDENTALS \$ <u>122.50</u> |

LODGING. Lodging will be master-billed to El Paso County. The amount of the lodging will be added into the totals (\$91.00/night). If your total reimbursement, including lodging costs exceeds the \$820 limit, your reimbursement will be reduced by the appropriate amount.

TOTAL LODGING \$ 273.00

TRANSPORTATION. The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required): \$ 350.90
 Personal Auto Miles: _____ miles x 40 cents/mile: \$ _____
 Parking: \$ _____ Tolls: \$ _____
 Other Travel Expenses (please describe): Baggage Fees \$ 50.00
TOTAL TRANSPORTATION \$ 400.90

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$820, including prepaid conference registration fees and lodging)

EP County to reimburse Angelina County \$ 362.00 98.40 \$ 820.00
940.40

I certify that:

1. The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated.
2. I have not been nor will I be reimbursed from any other source for any of the expenses listed.
3. This request is correct to the best of my knowledge.
4. I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: Linda James Date: 10-27-10

→
 →
 →
 →
 →

Thank You for Choosing Continental Airlines

El Paso Car Rentals

Special Continental Discount Rates, Plus Dollars Off and up to 1,500 OnePass Miles with Hertz.

[Search Now](#)

Receive your Continental Airlines discount and up to 1,500 OnePass miles when you rent with Avis.

[Search Now](#)

El Paso Hotels



from **\$50**

Hotel rates are available for El Paso

[Search Hotels](#)

Expect the Unexpected.



Enjoy worry-free travel with Trip Protection. Coverage includes concierge service and 24-hour emergency assistance.

Yes, Add Trip Protector for **\$52.65**. See price

details.

[Purchase Now](#)

Confirmation e-mail sent to lchilders@angelinacounty.net. | [Printer Friendly](#) | [Save as PDF](#) | [Manage your Reservations](#)

Continental Confirmation Number: BMDX0S

Houston, TX (IAH - Intercontinental) to El Paso, TX (ELP)

| | | | |
|--------------------------------------|---------------------------|-------------------|---------------------------------|
| Depart: | Arrive: | OnePass | Flight: CO1674 |
| 6:05 p.m. | 7:11 p.m. | Miles/Elite | Aircraft: Boeing 737-500 |
| Tue., Oct. 5, 2010 | Tue., Oct. 5, 2010 | Qualification: | Fare Class: Economy (S) |
| Houston, TX (IAH - Intercontinental) | El Paso, TX (ELP) | 669 / 100% | Travel Time: 2 hr 6 mn |

| | |
|-------------------------|-------------------|
| Price | |
| 3 Adults (age 18 to 64) | \$993.00 |
| Additional Taxes/Fees | \$59.70 |
| Total Price | \$1,052.70 |

$13 =$
 $= 350.90$

El Paso, TX (ELP) to Houston, TX (IAH - Intercontinental)

Payment Information

| | | | | | |
|---------------------------|---------------------------|------------------|-------------------------------|-----------------------------|------------|
| Depart: | Arrive: | OnePass | Flight: CO2772 | Name of | ANGELINA |
| 3:13 p.m. | 6:14 p.m. | Miles/Elite | Aircraft: Embraer | Cardholder: | COUNTY |
| Fri., Oct. 8, 2010 | Fri., Oct. 8, 2010 | Qualification: | RJ145 | Card Type: | MasterCard |
| El Paso, TX (ELP) | Houston, TX (IAH - | 669 /100% | Fare Class: Economy | OnePass Members: | |
| | Intercontinental) | | (Q) | Upon completion of this | |
| | | | Travel Time: 2 hr 1 mn | itinerary, you will earn up | |

Continental flight 2772 operated by ExpressJet Airlines, Inc. dba Continental Express.

to **1,338 OnePass miles.***

Passengers

LANETTE M. CHILDERS

Seat Assignments: IAH - ELP: 26F
ELP - IAH: 15A
E-mail Address: lchilders@angelinacounty.net
Business/Other Phone: (936) 639-3913 - United States

CHRIS LOGAN

Seat IAH - ELP: 26E
Assignments: ELP - IAH: 15B

LINDA JAMES

Seat Assignments: IAH - ELP: 26D
ELP - IAH: 15C

Manage Your Reservation

To view your reservation at any time, visit [Manage Reservations](#).

Think You Can Check Yourself In Faster? You're Right.



Continental.com Check-in is the fastest and easiest way to check in for your Continental Airlines flights. You can check in up to 24 hours before your flight from your own computer and print your boarding pass. This gives you everything you need to bypass the lines at the airport, pass through security and go directly to your gate. [Read more about continental.com Check-in.](#)

Leave the World a Better Place™ - Carbon Offsetting Option



Continental has partnered with Sustainable Travel International (STI), a non-profit organization that supports global climate

protection and environmental conservation. STI offers customers the option to make a contribution to offset their carbon footprints for travel on Continental. All contributions are paid directly to STI. Continental does not receive any portion of any contribution.

Sustainable Travel International calculates that to offset your amount of CO2 from this itinerary, you may contribute **\$11.84** or another amount.

[Contribute Now](#)

Important Travel Information:

The U.S. government raised the security alert level and implemented extra restrictions to assure the security of air travel. Certain changes in airport procedures and restrictions on items allowed on board aircraft are detailed on the [Travel Alert: Elevated Security](#) page.

Any changes to your flight reservations may incur additional charges.

Airlines require government issued photo identification upon check-in, such as a driver's license or passport.

[Passport, visa and health requirements](#) may apply for this itinerary. Each passenger must ensure he or she has all required travel documents as stated in Rule 19 of the [Contract of Carriage](#).

Information on this site is provided as a courtesy and should be verified by the passenger before travel. Other resources include the consulate of the destination country and the [U.S. Department of State](#).

Please read important information governing [airline baggage liability limitations](#).

You will be contacted with any changes or additional information such as schedule changes, itinerary changes, etc.

Special services are on a request basis and cannot be guaranteed.

**Baggage Receipt**

Issue Date: 08 OCT 2010 ELP AT



| <u>Baggage Document</u> | <u>Description</u> | <u>Qty</u> | <u>Fees</u> | <u>Method of Payment</u> |
|--|--------------------|------------|-------------|---|
| 00526049596914 | First Bag Fee | 1 | \$25.00 | MasterCard XXXXXXXXXXXXX0632 |
| <u>Ticket Number</u> 00521633180320 | | | | <u>Cardholder Name</u> LINDA FEW JAMES |

BAGGAGE FEES Total Fees **USD \$25.00** Confirmation: **BMDX0S**

Excess Baggage Terms and Conditions:

- * All excess baggage is subject to space availability
- * Receipt for payment must be presented at bag check
- * For refunds or adjustments, see a Continental representative

Carrier Routing

CO* ELP - IAH

CUSTOMER COPY

AGENT REFERENCE: GG ESC BAG

A STAR ALLIANCE MEMBER

**Baggage Receipt**

Issue Date: 05 OCT 2010 AH ATO



| <u>Baggage Document</u> | <u>Description</u> | <u>Qty</u> | <u>Fees</u> | <u>Method of Payment</u> |
|--|--------------------|------------|-------------|---|
| 00526049840903 | First Bag Fee | 1 | \$25.00 | MasterCard XXXXXXXXXXXXX0632 |
| <u>Ticket Number</u> 00521633180305 | | | | <u>Cardholder Name</u> LINDA FEW JAMES |

BAGGAGE FEES Total Fees **USD \$25.00** Confirmation: **BMDX0S**

Excess Baggage Terms and Conditions:

- * All excess baggage is subject to space availability
- * Receipt for payment must be presented at bag check
- * For refunds or adjustments, see a Continental representative

Carrier Routing

CO* IAH ELP

CUSTOMER COPY

AGENT REFERENCE: GG ESC BAG

A STAR ALLIANCE MEMBER



EL PASO COUNTY
 County Criminal Court #2
 500 E. San Antonio Ave, Room 704
 El Paso, Texas 79901
 915-834-8232 * 915-834-8268 (fax)

TADCP Annual Training Conference
 El Paso, TX · October 6-8, 2009
 Request for Reimbursement of Expenses
 Form due by: November 8, 2010
 Please allow 30 days for processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION. Please complete in full.

Name: LaNette Childers Title: SAFPF Coordinator County: Angelina
 Court: 217th Re-Entry Court Court Address: P.O. Box 908 Lufkin, Tx.
 City/Zip: 75902 Phone: 936-639-3913 Email: lchilders@angelinacounty.net

ITINERARY. Please complete in full.

Departed: Lufkin, Texas (City) on Date: October 5, 2010 at Time: 2:30 p.m.
 Arrived: EL PASO, TEXAS on Date: October 5, 2010 at Time: 6:00 p.m.
 Departed: EL PASO, TEXAS on Date: October 8, 2010 at Time: 3:00 p.m.
 Arrived: Lufkin, Texas (City) on Date: October 8, 2010 at Time: 9:00 p.m.

REGISTRATION FEES. Registration fees have been master-billed to El Paso County at a rate of \$150 (for members) and \$185 (for non-members).

Total Prepaid by El Paso County: \$ 185.00 *one paid*

MEALS. Meals must be itemized. Receipts are not required.

| | 10/05/10* | 10/06/10 | 10/07/10 | 10/08/10* | 10/09/10* | Subtotal |
|-----------------------|-----------------|-----------------|-----------------|-----------------|-----------|------------------------------|
| Breakfast: \$6.00 max | \$ | \$ <u>6.00</u> | \$ <u>6.00</u> | \$ <u>6.00</u> | \$ | \$ <u>18.00</u> <i>6.00</i> |
| Lunch: \$11.50 max | \$ | \$ <u>11.50</u> | \$ <u>11.50</u> | \$ <u>11.50</u> | \$ | \$ <u>34.50</u> <i>23.00</i> |
| Dinner: \$17.50 max | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ | \$ <u>70.00</u> <i>52.50</i> |

* Must be in travel status to claim meals on these dates.

TOTAL MEALS/INCIDENTALS \$ 122.50 *81.50*

LODGING. Lodging will be master-billed to El Paso County. The amount of the lodging will be added into the totals (\$91.00/night). If your total reimbursement, including lodging costs exceeds the \$820 limit, your reimbursement will be reduced by the appropriate amount.

TOTAL LODGING \$ 273.00 *one paid*

TRANSPORTATION. The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required): \$ 350.90
 Personal Auto Miles: _____ miles x 40 cents/mile: \$ _____
 Parking: \$ _____ Tolls: \$ _____
 Other Travel Expenses (please describe): Baggage fees \$ 50.00
TOTAL TRANSPORTATION \$ 400.90

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$820, including prepaid conference registration fees and lodging)

EP County to reimburse Angelina County \$ 362.00
981.40
 \$ 820.00
940.40

I certify that:

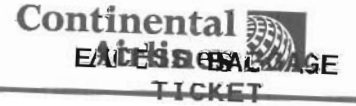
1. The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated.
2. I have not been nor will I be reimbursed from any other source for any of the expenses listed.
3. This request is correct to the best of my knowledge.
4. I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: LaNette Childers Date: 10-27-10



PASSENGER RECEIPT

1 OF 1



05OCT10

M0/D8998C /HOUSTON

CHILDERS/LANETTEM
NOT VALID FOR
TRANSPORTATION

PSGR TICKET 0052163318030

THIS IS YOUR RECEIPT

IAH GO ELP

BMDXOS

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

1 FIRST CHECKED BAG 25.00

NOT VALID FOR TRAVEL

USD 25.00

CASH

USD 25.00

1 005 2604884139 3



Baggage Receipt



Issue Date: 08 OCT 2010 ELP ATO

| Baggage Document | Description | Qty | Fees | Method of Payment |
|----------------------|---------------|------------------------|---------|-----------------------------|
| 00526049596446 | First Bag Fee | 1 | \$25.00 | MasterCard XXXXXXXXXXXX9496 |
| Ticket Number | | Cardholder Name | | |
| 00521633180305 | | LANETTE CHILDERS | | |

BAGGAGE FEES Total Fees: **USD \$25.00** Confirmation: **BMDXOS**

Excess Baggage Terms and Conditions:

| | | |
|--|----------------|----------------|
| * All excess baggage is subject to space availability | Carrier | Routing |
| * Receipt for payment must be presented at bag check | CO* | ELP - IAH |
| * For refunds or adjustments, see a Continental representative | | |

CUSTOMER COPY

AGENT REFERENCE: GG ESC BAG

A STAR ALLIANCE MEMBER

[SEARCH FLIGHTS](#) →
 [CHOOSE FLIGHTS](#) →
 [TRIP ITINERARY](#) →
 [TRAVELER INFORMATION](#) →
[COMPLETE PURCHASE](#) →
 CONFIRMATION

Thank You for Choosing Continental Airlines

El Paso Car Rentals

Hertz Special Continental Discount Rates, Plus Dollars Off and up to 1,500 OnePass Miles with Hertz.

[Search Now](#)

AVIS Receive your Continental Airlines discount and up to 1,500 OnePass miles when you rent with Avis.

[Search Now](#)

El Paso Hotels



from **\$50**

Hotel rates are available for El Paso

[Search Hotels](#)

Expect the Unexpected.



Enjoy worry-free travel with Trip Protection. Coverage includes concierge service and 24-hour emergency assistance.

Yes, Add Trip Protector for **\$52.65**. See price

details.

[Purchase Now](#)

Confirmation e-mail sent to lchilders@angelinacounty.net. | [Printer Friendly](#) | [Save as PDF](#) | [Manage your Reservations](#)

Continental Confirmation Number: BMDX0S

Houston, TX (IAH - Intercontinental) to El Paso, TX (ELP)

| | | | |
|--------------------------------------|---------------------------|-------------------|---------------------------------|
| Depart: | Arrive: | OnePass | Flight: CO1674 |
| 6:05 p.m. | 7:11 p.m. | Miles/Elite | Aircraft: Boeing 737-500 |
| Tue., Oct. 5, 2010 | Tue., Oct. 5, 2010 | Qualification: | Fare Class: Economy (S) |
| Houston, TX (IAH - Intercontinental) | El Paso, TX (ELP) | 669 / 100% | Travel Time: 2 hr 6 mn |

| | |
|-----------------------|-------------------|
| Price | |
| 3 Adults | \$993.00 |
| (age 18 to 64) | |
| Additional Taxes/Fees | \$59.70 |
| Total Price | \$1,052.70 |

El Paso, TX (ELP) to Houston, TX (IAH - Intercontinental)

Payment Information

Handwritten: = 350.90 each

| | | | | |
|--|--|---|--|---|
| Depart: 3:13 p.m. Fri., Oct. 8, 2010 El Paso, TX (ELP) | Arrive: 6:14 p.m. Fri., Oct. 8, 2010 Houston, TX (IAH - Intercontinental) | OnePass Miles/Elite Qualification: 669 / 100% | Flight: CO2772 Aircraft: Embraer RJ145 Fare Class: Economy (Q) Travel Time: 2 hr 1 mn | Name of Cardholder: ANGELINA COUNTY Card Type: MasterCard |
|--|--|---|--|---|

OnePass Members:
Upon completion of this itinerary, you will earn up to **1,338 OnePass miles.***

Continental flight 2772 operated by ExpressJet Airlines, Inc. dba Continental Express.

Passengers

LANETTE M. CHILDERS ✓

Seat Assignments: IAH - ELP: 26F
ELP - IAH: 15A
E-mail Address: lchilders@angelinacounty.net
Business/Other Phone: (936) 639-3913 - United States

CHRIS LOGAN ✓

Seat IAH - ELP: 26E
Assignments: ELP - IAH: 15B

LINDA JAMES ✓

Seat Assignments: IAH - ELP: 26D
ELP - IAH: 15C

Manage Your Reservation

To view your reservation at any time, visit [Manage Reservations](#).

Think You Can Check Yourself In Faster? You're Right.



Continental.com Check-in is the fastest and easiest way to check in for your Continental Airlines flights. You can check in up to 24 hours before your flight from your own computer and print your boarding pass. This gives you everything you need to bypass the lines at the airport, pass through security and go directly to your gate. [Read more about continental.com Check-in.](#)

Leave the World a Better Place™ - Carbon Offsetting Option



Continental has partnered with Sustainable Travel International (STI), a non-profit organization that supports global climate protection and environmental conservation. STI offers customers the option to make a contribution to offset their carbon footprints for travel on Continental. All contributions are paid directly to STI. Continental does not receive any portion of any contribution.

Sustainable Travel International calculates that to offset your amount of CO2 from this itinerary, you may contribute **\$11.84** or another amount.

[Contribute Now](#)

Important Travel Information:

The U.S. government raised the security alert level and implemented extra restrictions to assure the security of air travel. Certain changes in airport procedures and restrictions on items allowed on board aircraft are detailed on the [Travel Alert: Elevated Security](#) page.

Any changes to your flight reservations may incur additional charges.

Airlines require government issued photo identification upon check-in, such as a driver's license or passport.

[Passport, visa and health requirements](#) may apply for this itinerary. Each passenger must ensure he or she has all required travel documents as stated in Rule 19 of the [Contract of Carriage](#).

Information on this site is provided as a courtesy and should be verified by the passenger before travel. Other resources include the consulate of the destination country and the [U.S. Department of State](#).

Please read important information governing [airline baggage liability limitations](#).

You will be contacted with any changes or additional information such as schedule changes, itinerary changes, etc.

Special services are on a request basis and cannot be guaranteed.



EL PASO COUNTY
 County Criminal Court #2
 500 E. San Antonio Ave, Room 704
 El Paso, Texas 79901
 915-834-8232 * 915-834-8268 (fax)

TADCP Annual Training Conference
 El Paso, TX · October 6-8, 2010
 Request for Reimbursement of Expenses
 Form due by: November 8, 2010
 Please allow 30 days for processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION. Please complete in full.

Name: Christopher Logan Title: ADAC Supervisor County: Angelina
 Court: 217th Re-Entry Court Court Address: P.O. Box 908 Lufkin, Tx.
 City/Zip: 75902 Phone: 936-639-3913 Email: lchilders@angelinacounty.net

ITINERARY. Please complete in full.

Departed: Lufkin, Texas (City) on Date: October 5, 2010 at Time: 2:30 p.m.
 Arrived: EL PASO, TEXAS on Date: October 5, 2010 at Time: 6:00 p.m.
 Departed: EL PASO, TEXAS on Date: October 8, 2010 at Time: 3:00 p.m.
 Arrived: Lufkin, Texas (City) on Date: October 8, 2010 at Time: 9:00 p.m.

REGISTRATION FEES. Registration fees have been master-billed to El Paso County at a rate of \$150 (for members) and \$185 (for non-members).

Total Prepaid by El Paso County: \$ 185.00

MEALS. Meals must be itemized. Receipts are not required.

| | 10/05/10* | 10/06/10 | 10/07/10 | 10/08/10* | 10/09/10* | Subtotal |
|-----------------------|-----------------|-----------------|-----------------|-----------------|-----------|-----------------------|
| Breakfast: \$6.00 max | \$ <u>6.00</u> | \$ <u>6.00</u> | \$ <u>6.00</u> | \$ <u>6.00</u> | \$ | \$ <u>18.00</u> 6.00 |
| Lunch: \$11.50 max | \$ <u>11.50</u> | \$ <u>11.50</u> | \$ <u>11.50</u> | \$ <u>11.50</u> | \$ | \$ <u>34.50</u> 23.00 |
| Dinner: \$17.50 max | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ | \$ <u>70.00</u> 52.50 |

* Must be in travel status to claim meals on these dates.

TOTAL MEALS/INCIDENTALS \$ 122.50 81.50

LODGING. Lodging will be master-billed to El Paso County. The amount of the lodging will be added into the totals (\$91.00/night). If your total reimbursement, including lodging costs exceeds the \$820 limit, your reimbursement will be reduced by the appropriate amount.

TOTAL LODGING \$ 273.00

TRANSPORTATION. The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required):

Personal Auto Miles: 298 miles x 40 cents/mile:

Parking: \$ 36.62 Tolls: \$

Other Travel Expenses (please describe): Baggage fees

\$ 350.90
 \$ 119.20
 \$ 36.62
 \$ 50.00
 400.90

TOTAL TRANSPORTATION \$ 556.72

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$820, including prepaid conference registration fees and lodging)

EP County to reimburse Angelina County \$362.00
4737.22 \$ 820.00
 940.40

I certify that:

1. The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated.
2. I have not been nor will I be reimbursed from any other source for any of the expenses listed.
3. This request is correct to the best of my knowledge.
4. I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: Christopher Logan Date: 10-27-10

- SEARCH FLIGHTS →
- CHOOSE FLIGHTS →
- TRIP ITINERARY →
- TRAVELER INFORMATION →
- COMPLETE PURCHASE →
- CONFIRMATION

Thank You for Choosing Continental Airlines

El Paso Car Rentals

Hertz. Special Continental Discount Rates, Plus Dollars Off and up to 1,500 OnePass Miles with Hertz.

Search Now

AVIS. Receive your Continental Airlines discount and up to 1,500 OnePass miles when you rent with Avis.

Search Now

El Paso Hotels



from
\$50

Hotel rates are available for El Paso

Search Hotels

Expect the Unexpected.



Enjoy worry-free travel with Trip Protection. Coverage includes concierge service and 24-hour emergency assistance.

Yes, Add Trip Protector for **\$52.65**. See price

details.

Purchase Now

Confirmation e-mail sent to Ichilders@angelinacounty.net. | [Printer Friendly](#) | [Save as PDF](#) | [Manage your Reservations](#)

Continental Confirmation Number: BMDX0S

Houston, TX (IAH - Intercontinental) to El Paso, TX (ELP)

| | | | |
|--------------------------------------|---------------------------|------------------|---------------------------------|
| Depart: | Arrive: | OnePass | Flight: CO1674 |
| 6:05 p.m. | 7:11 p.m. | Miles/Elite | Aircraft: Boeing 737-500 |
| Tue., Oct. 5, 2010 | Tue., Oct. 5, 2010 | Qualification: | Fare Class: Economy (S) |
| Houston, TX (IAH - Intercontinental) | El Paso, TX (ELP) | 669 /100% | Travel Time: 2 hr 6 mn |

| | |
|-------------------------|-------------------|
| Price | |
| 3 Adults (age 18 to 64) | \$993.00 |
| Additional Taxes/Fees | \$59.70 |
| Total Price | \$1,052.70 |

El Paso, TX (ELP) to Houston, TX (IAH - Intercontinental)

Payment Information

B
= 350.90 each.

Depart: **3:13 p.m.**
Fri., Oct. 8, 2010
El Paso, TX (ELP)

Arrive: **6:14 p.m.**
Fri., Oct. 8, 2010
Houston, TX (IAH -
Intercontinental)

OnePass
Miles/Elite
Qualification:
669 / 100%

Flight: C02772
Aircraft: **Embraer**
RJ145
Fare Class: **Economy**
(Q)
Travel Time: **2 hr 1 mn**

Name of **ANGELINA**
Cardholder: **COUNTY**
Card Type: **MasterCard**

OnePass Members:
Upon completion of this
itinerary, you will earn up
to **1,338 OnePass**
miles.*

Continental flight 2772 operated by ExpressJet Airlines, Inc. dba Continental Express.

Passengers

LANETTE M. CHILDERS

Seat Assignments: IAH - ELP: 26F
ELP - IAH: 15A
E-mail Address: lchilders@angelinacounty.net
Business/Other Phone: (936) 639-3913 - United States

**CHRIS
LOGAN**

Seat IAH - ELP: 26E
Assignments: ELP - IAH: 15B

LINDA JAMES

Seat Assignments: IAH - ELP: 26D
ELP - IAH: 15C

Manage Your Reservation

To view your reservation at any time, visit [Manage Reservations](#).

Think You Can Check Yourself In Faster? You're Right.



Continental.com Check-in is the fastest and easiest way to check in for your Continental Airlines flights. You can check in up to 24 hours before your flight from your own computer and print your boarding pass. This gives you everything you need to bypass the lines at the airport, pass through security and go directly to your gate. [Read more about continental.com Check-in.](#)

Leave the World a Better Place™ - Carbon Offsetting Option



Continental has partnered with Sustainable Travel International (STI), a non-profit organization that supports global climate

protection and environmental conservation. STI offers customers the option to make a contribution to offset their carbon footprints for travel on Continental. All contributions are paid directly to STI. Continental does not receive any portion of any contribution.

Sustainable Travel International calculates that to offset your amount of CO2 from this itinerary, you may contribute **\$11.84** or another amount.

[Contribute Now](#)

Important Travel Information:

The U.S. government raised the security alert level and implemented extra restrictions to assure the security of air travel. Certain changes in airport procedures and restrictions on items allowed on board aircraft are detailed on the [Travel Alert: Elevated Security](#) page.

Any changes to your flight reservations may incur additional charges. Airlines require government issued photo identification upon check-in, such as a driver's license or passport.

[Passport, visa and health requirements](#) may apply for this itinerary. Each passenger must ensure he or she has all required travel documents as stated in Rule 19 of the [Contract of Carriage](#). Information on this site is provided as a courtesy and should be verified by the passenger before travel. Other resources include the consulate of the destination country and the [U.S. Department of State](#).

Please read important information governing [airline baggage liability limitations](#). You will be contacted with any changes or additional information such as schedule changes, itinerary changes, etc. Special services are on a request basis and cannot be guaranteed.



PASSENGER RECEIPT

1 OF 1



EXCESS AIRFARE TICKET

05OCT10

US

V5/D7B225 /HOUSTON

LOGAN/CHRIS

NOT VALID FOR
**TRANSPORTATION*

PSGR TICKET 0052163318031

BMDXOS

THIS IS YOUR RECEIPT

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

NOT VALID FOR TRAVEL

IAH CO FLP

1 FIRST CHECKED BAG 25.00

USD 25.00

CASH

1 005 2604884130 1

USD 25.00

A708

ABC0087684321



PASSENGER RECEIPT

1 OF 1



EXCESS AIRFARE TICKET

08OCT10

US

MS/D15706 /EL PASO

LOGAN/CHRIS

NOT VALID FOR
**TRANSPORTATION*

PSGR TICKET 0052163318031

BMDXOS

THIS IS YOUR RECEIPT

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

NOT VALID FOR TRAVEL

ELP CO IAH

1 FIRST CHECKED BAG 25.00

USD 25.00

CASH

1 005 2604959683 3

USD 25.00

A708

ABC012845073

PRINTED IN U.S.A. BY MAGNETIC TICKET & LABEL CORP., DALLAS, TX. Rev. 808 9725

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V023616 01
Voucher Total: \$326.40
No. of Lines: 1
T/C Hash : 238
Preparer's Initials: CS

Single Check (Y/N): _____
Date Entered: 12/09/2010
Entered by: CS

Amount Spelled: THREE HUNDRED TWENTY SIX DOLLARS AND FORTY CENTS

Vendor Name: MARY CONVINGTON

Street: 415 C W27TH ST.

City, State, Zip: HOUSTON TX 77008

Subject: STATE DRG CRT TRNG-2011 10/06-08/10 MARY COVINGTON

| Line | Trans | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|------|--|--------|--------------|---------|-----|------------|--------|------------|
| 01 | 238 | 326.40 | TRNDRUGCRT11 | 6703 | | | | |
| | Desc: STATE DRG CRT TRNG-2011 10/06-08/10 MARY COVINGTON | | | | | | | |
| 02 | | | | | | | | |
| | Desc: | | | | | | | |
| 03 | | | | | | | | |
| | Desc: | | | | | | | |
| 04 | | | | | | | | |
| | Desc: | | | | | | | |
| 05 | | | | | | | | |
| | Desc: | | | | | | | |
| 06 | | | | | | | | |
| | Desc: | | | | | | | |
| 07 | | | | | | | | |
| | Desc: | | | | | | | |
| 08 | | | | | | | | |
| | Desc: | | | | | | | |
| 09 | | | | | | | | |
| | Desc: | | | | | | | |
| 10 | | | | | | | | |
| | Desc: | | | | | | | |

Prepared by: TCAUD09-AUDITORS DONNA TEAGUE

Date: 12/09/2010

Approved by: _____

Date: 12/9/10

TRNDRUGCRT11

STIPENDS

APPLICATION REVIEW:

| | | |
|---|---|---|
| Name: | MARY COVINGTON | V023616-01 |
| Reimburse to: | INDIVIDUAL | |
| Maximum Reimbursement allowed: | | \$ 820.00 |
| Prepaid Expenses for Registration and Hotel: | \$182 Hotel p/person & \$185 Reg p/person | (367.00) |
| Balance after prepaid expenses : | | \$ 453.00 |
| Meals: | | (64.00) |
| Travel Transportation: | AIRFARE \$211.40 & PARKING \$51.00 | (262.40) |
| | Ending Balance: | \$ 126.60 |
| | | (value s/b 0.00 or a poistive balance amt) |
| TOTAL REIMBURSEMENT MEALS AND TRAVEL TRANSPORTATION: | | \$ 326.40 |

Reviewed by:


VIRGINIA HERRERA, GRANT ACCOUNTANT

October 28, 2010

MEMORANDUM

TO: Leticia Medina, DWI Drug Court Coordinator
FROM: Rosie Medina, Special Programs Coordinator *RM*
SUBJECT: TADCP Stipend Reimbursements

Attached are TADCP Conference Reimbursements for your review and approval. Upon your approval, please forward to Virginia Herrera at the Auditor's Office for reimbursement processing. Attached are the following requests:

| | |
|------------------|---------------------------|
| HCCSCD: | \$748.70 |
| Andrea Curtiss: | \$64.00 |
| Sonya Cobbin: | \$64.00 |
| Cynthia Clark: | \$64.00 |
| Mary Covington: | \$326.40 <i>102361601</i> |
| Laura McCarty: | \$305.90 |
| Ricky Sumlin: | \$329.90 |
| Staci Biggar: | \$299.90 |
| Randy Plemons: | \$344.80 |
| McLennan County: | \$308.80 |
| Kelly Bays: | \$64.00 |
| Cameron County: | \$1812.00 |
| Al Alonso: | \$263.40 |
| James Bryant: | \$35.00 |
| Lisa Candia: | \$338.90 |
| Ernie Glenn: | \$128.70 |

Original filed w/ Cameron County back up vH
PAID FROM COPY

10-28-10.

Reviewed and approved:



TADCP - President

OCT 20 2010



EL PASO COUNTY
 County Criminal Court #2
 500 E. San Antonio Ave, Room 704
 El Paso, Texas 79901
 915-834-8232 * 915-834-8268 (fax)

TADCP Annual Training Conference
 El Paso, TX · October 6-8, 2010
 Request for Reimbursement of Expenses
 Form due by: November 8, 2010
 Please allow 30 day processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION. Please complete in full.

Name: Mary Covington Title: Special Program Manager County: Harris
 Court: STAR Drug Court & Veterans' Court Court Address: 1201 Franklin, 7th floor
 City/Zip: Houston, 77002 Phone: 713-755-4610 Email: Mary_covington@justex.net

ITINERARY. Please complete in full.

Departed: Houston (City) on Date: 10/5/10 at Time: 5:45pm
 Arrived: EL PASO, TEXAS on Date: 10/5/10 at Time: 6:40pm
 Departed: EL PASO, TEXAS on Date: 10/8/10 at Time: 12:15pm
 Arrived: Houston (City) on Date: 10/8/10 at Time: 3:00pm

REGISTRATION FEES. Registration fees have been master-billed to El Paso County at a rate of \$150 (for members) and \$185 (for non-members).

Total Prepaid by El Paso County: ~~\$150.00~~ 185.00 pd

MEALS. Please note that some meals will be provided and attendees are not eligible for meal reimbursement. Receipts are not required.

| | 10/05/10* | 10/06/10 | 10/07/10 | 10/08/10* | 10/09/10* | Subtotal |
|-----------------------|--------------------------------|-----------------|-------------|-------------|-----------|-----------------------------------|
| Breakfast: \$6.00 max | \$ | \$6.00 | \$N/A | \$N/A | \$ | \$6.00 |
| Lunch: \$11.50 max | \$ | \$ <u>11.50</u> | \$N/A | \$11.50 | \$ | \$11.50 <u>23.00</u> |
| 21.19 | \$0.00 <u>17.50</u> | \$N/A | \$17.50 | \$ | \$ | \$27.19 <u>35.00</u> |
| | <u>17.5</u> | <u>11.5</u> | <u>17.5</u> | <u>11.5</u> | | |
| | TOTAL MEALS/INCIDENTALS | | | | | \$44.69 <u>64.00</u> ✓ |

* Must be in travel status to claim meals on these dates.

LODGING. Lodging will be master-billed to El Paso County. The amount of the lodging will be added into the totals (\$91.00/night). If your total reimbursement, including lodging costs exceeds the \$820 limit, your reimbursement will be reduced by the appropriate amount.

TOTAL LODGING \$273.00 ✓ pd

TRANSPORTATION. The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required): \$211.40 ✓
 Personal Auto Miles: _____ miles x 40 cents/mile: \$
 Parking: \$51.00 Tolls: \$
 Other Travel Expenses (please describe): _____
TOTAL TRANSPORTATION \$262.40 ✓

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$820, including prepaid conference registration fees and lodging)


EP to reimburse Ms. Covington: *326.40 \$730.09
784.40

I certify that:

- The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated.
- I have not been nor will I be reimbursed from any other source for any of the expenses listed.
- This request is correct to the best of my knowledge.
- I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: Mary E. Covington Date: 10/12/10
 OCT 20 2010

From: Southwest Airlines [SouthwestAirlines@luv.southwest.com]
Sent: Wednesday, June 23, 2010 1:50 PM
To: Covington, Mary(DCA)
Subject: Ticketless Confirmation - COVINGTON/MARY E - QJJYT6



COVINGTON/MARY E **Confirmation Date:** 06/23/10 **Confirmation Number:** QJJYT6

Passenger Information

| Passenger(s) | Account Number | Ticket # | Expiration ¹ |
|------------------|----------------|----------|-------------------------|
| COVINGTON/MARY E | 00001055112203 | | |

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Depart: HOUSTON HOBBY to EL PASO TX (Travel Time: 1 hrs 55 mins)

| Date | Flight | Flight Information |
|--------------|--------|--|
| Tue Oct 05 ✓ | 2808 | Depart HOUSTON HOBBY (HOU) at 5:45 PM Arrive in EL PASO TX (ELP) at 6:40 PM |

Return: EL PASO TX to HOUSTON HOBBY (Travel Time: 1 hrs 45 mins)

| Date | Flight | Flight Information |
|--------------|--------|--|
| Fri Oct 08 ✓ | 1437 | Depart EL PASO TX (ELP) at 4:45 PM Arrive in HOUSTON HOBBY (HOU) at 7:30 PM |

Cost and Payment Summary

| | |
|-----------------------------|-----------------|
| Base Fare | \$179.54 |
| + Excise Taxes | \$13.46 |
| Advertised Fare | \$193.00 |
| + Segment Fee | \$7.40 |
| + Passenger Facility Charge | \$6.00 |
| + Security Fee ² | \$5.00 |
| Total Payment | \$211.40 |

Current payment(s)
06/23/10 Visa XXXXXXXXXXXX4254 \$211.40

² Security Fee is the government-imposed September 11th Security Fee.

Fare Rule(s)

Need A Car?

[Browse All Cars](#)

Where to Stay

[Browse All Hotels](#)

What To Do

[Travel Guide](#)

Weekly E-mail

[Sign Up Now](#)

Get Rewarded


[Learn More](#)

Travel Tips
Boarding School

OCT 20 2010

Mary Covington

094-562



New South Parking

William P. Hobby Airport
P. O. Box 60751
Houston, TX 77205
(713) 641-7770
www.newsouthparking-tx.com

CUSTOMER RECEIPT

SOUTHLAND PRINTING - SHREVEPORT, LA. 830112

| Tran | In Time | Out Time | Fee | CC# |
|------|-------------|-------------|---------|------|
| 782 | 10/05 15:45 | 10/08 15:25 | \$51.00 | 4254 |

OCT 20 2008

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V023411 01
 Voucher Total: \$421.51
 No. of Lines: 1
 T/C Hash: 238

Single Check (Y/N): _____
 Date Entered: 12/09/2010
 Entered by: CS

Preparer's Initials: CS
 Amount Spelled: FOUR HUNDRED TWENTY ONE DOLLARS AND FIFTY ONE CENTS

Vendor Name: KATHLEEN GRUVER
 Street: 7719 PIPERS LANE
 City, State, Zip: SAN ANTONIO TX 78251

Subject: STATE DRG CRT TRNG-2011 10/06-08/10 KATHLEN GRUVER

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|------|--|--------|--------------|---------|-----|------------|--------|------------|
| 01 | 238 | 421.51 | TRNDRUGCRT11 | 6703 | | | | |
| | Desc: STATE DRG CRT TRNG-2011 10/06-08/10 KATHLEN GRUVER | | | | | | | |
| 02 | Desc: | | | | | | | |
| 03 | Desc: | | | | | | | |
| 04 | Desc: | | | | | | | |
| 05 | Desc: | | | | | | | |
| 06 | Desc: | | | | | | | |
| 07 | Desc: | | | | | | | |
| 08 | Desc: | | | | | | | |
| 09 | Desc: | | | | | | | |
| 10 | Desc: | | | | | | | |

Prepared by: TCAUD09-AUDITORS DONNA TEAGUE Date: 12/09/2010
 Approved by: Date: 12/9/10

TRNDRUGCRT11

STIPENDS

APPLICATION REVIEW:

| | | |
|--|---|---|
| Name: | KATHLEEN GRUVER | V023411-01 |
| Reimburse to: | INDIVIDUAL | |
| Maximum Reimbursement allowed: | | \$ 820.00 |
| Prepaid Expenses for Registration and Hotel: | \$182 Hotel p/person & \$185 Reg p/person | (367.00) |
| Balance after prepaid expenses : | | \$ 453.00 |
| Meals: | | (64.00) |
| Travel Transportation: | AIRFARE FOR FOUR PEOPLE | (357.51) |
| Ending Balance: | | \$ 31.49 |
| | | (value s/b 0.00 or a poistive balance amt) |
| TOTAL REIMBURSEMENT MEALS AND TRAVEL TRANSPORTATION: | | \$ 421.51 |

Reviewed by: 
VIRGINIA HERRERA, GRANT ACCOUNTANT

November 30, 2010

MEMORANDUM

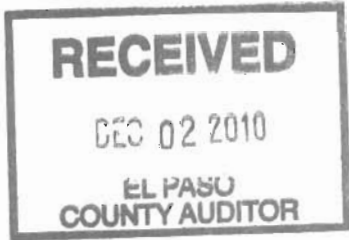
TO: Leticia Medina, DWI Drug Court Coordinator

FROM: Rosie Medina, Special Programs Coordinator *RAM*

SUBJECT: TADCP Stipend Reimbursements

Attached are TADCP Conference Reimbursements for your review and approval. Upon your approval, please forward to Virginia Herrera at the Auditor's Office for reimbursement processing. Attached are the following requests:

Kathleen Gruver: \$421.51 *✓ 023411-01*



12-1-10

original
✓

Reviewed and approved

[Handwritten signature]



EL PASO COUNTY
 County Criminal Court #2
 500 E. San Antonio Ave, Room 704
 El Paso, Texas 79901
 915-834-8232 * 915-834-8268 (fax)

TADCP Annual Training Conference
 El Paso, TX · October 6-8, 2010
 Request for Reimbursement of Expenses
 Form due by: November 8, 2010
 Please allow 30 day processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION. Please complete in full.

Name: Kathleen Gruver Title: Treatment Provider Counselor County: Bexar
 Court: Bexar County Adult Drug Court Court Address: 300 Dolorosa, Suite 1097
 City/Zip: SAN ANTONIO 78205 Phone: (210) 335-2637 Email: katgruver@yahoo.com

ITINERARY. Please complete in full.

Departed: San Antonio (City) on Date: Oct 5 at Time: 7:40 PM
 Arrived: EL PASO, TEXAS on Date: Oct 5, 2010 at Time: 8:10 P.M.
 Departed: EL PASO, TEXAS on Date: Oct 8, 2010 at Time: 9:20 P.M. 7pm
 Arrived: San Antonio (City) on Date: Oct 8, 2010 at Time: 9:20 PM

REGISTRATION FEES. Registration fees have been master-billed to El Paso County at a rate of \$150 (for members) and \$185 (for non-members).

Total Prepaid by El Paso County: \$ 185.00

MEALS. Please note that some meals will be provided and attendees are not eligible for meal reimbursement. Receipts are not required.

| | 10/05/10* | 10/06/10 | 10/07/10 | 10/08/10* | 10/09/10* | Subtotal |
|-----------------------|-----------------|---------------------|-----------------|-----------------|-----------|-----------------------|
| Breakfast: \$6.00 max | \$ | \$ <u>6.00</u> | \$N/A | \$N/A | \$ | \$ <u>6</u> |
| Lunch: \$11.50 max | \$ <u>11.50</u> | \$ 11.50 | \$N/A | \$ <u>11.50</u> | \$ | \$ <u>11.50 23.00</u> |
| Dinner: \$17.50 max | \$ | \$N/A | \$ <u>17.50</u> | \$ <u>17.50</u> | \$ | \$ <u>17.50 35.00</u> |

* Must be in travel status to claim meals on these dates.

TOTAL MEALS/INCIDENTALS \$ 35.00
64.00

LODGING. Lodging will be master-billed to El Paso County. The amount of the lodging will be added into the totals (\$91.00/night). If your total reimbursement, including lodging costs exceeds the \$820 limit, your reimbursement will be reduced by the appropriate amount.

TOTAL LODGING \$ 91.00
182.00

TRANSPORTATION. The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required):
 Personal Auto Miles: _____ miles x 40 cents/mile:
 Parking: \$ 28.11 Tolls: \$ _____
 Other Travel Expenses (please describe): _____

\$ 308.00 329.40
 \$ _____
 \$ 28.11
 \$ _____
 TOTAL TRANSPORTATION \$ 336.11
357.51

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$820, including prepaid conference registration fees and lodging)

EP County to reimburse Ms. Gruver \$421.51 \$ 371.11
788.51

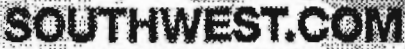
I certify that:

- The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated.
- I have not been nor will I be reimbursed from any other source for any of the expenses listed.
- This request is correct to the best of my knowledge.
- I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: Kathleen Gruver Date: 10/15/10

Parmelee, Anne

From: Southwest Airlines [SouthwestAirlines@luv.southwest.com]
 Sent: Monday, September 20, 2010 3:57 PM
 To: G/VacationCenter
 Subject: WN - XF8XAV - GRUVER/STEPHEN T



SOUTHWEST.COM

GRUVER/STEPHEN T Confirmation Date: 09/20/10 Confirmation Number: XF8XAV
 ARC no: 45716333

EARLY BIRD CHECK-IN
 Let us take care of checking for you.
 \$10
 Purchase Early Bird

Passenger Information

| Passenger(s) | Account Number | Ticket # | Expiration ¹ |
|---------------------|------------------|---------------|-------------------------|
| GRUVER/STEPHEN T | - None Entered - | 5262126190707 | 09/20/11 |
| GRUVER/KATHLEEN M ✓ | - None Entered - | 5262126190708 | 09/20/11 |

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Depart: SAN ANTONIO TX to EL PASO TX (Travel Time: 1 hrs 30 mins)

| Date | Flight | Flight Information |
|------------|--------|---|
| Tue Oct 05 | 0457 | Depart SAN ANTONIO TX (SAT) at 7:40 PM Arrive in EL PASO TX (ELP) at 8:10 PM |

Return: EL PASO TX to SAN ANTONIO TX (Travel Time: 1 hrs 20 mins)

| Date | Flight | Flight Information |
|------------|--------|---|
| Fri Oct 08 | 2895 | Depart EL PASO TX (ELP) at 7:00 PM Arrive in SAN ANTONIO TX (SAT) at 9:20 PM |

Need A Car?

Review All Cars

Want to Stay?

Review All Hotels

What's New

SOUTHWEST.COM TRAVEL GUIDE

Travel Online

Weekly E-mail

NEVER MISS AN OFFER

CLICK & SAVE

Sign Up Now

Cost and Payment Summary

| | |
|-----------------------------|-----------------|
| Base Fare | \$573.04 |
| + Excise Taxes | \$42.96 |
| Advertised Fare | \$616.00 |
| + Segment Fee | \$14.80 |
| + Passenger Facility Charge | \$18.00 |
| + Security Fee ² | \$10.00 |
| Total Payment | \$658.80 |

Current payment(s)
 09/20/10 Mastercard XXXXXXXXXXXX3209 \$658.80

1/2 = \$308.00

\$329.40

1/2 = 329.40 ✓

² Security Fee is the government-imposed September 11th Security Fee.

Fare Rule(s)

Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. Effective January 28, 2011, unused travel funds may only be applied toward the purchase of future travel for the individual named on the ticket. Any change to this itinerary may result in a fare increase.

Fare Calculation:

SAT WN ELP143.26RYAUPNR WN SAT143.26RYAUPNR 286.52 END ZPSATELP
XPSAT4.5ELP4.5 AYS.00\$SAT2.50 ELP2.50

**Important Checkin Requirement**

Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

[Travel Tips](#)[Boarding School](#)[Change Flight](#)[Cancel Flight](#)**Southwest Airlines Co. Notice of Incorporated Terms**

Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference.

[Notice of Incorporated Terms](#)

Additional Information for Travelers

[Online Checkin](#) | [Free Baggage Allowance](#) | [Checkin Procedure](#) | [Inflight Service](#)
[Travel Tools](#) | [Refund Information](#) | [Privacy Policy](#) | [Southwest Airlines Destinations](#)

We can [notify you of flight departure or arrival status via text messages](#) on your cell phone, pager, personal digital assistant (PDA), or e-mail account. Or, use our automated phone service by calling 1-888-SWA-TRIP.

[www.southwest.com](#) | [Book Air](#) | [Book Car](#) | [Book Hotel](#) | [Book Cruise](#) | [Book Vacation Package](#) | [Download DING!](#)

Rosie Medina

From: Rosie Medina
Sent: Tuesday, November 09, 2010 2:49 PM
To: 'katgruver@yahoo.com'
Cc: 'roberto ruiz'
Subject: TADCP Stipend Reimbursement Request

Ms. Gruver,

I am in receipt of your TADCP Conference reimbursement request. I would like to know whether we are reimbursing you directly or Bexar County. Additionally, you are seeking reimbursement for your airport parking and have provided a copy of that receipt. Our county auditors office requires the submission of the original receipt or a notarized affidavit regarding the expenditure. Please forward the required document to my attention to the address listed below so I can complete processing your reimbursement request. Thank you.

*Rosie Medina, Special Programs Coordinator
El Paso County Juvenile Probation Officer
6400 Delta Drive
El Paso, TX 79905
(915)849-2628 (office)
(915)849-2599 (fax)*

SPACE 150 **63729**

RECEIPT

10-22-11 00132 TND CHARGE1

8 5.16.16
028.11

AIRPORT SECURITY PARKING, INC.
1106 HALM BLVD. (210) 342-8728

Parkings

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V023401 01
 Voucher Total: \$383.40
 No. of Lines: 1
 T/C Hash: 238

Single Check (Y/N): _____

Date Entered: 12/09/2010
 Entered by: CS

Preparer's Initials: CS

Amount Spelled: THREE HUNDRED EIGHTY THREE DOLLARS AND FORTY CENTS

Vendor Name: NIIME MUHAMMED

Street: 1614 SUMMIT RIDGE DR.

City, State, Zip: GARLAND TX 75043

Subject: STATE DRG CRT TRNG-2011 10/06-08/10 NIIME MUHAMMAD

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|--|--------|--------|--------------|---------|-----|------------|--------|------------|
| 01 | 238 | 383.40 | TRNDRUGCRT11 | 6703 | | | | |
| Desc: STATE DRG CRT TRNG-2011 10/06-08/10 NIIME MUHAMMAD | | | | | | | | |
| 02 | | | | | | | | |
| Desc: | | | | | | | | |
| 03 | | | | | | | | |
| Desc: | | | | | | | | |
| 04 | | | | | | | | |
| Desc: | | | | | | | | |
| 05 | | | | | | | | |
| Desc: | | | | | | | | |
| 06 | | | | | | | | |
| Desc: | | | | | | | | |
| 07 | | | | | | | | |
| Desc: | | | | | | | | |
| 08 | | | | | | | | |
| Desc: | | | | | | | | |
| 09 | | | | | | | | |
| Desc: | | | | | | | | |
| 10 | | | | | | | | |
| Desc: | | | | | | | | |

GRANT FUNDS

12/9/2010 *CS*

Prepared by: TCAUDO9-AUDITORS DONNA TEAGUE

Date: 12/09/2010

Approved by: *me*

Date: 12/9/10

TRNDRUGCRT11

STIPENDS

APPLICATION REVIEW:

| | | |
|--|---|---|
| Name: | NIIME MUHAMMAD | V023401-01 |
| | * THREE PEOPLE | |
| Reimburse to: | INDIVIDUAL | |
| Maximum Reimbursement allowed: | \$820 EACH | \$ 820.00 |
| Prepaid Expenses for Registration and Hotel: | \$182 Hotel p/person & \$185 Reg p/person | (367.00) |
| Balance after prepaid expenses : | | \$ 453.00 |
| Meals: | | (64.00) |
| Travel Transportation: | AIRFARE | (319.40) |
| | Ending Balance: | \$ 69.60 |
| | | (value s/b 0.00 or a poistive balance amt) |
| TOTAL REIMBURSEMENT MEALS AND TRAVEL TRANSPORTATION: | | \$ 383.40 |

Reviewed by: VH
VIRGINIA HERRERA, GRANT ACCOUNTANT

November 24, 2010

MEMORANDUM

TO: Leticia Medina, DWI Drug Court Coordinator

FROM: Rosie Medina, Special Programs Coordinator

SUBJECT: TADCP Stipend Reimbursements

Attached are TADCP Conference Reimbursements for your review and approval. Upon your approval, please forward to Virginia Herrera at the Auditor's Office for reimbursement processing. Attached are the following requests:

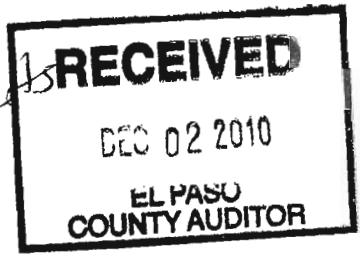
| | |
|-------------------|-----------|
| Melissa Torrente | \$333.40 |
| Niime Muhammad | \$383.40 |
| Andrew Dornburg | \$355.90 |
| Bowie County: | \$1810.00 |
| Christin Autry: | \$64.00 |
| Smith County: | \$580.20 |
| Crystal Merritt: | \$64.00 |
| Kristy Bounds: | \$64.00 |
| Grayson County: | \$2050.00 |
| Kristy Bounds: | \$64.00 |
| Jana Garner: | \$64.00 |
| Helen Perkins: | \$64.00 |
| Debbie Fesperman: | \$64.00 |
| Rayburn Nall: | \$64.00 |

✓023401-01

✓023336-01
✓623407-01

Listed twice

Missing these requests



original signature w/ Bowie County VH
PAID FROM COPY

11-30-10

Reviewed and approved

[Handwritten signature]



EL PASO COUNTY
 County Criminal Court #2
 500 E. San Antonio Ave, Room 704
 El Paso, Texas 79901
 915-834-8232 * 915-834-8268 (fax)

TADCP Annual Training Conference
 El Paso, TX · October 6-8, 2010
 Request for Reimbursement of Expenses
 Form due by: November 8, 2010
 Please allow 30 day processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION. Please complete in full.

Name: Nime Muhammad Title: CEO II County: Dallas
 Court: STAC Court Address: 133 N Riverfront LB55
 City/Zip: Dallas TX 75207 Phone: 214-653-5244 Email: nmhammad@dallascounty.org

ITINERARY. Please complete in full.

Departed: Dallas, TX (City) on Date: 10/6/10 at Time: 8:30am
 Arrived: EL PASO, TEXAS on Date: 10/6/10 at Time: 9:10am
 Departed: EL PASO, TEXAS on Date: 10/8/10 at Time: 2:35pm
 Arrived: Dallas, TX (City) on Date: 10/8/10 at Time: 5:10pm

REGISTRATION FEES. Registration fees have been master-billed to El Paso County at a rate of \$150 (for members) and \$185 (for non-members).

Total Prepaid by El Paso County: \$ 319.40 / 185.00

MEALS. Please note that some meals will be provided and attendees are not eligible for meal reimbursement. Receipts are not required.

| | 10/05/10* | 10/06/10 | 10/07/10 | 10/08/10* | 10/09/10* | Subtotal |
|-----------------------|-----------|------------------------|-----------------|-----------------|-----------|---|
| Breakfast: \$6.00 max | \$ | \$ <u>6.00</u> | \$N/A | \$N/A | \$ | \$ <u>6.00</u> |
| Lunch: \$11.50 max | \$ | \$ <u>6.00 / 11.50</u> | \$N/A | \$ <u>11.50</u> | \$ | \$ <u>23.00</u> |
| Dinner: \$17.50 max | \$ | \$N/A | \$ <u>15.39</u> | \$ <u>17.50</u> | \$ | \$ <u>35.00</u> |
| | | <u>17.5</u> | <u>17.50</u> | <u>29</u> | | |
| | | | | | | TOTAL MEALS/INCIDENTALS \$ <u>32.89</u> <u>64.00</u> |

* Must be in travel status to claim meals on these dates.

LODGING. Lodging will be master-billed to El Paso County. The amount of the lodging will be added into the totals (\$91.00/night). If your total reimbursement, including lodging costs exceeds the \$820 limit, your reimbursement will be reduced by the appropriate amount.

TOTAL LODGING \$ 182.00 Prepaid

TRANSPORTATION. The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required):
 Personal Auto Miles: _____ miles x 40 cents/mile:
 Parking: _____
 Tolls: \$ _____
 Other Travel Expenses (please describe): _____

\$ 319.40
 \$ _____
 \$ _____
 \$ _____
TOTAL TRANSPORTATION \$ NA

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$820, including prepaid conference registration fees and lodging)

EP County to reimburse Mr. Muhammad \$ 383.40 \$ 352.29
752.18

I certify that:

- The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated. 740.40
- I have not been nor will I be reimbursed from any other source for any of the expenses listed.
- This request is correct to the best of my knowledge.
- I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: [Signature] Date: 10-13-10

Fwd: Ticketless Confirmation - MUHAMMAD/NIIME LATIF - X25F22

Niime Muhammad [niime06@yahoo.com]

Sent: Wednesday, October 13, 2010 3:29 PM

To: Niime Muhammad

Sent from my iPhone

Begin forwarded message:

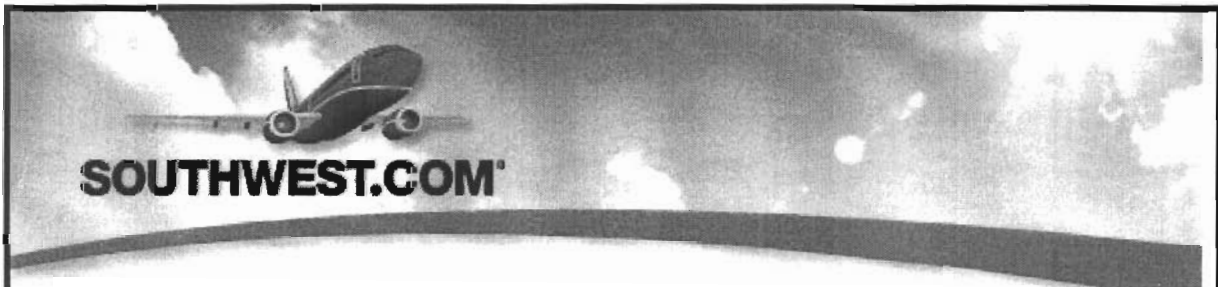
From: "Southwest Airlines" <SouthwestAirlines@luv.southwest.com>

Date: September 20, 2010 9:05:09 AM CDT

To: NIIME06@YAHOO.COM

Subject: Ticketless Confirmation - MUHAMMAD/NIIME LATIF - X25F22

Reply-To: "Southwest Airlines" <no-reply@luv.southwest.com>



MUHAMMAD/NIIME LATIF

Confirmation Date: 09/20/10 **Confirmation Number:** X25F22

Passenger Information

| Passenger(s) | Account Number | Ticket # | Expiration ¹ |
|----------------------|------------------|---------------|-------------------------|
| MUHAMMAD/NIIME LATIF | - None Entered - | 5262126080004 | 09/20/11 |

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary


Depart: DALLAS LOVE FIELD to EL PASO TX (Travel Time: 1 hrs 40 mins)

| Date | Flight | Flight Information |
|------------|--------|--|
| Wed Oct 06 | 1459 | Depart DALLAS LOVE FIELD (DAL) at 8:30 AM Arrive in EL PASO TX (ELP) at 9:10 AM |

Return: EL PASO TX to DALLAS LOVE FIELD (Travel Time: 1 hrs 35 mins)

| Date | Flight | Flight Information |
|------------|--------|--|
| Fri Oct 08 | 2956 | Depart EL PASO TX (ELP) at 2:35 PM Arrive in DALLAS LOVE FIELD (DAL) at 5:10 PM |

SAVE UP TO 40% AND EARN TRIPLE REWARDS* CREDIT BOOK NOW.




EARLYBIRD CHECK-IN
Let us take care of Checkin for you.

ONLY \$10 ONE-WAY

Purchase EarlyBird

Need A Car?



Browse All Cars

Cost and Payment Summary

| | |
|------------------------------|-----------------|
| Base Fare | \$277.21 |
| + Excise Taxes | \$20.79 |
| Advertised Fare | \$298.00 |
| + Segment Fee | \$7.40 |
| + Passenger Facility Charge | \$9.00 |
| + Security Fee ² | \$5.00 |
| Total Payment | \$319.40 |
| Current payment(s) | |
| 09/20/10 Visa XXXXXXXXXX4353 | \$319.40 |

² Security Fee is the government-imposed September 11th Security Fee.

Fare Rule(s)

Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. Effective January 28, 2011, unused travel funds may only be applied toward the purchase of future travel for the individual named on the ticket. Any change to this itinerary may result in a fare increase.

Fare Calculation:

DAL WN ELP132.09OYAUPNR WN DAL145.12RYAUPNR 277.21 END ZPDALELP
XFDAL4.5ELP4.5 AY5.00\$DAL2.50 ELP2.50

Important Checkin Requirement

Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

Southwest Airlines Co. Notice of Incorporated Terms

Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference.

[Notice of Incorporated Terms](#)

Additional Information for Travelers

[Online Checkin](#) | [Free Baggage Allowance](#) | [Checkin Procedure](#) | [Inflight Service](#)
[Travel Tools](#) | [Refund Information](#) | [Privacy Policy](#) | [Southwest Airlines Destinations](#)

We can [notify you of flight departure or arrival status via text messages](#) on your cell phone, pager, personal digital assistant (PDA), or e-mail account. Or, use our automated phone service by calling 1-888-SWA-TRIP.

[www.southwest.com](#) | [Book Air](#) | [Book Car](#) | [Book Hotel](#) | [Book Cruise](#) | [Book Vacation Package](#) | [Download DING!](#)



[Travel Tips](#)
[Boarding School](#)
[Change Flight](#)
[Cancel Flight](#)

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V023399 01
 Voucher Total: \$326.40
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____
 Date Entered: 12/09/2010
 Entered by: CS

Preparer's Initials: CS
 Amount Spelled: THREE HUNDRED TWENTY SIX DOLLARS AND FORTY CENTS

Vendor Name: SHELITTA GREEN
 Street: 127 HIGH MEADOWS RD.
 City, State, Zip: RED OAK TX 75154

Subject: STATE DRG CRT TRNG-2011 10/06-08/10 SHELITTA GREEN

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|------|--|--------|--------------|---------|-----|------------|--------|------------|
| 01 | 238 | 326.40 | TRNDRUGCRT11 | 6703 | | | | |
| | Desc: STATE DRG CRT TRNG-2011 10/06-08/10 SHELITTA GREEN | | | | | | | |
| 02 | | | | | | | | |
| | Desc: | | | | | | | |
| 03 | | | | | | | | |
| | Desc: | | | | | | | |
| 04 | | | | | | | | |
| | Desc: | | | | | | | |
| 05 | | | | | | | | |
| | Desc: | | | | | | | |
| 06 | | | | | | | | |
| | Desc: | | | | | | | |
| 07 | | | | | | | | |
| | Desc: | | | | | | | |
| 08 | | | | | | | | |
| | Desc: | | | | | | | |
| 09 | | | | | | | | |
| | Desc: | | | | | | | |
| 10 | | | | | | | | |
| | Desc: | | | | | | | |

Prepared by: TCAUD09-AUDITORS DONNA TEAGUE

Date: 12/09/2010

Approved by: [Signature]

Date: 12/9/10

STIPENDS

APPLICATION REVIEW:

| | | |
|---|---|---|
| Name: | SHELITTA GREEN | V023399-01 |
| Reimburse to: | INDIVIDUAL | |
| Maximum Reimbursement allowed: | | \$ 820.00 |
| Prepaid Expenses for Registration and Hotel: | \$182 Hotel p/person & \$185 Reg p/person | (367.00) |
| Balance after prepaid expenses : | | \$ 453.00 |
| Meals: | | (64.00) |
| Travel Transportation: | AIRFARE \$262.40 | (262.40) |
| | Ending Balance: | \$ 126.60 |
| | | (value s/b 0.00 or a poistive balance amt) |
| TOTAL REIMBURSEMENT MEALS AND TRAVEL TRANSPORTATION: | | \$ 326.40 |

Reviewed by: VA
VIRGINIA HERRERA, GRANT ACCOUNTANT

November 19, 2010

MEMORANDUM

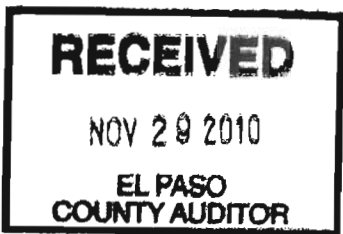
TO: Leticia Medina, DWI Drug Court Coordinator

FROM: Rosie Medina, Special Programs Coordinator *REM*

SUBJECT: TADCP Stipend Reimbursements

Attached are TADCP Conference Reimbursements for your review and approval. Upon your approval, please forward to Virginia Herrera at the Auditor's Office for reimbursement processing. Attached are the following requests:

| | | | |
|-----------------|----------|-----------------|--------------------------------|
| Marquetta Smith | \$350.40 | <i>novendor</i> | |
| Shelitta Green | \$359.40 | <i>novendor</i> | <i>NO23399-01 Reimb 326.40</i> |
| Gail Dawson | \$317.40 | <i>now-9</i> | |



original approval signature w/ M. Smith - VH
PAID FROM COPY

11-23-10
Reviewed and
Approved
[Signature]



EL PASO COUNTY
 County Criminal Court #2
 500 E. San Antonio Ave, Room 704
 El Paso, Texas 79901
 915-834-8232 * 915-834-8268 (fax)

TADCP Annual Training Conference
 El Paso, TX · October 6-8, 2010
 Request for Reimbursement of Expenses
 Form due by: November 8, 2010
 Please allow 30 day processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION. Please complete in full.

Name: Shelitta Green Title: Community Supervision Officer I County: Dallas County
 Court: Stac Drug Court Court Address: 133 N Riverfront Blvd 9th Floor LB55
 City/Zip: 75207 Phone: 214-653-5283 Email: sgreen@dallascounty.org

ITINERARY. Please complete in full.

Departed: Dallas, Tx (City) on Date: 10/6/2010 at Time: 830
 Arrived: EL PASO, TEXAS on Date: 10/6/2010 at Time: 910
 Departed: EL PASO, TEXAS on Date: 10/8/2010 at Time: 235
 Arrived: Dallas, Tx (City) on Date: 10/8/2010 at Time: 510

REGISTRATION FEES. Registration fees have been master-billed to El Paso County at a rate of \$150 (for members) and \$185 (for non-members).

Total Prepaid by El Paso County: ~~\$150.00~~ 185.00 *Pre paid*

MEALS. Please note that some meals will be provided and attendees are not eligible for meal reimbursement. Receipts are not required.

| | 10/05/10* | 10/06/10 | 10/07/10 | 10/08/10* | 10/09/10* | Subtotal |
|-----------------------|-----------|----------------|-------------|-----------------|-------------|--|
| Breakfast: \$6.00 max | \$ | \$ <u>6.00</u> | \$N/A | \$N/A | \$ | \$ <u>6.00</u> |
| Lunch: \$11.50 max | \$ | \$11.50 | \$N/A | \$ <u>11.50</u> | \$11.50 | \$23.00 <u>23.00</u> |
| Dinner: \$17.50 max | \$ | \$N/A | \$17.50 | \$ <u>17.50</u> | \$ | \$17.50 <u>35.00</u> |
| | | <u>17.5</u> | <u>17.5</u> | <u>29.00</u> | <u>11.5</u> | |
| | | | | | | TOTAL MEALS/INCIDENTALS <u>\$40.50</u> <u>64.00</u> |

* Must be in travel status to claim meals on these dates.

LODGING. Lodging will be master-billed to El Paso County. The amount of the lodging will be added into the totals (\$91.00/night). If your total reimbursement, including lodging costs exceeds the \$820 limit, your reimbursement will be reduced by the appropriate amount.

TOTAL LODGING \$182.00 *Pre Paid*

TRANSPORTATION. The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required): \$ 262.40
 Personal Auto Miles: _____ miles x 40 cents/mile: _____
 Parking: _____
 : \$ _____ Tolls: \$ _____
 Other Travel Expenses (please describe): _____
TOTAL TRANSPORTATION \$262.40

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$820, including prepaid conference registration fees and lodging)

EP County to reimburse Ms. Green: \$ 359.40 \$634.90
Will only reimb \$64 + 262.90 = 326.90 \$669.90

I certify that:

- The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated.
- I have not been nor will I be reimbursed from any other source for any of the expenses listed.
- This request is correct to the best of my knowledge.
- I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: Shelitta Green Date: 10/12/10

FW: Ticketless Confirmation - GREEN/SHELITTA - X7H705

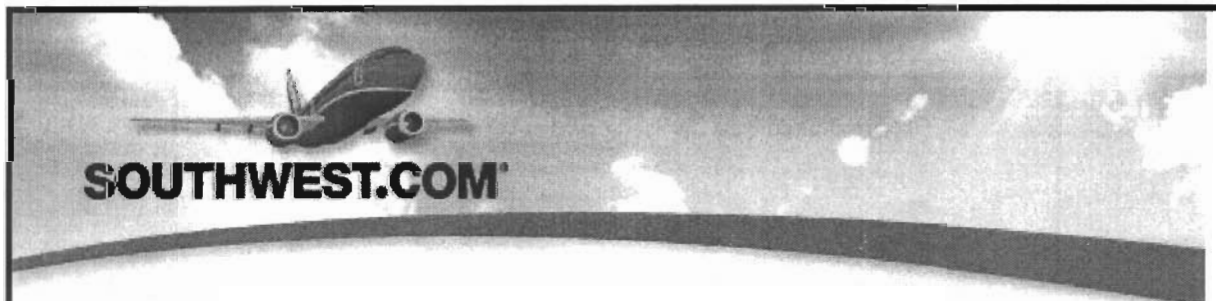
Shelitta Green

Sent: Monday, September 27, 2010 12:37 PM

To: Johnelle Walton

*Shelitta Green
Community Supervision Officer I
S.T.A.C. Intensive Intervention Program
133 Riverfront Blvd. 9th Floor
Dallas, TX 75207
214-653-5283(office)
214-875-2458 (fax)*

From: Southwest Airlines [SouthwestAirlines@luv.southwest.com]
Sent: Wednesday, September 15, 2010 8:23 AM
To: Shelitta Green
Subject: Ticketless Confirmation - GREEN/SHELITTA - X7H705



GREEN/SHELITTA **Confirmation Date:** 09/15/10 **Confirmation Number:** X7H705

Passenger Information

| Passenger(s) | Account Number | Ticket # | Expiration ¹ |
|----------------|----------------|---------------|-------------------------|
| GREEN/SHELITTA | 00000615448750 | 5262125137734 | 09/15/11 |

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Depart: DALLAS LOVE FIELD to EL PASO TX (Travel Time: 1 hrs 40 mins)

| Date | Flight | Flight Information |
|------------|--------|--|
| Wed Oct 06 | 1459 | Depart DALLAS LOVE FIELD (DAL) at 8:30 AM Arrive in EL PASO TX (ELP) at 9:10 AM |

Return: EL PASO TX to DALLAS LOVE FIELD (Travel Time: 1 hrs 35 mins)

| Date | Flight | Flight Information |
|------------|--------|--|
| Fri Oct 08 | 2956 | Depart EL PASO TX (ELP) at 2:35 PM Arrive in DALLAS LOVE FIELD (DAL) at 5:10 PM |

SAVE UP TO 40% AND EARN TRIPLE REWARDSSM CREDIT
BOOK NOW.
Alamo

EARLYBIRD CHECK-IN
Let us take care of Check-in for you.
ONLY \$10 ONE-WAY
Purchase EarlyBird

Cost and Payment Summary

| | |
|---|-----------------|
| Base Fare | \$224.19 |
| + Excise Taxes | \$16.81 |
| Advertised Fare | \$241.00 |
| + Segment Fee | \$7.40 |
| + Passenger Facility Charge | \$9.00 |
| + Security Fee ² | \$5.00 |
| Total Payment | \$262.40 |
| Current payment(s) | |
| 09/15/10 Visa XXXXXXXXXXXX8699 \$262.40 | |

² Security Fee is the government-imposed September 11th Security Fee.

Fare Rule(s)

Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. Effective January 28, 2011, unused travel funds may only be applied toward the purchase of future travel for the individual named on the ticket. Any change to this itinerary may result in a fare increase.

Fare Calculation:

DAL WN ELP101.40MZAUNNR WN DAL122.79OYAVPNR 224.19 END ZPDALELP XFDAL4.5ELP4.5 AY5.00\$DAL2.50 ELP2.50

Important Checkin Requirement

Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

Southwest Airlines Co. Notice of Incorporated Terms

Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference.

[Notice of Incorporated Terms](#)



[Travel Tips](#)
[Boarding School](#)
[Change Flight](#)
[Cancel Flight](#)

Additional Information for Travelers

[Online Checkin](#) | [Free Baggage Allowance](#) | [Checkin Procedure](#) | [Inflight Service](#)
[Travel Tools](#) | [Refund Information](#) | [Privacy Policy](#) | [Southwest Airlines Destinations](#)

We can [notify you of flight departure or arrival status via text messages](#) on your cell phone, pager, personal digital assistant (PDA), or e-mail account. Or, use our automated phone service by calling 1-888-SWA-TRIP.

www.southwest.com | [Book Air](#) | [Book Car](#) | [Book Hotel](#) | [Book Cruise](#) | [Book Vacation Package](#) | [Download DING!](#)

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V023341 01
 Voucher Total: \$64.00
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____
 Date Entered: 12/09/2010
 Entered by: CS

Preparer's Initials: CS
 Amount Spelled: SIXTY FOUR DOLLARS AND NO CENTS

Vendor Name: KELLY SUMMERS BAYS

Street: 306 WARREN RD.

City, State, Zip: LORENA, TX 76655

Subject: STATE DRG CRT TRNG-2011 10/06-08/10 KELLY S BAYS

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|------|--|--------|--------------|---------|-----|------------|--------|------------|
| 01 | 238 | 64.00 | TRNDRUGCRT11 | 6703 | | | | |
| | Desc: STATE DRG CRT TRNG-2011 10/06-08/10 KELLY S BAYS | | | | | | | |
| 02 | | | | | | | | |
| | Desc: | | | | | | | |
| 03 | | | | | | | | |
| | Desc: | | | | | | | |
| 04 | | | | | | | | |
| | Desc: | | | | | | | |
| 05 | | | | | | | | |
| | Desc: | | | | | | | |
| 06 | | | | | | | | |
| | Desc: | | | | | | | |
| 07 | | | | | | | | |
| | Desc: | | | | | | | |
| 08 | | | | | | | | |
| | Desc: | | | | | | | |
| 09 | | | | | | | | |
| | Desc: | | | | | | | |
| 10 | | | | | | | | |
| | Desc: | | | | | | | |

Prepared by: TCAUD09-AUDITORS DONNA TEAGUE

Date: 12/09/2010

Approved by: *[Signature]*

Date: 12/9/10

STIPENDS
APPLICATION REVIEW:

| | | |
|--|---|---|
| Name: | KELLY SUMMER BAYS | V023341-01 |
| Reimburse to: | INDIVIDUAL | |
| Maximum Reimbursement allowed: | | \$ 820.00 |
| Prepaid Expenses for Registration and Hotel: | \$182 Hotel p/person & \$185 Reg p/person | (367.00) |
| Balance after prepaid expenses : | | \$ 453.00 |
| Meals: | | (64.00) |
| Travel Transportation: | AIRFARE WILL BE PAID TO MCLENNAN COUNTY | |
| Ending Balance: | | \$ 389.00 (value s/b 0.00 or a poistive balance amt) |
| TOTAL REIMBURSEMENT MEALS AND TRAVEL TRANSPORTATION: | | \$ 64.00 |

Reviewed by: *VH*
VIRGINIA HERRERA, GRANT ACCOUNTANT

October 28, 2010

MEMORANDUM

TO: Leticia Medina, DWI Drug Court Coordinator
FROM: Rosie Medina, Special Programs Coordinator *RM*
SUBJECT: TADCP Stipend Reimbursements

Attached are TADCP Conference Reimbursements for your review and approval. Upon your approval, please forward to Virginia Herrera at the Auditor's Office for reimbursement processing. Attached are the following requests:

| | |
|------------------|-----------|
| HCCSCD: | \$748.70 |
| Andrea Curtiss: | \$64.00 |
| Sonya Cobbin: | \$64.00 |
| Cynthia Clark: | \$64.00 |
| Mary Covington: | \$326.40 |
| Laura McCarty: | \$305.90 |
| Ricky Sumlin: | \$329.90 |
| Staci Biggar: | \$299.90 |
| Randy Plemons: | \$344.80 |
| McLennan County: | \$308.80 |
| Kelly Bays: | \$64.00 |
| Cameron County: | \$1812.00 |
| Al Alonso: | \$263.40 |
| James Bryant: | \$35.00 |
| Lisa Candia: | \$338.90 |
| Ernie Glenn: | \$128.70 |

*original signature on this sheet, filed w/ Cameron County
VH*
PAID FROM COPY

10-28-10.

Reviewed and approved:



TADCP President

OCT 20 2010



✓ 023341-01

EL PASO COUNTY
County Criminal Court #2
500 E. San Antonio Ave, Room 704
El Paso, Texas 79901
915-834-8232 * 915-834-8268 (fax)

TADCP Annual Training Conference
El Paso, TX · October 6-8, 2010
Request for Reimbursement of Expenses
Form due by: November 8, 2010
Please allow 30 day processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION. Please complete in full.

Name: Kelly Bays Title: Drug Court Officer County: McLennan
Court: 74th District Court Court Address: 2601 Cholson Rd
City/Zip: Waco 76704 Phone: (254) 757-5072 Email: Kelly.bays@Co.McLennan.tx.us

ITINERARY. Please complete in full.

Departed: Waco, TX (City) on Date: 10-6-10 at Time: 7:15 Am
Arrived: EL PASO, TEXAS on Date: 10-6-10 at Time: 9:55 Am
Departed: EL PASO, TEXAS on Date: 10-8-10 at Time: 2:40 pm
Arrived: Waco, TX (City) on Date: 10-8-10 at Time: 9:15 pm

REGISTRATION FEES. Registration fees have been master-billed to El Paso County at a rate of \$150 (for members) and \$185 (for non-members).

Total Prepaid by El Paso County: \$ ~~150~~ 185.00 *pd*

MEALS. Please note that some meals will be provided and attendees are not eligible for meal reimbursement. Receipts are not required.

| | 10/05/10* | 10/06/10 | 10/07/10 | 10/08/10* | 10/09/10* | Subtotal |
|-----------------------|---------------|----------------------|-----------------------|-----------------------|-----------|-----------------|
| Breakfast: \$6.00 max | \$ <u>N/A</u> | \$ <u>6.00</u> | \$N/A | \$N/A | \$ | \$ <u>6.00</u> |
| Lunch: \$11.50 max | \$ | \$ <u>9.52 11.50</u> | \$N/A | \$ <u>7.24 11.50</u> | \$ | \$ <u>23.00</u> |
| Dinner: \$17.50 max | \$ | \$N/A | \$ <u>15.44 17.50</u> | \$ <u>16.24 17.50</u> | \$ | \$ <u>35.00</u> |

* Must be in travel status to claim meals on these dates.

TOTAL MEALS/INCIDENTALS \$ ~~54.79~~ 64.00 *pd*

LODGING. Lodging will be master-billed to El Paso County. The amount of the lodging will be added into the totals (\$91.00/night). If your total reimbursement, including lodging costs exceeds the \$820 limit, your reimbursement will be reduced by the appropriate amount.

Prepaid TOTAL LODGING \$ 182.00 *pd*

Reimbursement to County - \$ 308.80

TRANSPORTATION. The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required):
Personal Auto Miles: 8 miles x 40 cents/mile:
Parking: \$ 0 Tolls: \$ 0
Other Travel Expenses (please describe):

\$ 308.80
\$
\$
\$
TOTAL TRANSPORTATION 308.80

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$820, including prepaid conference registration fees and lodging)

EP to reimburse McLennan County: 308.80
EP to reimburse Ms. Bays: 64.00

~~\$695.59~~
\$ 739.80

I certify that:

1. The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated.
2. I have not been nor will I be reimbursed from any other source for any of the expenses listed.
3. This request is correct to the best of my knowledge.
4. I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: Kelly Bays Date: 10-11-10
OCT 29 2010



1101 Richland Dr., Waco, Texas 76710
 254-776-4401 • Fax: 254-776-0062
 travelttime@hotmail.com

CUSTOMER COPY
CAUTION!
 MOST TICKETS ARE NON REFUNDABLE.
 ACCEPTANCE CONSTITUTES ACCURACY
 ON DOCUMENTS.
 AIRLINE TICKETS ARE REPORTED AND
 PAID WEEKLY. PLEASE REMIT WITHIN
 10 DAYS. THANK YOU.

PHOTO ID REQUIRED

SALES PERSON: 45 ITINERARY/INVOICE NO. 0038433
 CUSTOMER NBR: 2547509000 GNEOLS

DATE: 17 SEP 10
 PAGE: 01

TO: MCLENNAN COUNTY
 214 N 4TH ST SUITE 100
 WACO, TX 76701-1366
 ATTN ACCOUNTS PAYABLE

DR: BAYS/KELLY

| | | | |
|----------------------|---|-------------|-------------------|
| 5 OCT 10 - WEDNESDAY | | | |
| AIR | AMERICAN AIRLINES | FLT:4775 | ECONOMY |
| | OPERATED BY EXECUTIVE AS AMERICAN EAGLE | | FOOD FOR PURCHASE |
| | LV WACO | | 715A |
| | AR DALLAS FT WORTH | | 805A |
| | ARRIVE: TERMINAL B | | |
| | BAYS/KELLY | SEAT-13A | |
| AIR | AMERICAN AIRLINES | FLT:1467 | ECONOMY |
| | LV DALLAS FT WORTH | | 910A |
| | AR EL PASO | | 955A |
| | BAYS/KELLY | SEAT-17A | |
| 8 OCT 10 - FRIDAY | | | |
| AIR | AMERICAN AIRLINES | FLT:574 | ECONOMY |
| | LV EL PASO | | 240P |
| | AR DALLAS FT WORTH | | 525P |
| | BAYS/KELLY | SEAT-14A | |
| AIR | AMERICAN AIRLINES | FLT:4772 | ECONOMY |
| | OPERATED BY EXECUTIVE AS AMERICAN EAGLE | | FOOD FOR PURCHASE |
| | LV DALLAS FT WORTH | | 830P |
| | DEPART: TERMINAL B | | |
| | AR WACO | | 915P |
| | BAYS/KELLY | SEAT-14D | |
| OTHER | WACO | | |
| | TRANSACTION FEE | | |
| | PROCESSING FEE | | 28.00 |
| R TICKET | AA7917896111 | BAYS KELLY | 280.80 |
| EC TKT | | | |
| | | | ----- |
| | SUB TOTAL | OCT 20 2010 | 308.80 |
| | | | ----- |
| | TOTAL AMOUNT DUE | | 308.80 |



1101 Richland Dr., Waco, Texas 76710
254-776-4401 • Fax: 254-776-0062
traveltime@hotmail.com

CUSTOMER COPY
CAUTION!
MOST TICKETS ARE NON REFUNDABLE.
ACCEPTANCE CONSTITUTES ACCURACY
ON DOCUMENTS.
AIRLINE TICKETS ARE REPORTED AND
PAID WEEKLY. PLEASE REMIT WITHIN
10 DAYS. THANK YOU.

PHOTO ID REQUIRED

SALES PERSON: 45 ITINERARY/INVOICE NO. 0038433
CUSTOMER NBR: 2547509000 GNEOLS

DATE: 17 SEP 10
PAGE: 02

TO: MCLENNAN COUNTY
214 N 4TH ST SUITE 100
WACO, TX 76701-1366
ATTN ACCOUNTS PAYABLE

DR: BAYS/KELLY

TICKETS ARE NONREFUNDABLE / NONTRANSFERABLE ...
CHANGES ARE SUBJECT TO FEES ... FEES VARY ...
CANCEL PRIOR TO FLIGHT OR TICKET HAS NO VALUE ...
NEW TRAVEL MUST COMMENCE NO LATER THAN 1 YEAR FROM
ORIGINAL ISSUE DATE OR TICKET HAS NO VALUE ...

TICKET COST IS 308.80
OUR RECORD LOCATOR IS * GNEOLS

TICKET NUMBER - 001 7917896111

JUVENILE PROBATION
101 GHOLSON RD WACO TX 76704
MAIL ATTN. SANDY REDDIG

OCT 20 2010

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: VO10458 03
 Voucher Total: \$1,449.00
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____

Date Entered: 12/09/2010
 Entered by: CS

Preparer's Initials: CS
 Amount Spelled: ONE THOUSAND FOUR HUNDRED,
 FORTY NINE DOLLARS AND NO CENTS

Vendor Name: DALLAS COUNTY

Street: DALLAS COUNTY SHERIFF'S DEPT.
 509 MAIN STE. SUITE 407
 City, State, Zip: DALLAS TX 75202

Subject: STATE DRG CRT TRNG-2011 10/06-08/10 DALLAS COUNTY

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary | Bank # | Treasury # |
|------|---|----------|--------------|---------|-----|------------|--------|------------|
| 01 | 238 | 1,449.00 | TRNDRUGCRT11 | 6703 | | | | |
| | Desc: STATE DRG CRT TRNG-2011 10/06-08/10 DALLAS COUNTY | | | | | | | |
| 02 | Desc: | | | | | | | |
| 03 | Desc: | | | | | | | |
| 04 | Desc: | | | | | | | |
| 05 | Desc: | | | | | | | |
| 06 | Desc: | | | | | | | |
| 07 | Desc: | | | | | | | |
| 08 | Desc: | | | | | | | |
| 09 | Desc: | | | | | | | |
| 10 | Desc: | | | | | | | |

Prepared by: TCAUD09-AUDITORS DONNA TEAGUE  Date: 12/09/2010

Approved by:  Date: 12/9/10

STIPENDS

APPLICATION REVIEW:

| | | |
|--|---|--|
| Name: | DALLAS COUNTY | V010458-03 |
| Reimburse to: | COUNTY | |
| Maximum Reimbursement allowed: | | \$ 3,280.00 |
| Prepaid Expenses for Registration and Hotel: | \$182 Hotel p/person & \$185 Reg p/person | (1,468.00) |
| Balance after prepaid expenses : | | \$ 1,812.00 |
| Meals: | | - |
| Travel Transportation: | AIRFARE FOR FOUR PEOPLE | (1,449.00) |
| Ending Balance: | | \$ 363.00 |
| | | (value s/b 0.00 or a poistive balance amt) |
| TOTAL REIMBURSEMENT MEALS AND TRAVEL TRANSPORTATION: | | \$ 1,449.00 |

FOR: KETA DICKERSON \$275.40, CARL HANK \$275.40, TURNBULL \$299.40 , REBECCA MATHEWS \$299.40 AND LELA MAYS \$299.40.

Reviewed by: VH
VIRGINIA HERRERA, GRANT ACCOUNTANT

November 19, 2010

MEMORANDUM

TO: Leticia Medina, DWI Drug Court Coordinator

FROM: Rosie Medina, Special Programs Coordinator

SUBJECT: TADCP Stipend Reimbursements

Attached are TADCP Conference Reimbursements for your review and approval. Upon your approval, please forward to Virginia Herrera at the Auditor's Office for reimbursement processing. Attached are the following requests:

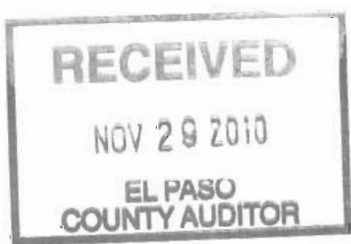
| | | |
|----------------|-----------|------------|
| Julie Turnbull | \$64.00 | VO23366-01 |
| Keta Dickerson | \$64.00 | VO23342-01 |
| Dallas County | \$1449.00 | no w-a |
| Linus Okahia | \$383.40 | VO23400-01 |
| Johnelle Peer | \$453.00 | VO23380-01 |
| Hank Judin | \$81.50 | no w-a |
| Denean Benard | \$326.40 | VO23357-01 |
| Mignon Jambon | \$413.40 | VO23381-01 |

airfare

VO10458-03

all airfare

| | |
|----------------|-----------|
| Keta D. | \$ 275.40 |
| CARL H. | 275.40 |
| TURNBULL | 299.40 |
| REBECCA MATHEW | 299.40 |
| LELA MAYS | 299.40 |
| <hr/> | |
| | 1499.00 |



11-23-10

Original with signature

Reviewed and Approved

[Signature]



EL PASO COUNTY
 County Criminal Court #2
 500 E. San Antonio Ave, Room 704
 El Paso, Texas 79901
 915-834-8232 * 915-834-8268 (fax)

TADCP Annual Training Conference
 El Paso, TX · October 6-8, 2010
 Request for Reimbursement of Expenses
 Form due by: November 8, 2010
 Please allow 30 day processing.

EXPENSES PAID FOR BY (PLEASE CHECK ONE): COURT/COUNTY INDIVIDUAL BOTH (INDICATE AMOUNTS IN THE BLANKS)

IDENTIFICATION. Please complete in full.

Name: Dallas County DIVERT Court Title: _____ County: Dallas
 Court: DIVERT Court Address: 133 N. Riverfront Blvd., 5th Flr., Rm. A18
 City/Zip: Dallas Phone: 75207 Email: kedickerson@dallascounty.org

ITINERARY. Please complete in full.

Departed: _____ (City) on Date: _____ at Time: _____
 Arrived: EL PASO, TEXAS on Date: _____ at Time: _____
 Departed: EL PASO, TEXAS on Date: _____ at Time: _____
 Arrived: _____ (City) on Date: _____ at Time: _____

REGISTRATION FEES. Registration fees have been master-billed to El Paso County at a rate of \$150 (for members) and \$185 (for non-members).

Total Prepaid by El Paso County: _____

MEALS. Please note that some meals will be provided and attendees are not eligible for meal reimbursement. Receipts are not required.

| | 10/05/10* | 10/06/10 | 10/07/10 | 10/08/10* | 10/09/10* | Subtotal |
|-----------------------|-----------|----------|----------|-----------|-----------|----------|
| Breakfast: \$6.00 max | \$ _____ | \$ _____ | \$N/A | \$N/A | \$ _____ | \$ _____ |
| Lunch: \$11.50 max | \$ _____ | \$ _____ | \$N/A | \$ _____ | \$ _____ | \$ _____ |
| Dinner: \$17.50 max | \$ _____ | \$N/A | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

* Must be in travel status to claim meals on these dates.

TOTAL MEALS/INCIDENTALS \$0

LODGING. Lodging will be master-billed to El Paso County. The amount of the lodging will be added into the totals (\$91.00/night). If your total reimbursement, including lodging costs exceeds the \$820 limit, your reimbursement will be reduced by the appropriate amount.

TOTAL LODGING \$0

TRANSPORTATION. The most economical means of transportation to the conference site must be submitted.

Airfare (must be most economical fare available; receipt/copy of ticket is required): \$1449
 Personal Auto Miles: _____ miles x 40 cents/mile: \$ _____
 Parking: \$ _____ Tolls: \$ _____
 Other Travel Expenses (please describe): _____
TOTAL TRANSPORTATION \$1449

TOTAL REIMBURSEMENT REQUEST. (Not to exceed \$820, including prepaid conference registration fees and lodging)

EP County to reimburse Dallas County \$1449.00 **\$1449**

I certify that:

- The amounts listed are actual expenses paid personally by me (or by my court) for the purpose stated.
- I have not been nor will I be reimbursed from any other source for any of the expenses listed.
- This request is correct to the best of my knowledge.
- I have or will convene the members of my court team who were unavailable to attend the conference and share the information obtained from the conference.

Signature: Kedickerson Date: 10/26/10

Keta Dickerson

From: Keta.Dickerson@dallascounty.org
Sent: Tuesday, October 26, 2010 3:39 PM
To: Keta Dickerson
Cc: Keta Dickerson
Subject: FW: FW: Ticketless Confirmation - DICKERSON/KETA RENA - D2BXF3

-----Original Message-----

From: Linda-Vision Travel [mailto:linda@visiontravel.com];
Sent: 9/3/2010 2:42:19 PM
To: Keta Dickerson [mailto:Keta.Dickerson@dallascounty.org]; Juana Alvarez [mailto:Juana.Alvarez@dallascounty.org]; Gloria Ayala [mailto:Gloria.Ayala@dallascounty.org];
Subject: FW: Ticketless Confirmation - DICKERSON/KETA RENA - D2BXF3

*we already
reimburse
Keta Dickerson
for meals
\$64.00*

DICKERSON/KETA RENA Confirmation Date: 09/03/10 Confirmation Number: D2BXF3
Company ID: 99592566

| Passenger(s) | Account Number | Ticket # | Expiration ¹ |
|---------------------|------------------|---------------|-------------------------|
| DICKERSON/KETA RENA | - None Entered - | 5262122957720 | 09/03/11 |

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Depart: DALLAS LOVE FIELD to EL PASO TX (Travel Time: 1 hrs 40 mins)

| Date | Flight | Flight Information |
|------------|--------|--|
| Wed Oct 06 | 1459 | Depart DALLAS LOVE FIELD (DAL) at 8:30 AM Arrive in EL PASO TX (ELP) at 9:10 AM |

Return: EL PASO TX to DALLAS LOVE FIELD (Travel Time: 1 hrs 35 mins)

| Date | Flight | Flight Information |
|------------|--------|--|
| Fri Oct 08 | 2956 | Depart EL PASO TX (ELP) at 2:35 PM Arrive in DALLAS LOVE FIELD (DAL) at 5:10 PM |

[Travel Tips](#)
[Boarding School](#)
[Change Flight](#)

| | |
|-----------------------------|-----------------|
| Base Fare | \$236.28 |
| + Excise Taxes | \$17.72 |
| Advertised Fare | \$254.00 |
| + Segment Fee | \$7.40 |
| + Passenger Facility Charge | \$9.00 |
| + Security Fee ² | \$5.00 |
| Total Payment | \$275.40 |

Current payment(s)
 09/03/10 Mastercard XXXXXXXXXXXX9839 \$275.40

² Security Fee is the government-imposed September 11th Security Fee.

Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. Effective January 28, 2011, unused travel funds may only be applied toward the purchase of future travel for the individual named on the ticket. Any change to this itinerary may result in a fare increase.

Fare Calculation:

DAL WN ELP113.49MYAVVNR WN DAL122.79OYAVPNR 236.28 END ZPDALELP
 XFDAL4.5ELP4.5 AY5.00\$DAL2.50 ELP2.50

Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference.
[Notice of Incorporated Terms](#)

Additional Information for Travelers

[Online Checkin](#) | [Free Baggage Allowance](#) | [Checkin Procedure](#) | [Inflight Service](#)
[Travel Tools](#) | [Refund Information](#) | [Privacy Policy](#) | [Southwest Airlines Destinations](#)

We can [notify you of flight departure or arrival status via text messages](#) on your cell phone, pager, personal digital assistant (PDA), or e-mail account. Or, use our automated phone service by calling 1-888-SWA-TRIP.

www.swabiz.com

Keta Dickerson

From: Keta.Dickerson@dallascounty.org
Sent: Tuesday, October 26, 2010 3:36 PM
To: Keta Dickerson
Cc: Keta Dickerson
Subject: FW: FW: Ticketless Confirmation - JUDIN/CARL HANK - DQQXFI

-----Original Message-----

From: Linda-Vision Travel [mailto:linda@visiontravel.com];
Sent: 9/3/2010 2:40:57 PM
To: Keta Dickerson [mailto:Keta.Dickerson@dallascounty.org]; Juana Alvarez [mailto:Juana.Alvarez@dallascounty.org]; Gloria Ayala [mailto:Gloria.Ayala@dallascounty.org];
Subject: FW: Ticketless Confirmation - JUDIN/CARL HANK - DQQXFI

| | | | | | | |
|---|---------------|--|--|---------------------------------------|---------------------------------------|---|
| JUDIN/CARL HANK | | | | Confirmation Date: 09/03/10 | Confirmation Number: DQQXFI | |
| Company ID: 99592566 | | | | | | |
| Passenger(s) | | | | Account Number | Ticket # | Expiration¹ |
| JUDIN/CARL HANK ✓ | | | | - None Entered - | 5262122955179 | 09/03/11 |
| ¹ All travel involving funds from this Confirmation Number must be completed by the expiration date. | | | | | | |
| Depart: DALLAS LOVE FIELD to EL PASO TX (Travel Time: 1 hrs 45 mins) | | | | | | |
| Date | Flight | Flight Information | | | | |
| Tue Oct 05 | 0046 | Depart DALLAS LOVE FIELD (DAL) at 6:55 PM Arrive in EL PASO TX (ELP) at 7:40 PM | | | | |
| Return: EL PASO TX to DALLAS LOVE FIELD (Travel Time: 1 hrs 35 mins) | | | | | | |
| Date | Flight | Flight Information | | | | |
| Fri Oct 08 | 2956 | Depart EL PASO TX (ELP) at 2:35 PM Arrive in DALLAS LOVE FIELD (DAL) at 5:10 PM | | | | |
| | | | | | | Travel Tips Boarding School Change Flight |

[Cancel Flight](#)

| | |
|-----------------------------|-----------------|
| Base Fare | \$236.28 |
| + Excise Taxes | \$17.72 |
| Advertised Fare | \$254.00 |
| + Segment Fee | \$7.40 |
| + Passenger Facility Charge | \$9.00 |
| + Security Fee ² | \$5.00 |
| Total Payment | \$275.40 |

Current payment(s)
09/03/10 Mastercard XXXXXXXXXXXX9839 \$275.40

² Security Fee is the government-imposed September 11th Security Fee.

Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. Effective January 28, 2011, unused travel funds may only be applied toward the purchase of future travel for the individual named on the ticket. Any change to this itinerary may result in a fare increase.

Fare Calculation:
DAL WN ELP113.49MYAVVNR WN DAL122.79OYAVPNR 236.28 END ZPDALELP
XFDAL4.5ELP4.5 AY5.00\$DAL2.50 ELP2.50

Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference.
[Notice of Incorporated Terms](#)

Additional Information for Travelers

[Online Checkin](#) | [Free Baggage Allowance](#) | [Checkin Procedure](#) | [Inflight Service](#)
[Travel Tools](#) | [Refund Information](#) | [Privacy Policy](#) | [Southwest Airlines Destinations](#)

We can notify you of flight departure or arrival status via text messages on your cell phone, pager, personal digital assistant (PDA), or e-mail account. Or, use our automated phone service by calling 1-888-SWA-TRIP.

www.swabiz.com

Keta Dickerson

From: Keta.Dickerson@dallascounty.org
Sent: Tuesday, October 26, 2010 3:46 PM
To: Keta Dickerson
Cc: Keta Dickerson
Subject: FW: FW: Ticketless Confirmation - TURNBULL/JULIE MELINDA - DFBX8E

-----Original Message-----

From: Linda-Vision Travel [mailto:linda@visiontravel.com];
Sent: 9/3/2010 2:43:49 PM
To: Keta Dickerson [mailto:Keta.Dickerson@dallascounty.org]; Juana Alvarez [mailto:Juana.Alvarez@dallascounty.org]; Gloria Ayala [mailto:Gloria.Ayala@dallascounty.org];
Subject: FW: Ticketless Confirmation - TURNBULL/JULIE MELINDA - DFBX8E

Turnbull we reimburse \$4.00 for medl only.

NO REIMB FOR REBECCA MATHEWS.

NO REIMB FOR LELA MAYS.

TURNBULL/JULIE MELINDA Confirmation Date: 09/03/10 Confirmation Number: DFBX8E
Company ID: 99592566

| Passenger(s) | Account Number | Ticket # | Expiration ¹ |
|------------------------|------------------|---------------|-------------------------|
| TURNBULL/JULIE MELINDA | - None Entered - | 5262122959910 | 09/03/11 |
| MATHEWS/REBECCA | - None Entered - | 5262122959911 | 09/03/11 |
| MAYS/LELA WASHINGTON | - None Entered - | 5262122959912 | 09/03/11 |

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Depart: DALLAS LOVE FIELD to EL PASO TX (Travel Time: 1 hrs 40 mins)

| Date | Flight | Flight Information |
|------------|--------|--|
| Wed Oct 06 | 1459 | Depart DALLAS LOVE FIELD (DAL) at 8:30 AM Arrive in EL PASO TX (ELP) at 9:10 AM |

Return: EL PASO TX to DALLAS LOVE FIELD (Travel Time: 1 hrs 35 mins)

| Date | Flight | Flight Information |
|------------|--------|--|
| Fri Oct 08 | 2956 | Depart EL PASO TX (ELP) at 2:35 PM Arrive in DALLAS LOVE FIELD (DAL) at 5:10 PM |

[Travel Tips](#)
[Boarding School](#)
[Change Flight](#)
[Cancel Flight](#)

\$299.40 each

Base Fare \$775.83

+ Excise Taxes \$58.17

Advertised Fare \$834.00

+ Segment Fee \$22.20

+ Passenger Facility Charge \$27.00

+ Security Fee² \$15.00

Total Payment \$898.20

*for 3 people
299.40 each*

Current payment(s)
09/03/10 Mastercard XXXXXXXXXXXX9839 \$898.20

² Security Fee is the government-imposed September 11th Security Fee.

Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. Effective January 28, 2011, unused travel funds may only be applied toward the purchase of future travel for the individual named on the ticket. Any change to this itinerary may result in a fare increase.

Fare Calculation:

DAL WN ELP113.49MYAVVNR WN DAL145.12RYAUPNR 258.61 END ZPDALELP
XFDAL4.5ELP4.5 AY5.00\$DAL2.50 ELP2.50

Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for denied boarding compensation.

Air transportation by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference.

[Notice of Incorporated Terms](#)

Additional Information for Travelers

[Online Checkin](#) | [Free Baggage Allowance](#) | [Checkin Procedure](#) | [Inflight Service](#)
[Travel Tools](#) | [Refund Information](#) | [Privacy Policy](#) | [Southwest Airlines Destinations](#)

We can [notify you of flight departure or arrival status via text messages](#) on your cell phone, pager, personal digital assistant (PDA), or e-mail account. Or, use our automated phone service by calling 1-888-SWA-TRIP.

www.swabiz.com

FY 10-11, COUNTY OF EL PASO, TEXAS
TRAVEL REGISTER

Check Date 12-13-10

Fiscal Period 03-10

Vendor Name

Amount Cleared
for Payment

EL PASO TREASURY CONSOLIDATED FUND ACCOUNT

| | |
|--------------------------------------|--------|
| JP MORGAN CHASE (GADMINGF-6705)..... | 159.40 |
| NORMA FAVELA (GADMINGF-6705)..... | 135.00 |
| SYLVIA PACHECO (GADMINGF-6705)..... | 940.40 |



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

Travel
Type: **ADVANCE**

Name: Veronica Escobar Department: Commissioner 2
 Date of Trip: Departure Date: 01/12/11 Return Date: 01/13/11 Destination: Austin, TX
 * Event: CUC Luncheon and Board Meeting
 County Related Purpose: Election held for Vice Chairman of CUC Board of Directors -Comm. Escobar has been nominated

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: GADMINGF Sub-Object: 6705
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$36.0 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

| | * CC |
|-----------------------------|-----------------------------|
| Airfare | \$159.40 |
| Auto Rental | |
| Mileage (.40 /mile) | |
| Gas | |
| Meal rate on Departure date | 27.00 |
| Meal per diem (\$36.00) | |
| Meal rate on Return date | 36.00 |
| Lodging | |
| Other - Registration | |
| Other - Parking/Tolls | |
| Other - Taxi | |
| Other - Shuttle | |
| Other - | |
| TOTAL | \$63.00 \$159.40 |

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: _____
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$63.00 \$159.40
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: SIGNING OF THIS FORM IS AN ACKNOWLEDGEMENT OF THE COUNTY TRAVEL POLICY WHICH AUTHORIZES THE SALARY OFFSET OF WAGES FOR NONCOMPLIANCE

EMPLOYEE Veronica Escobar
 SIGNATURE
 DEPT. HEADS
 SIGNATURE

C.C.O. DATE

DATE: 8-Dec-10

El Paso County Travel Justification Form

Employee: Veronica Escobar Signature [Signature] Date: 12/8/2010
Dept. Head: _____ Signature _____ Date: _____
Dept: Commissioner 2 Job Title: County Commissioner

Travel Funding Source: X County _____ Grant _____ Other _____
Will any funds be reimbursed by another entity? _____
Travel Account No: _____ Balance Remaining for FY _____

Purpose: (check one)

- Statutorily Required Training to Hold Elective Office**
Statue Refrence:
My effective office requires _____ number of training hours annually.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this cours? _____
Please provide documentation for hours needed.
- Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)
My effective office requires _____ number of training hours annually.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this cours? _____
- Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: _____
Purpose of Visit: _____
- Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: _____
- Program Development Training**
Explain: _____
- Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
Organization Name: Conference of Urban Counties
- Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- Other:** _____



El Paso, TX to Austin, TX

Air

Modify **\$159.40**

ITINERARY

| | | | | |
|---------------|--|--------------|------------------------------------|----------------|
| DEPART | El Paso, TX to Austin, TX | #1314 | Depart El Paso, TX (ELP) | 6:15 AM |
| JAN 12 | Wednesday, January 12, 2011 Travel Time 1 h 25 m (Nonstop) | | Arrive in Austin, TX (AUS) | 8:40 AM |
| RETURN | Austin, TX to El Paso, TX | #2431 | Depart Austin, TX (AUS) | 5:20 PM |
| JAN 13 | Thursday, January 13, 2011 Travel Time 1 h 40 m (Nonstop) | | Arrive in El Paso, TX (ELP) | 6:00 PM |

PRICE

| Passenger Type | Trip | Routing | Fare Type | Base Fare | Govt. Taxes and Fees | Quantity | Total |
|---|--------|---------|----------------|-----------------|----------------------|----------|-----------------|
| Adult | Depart | ELP-AUS | Wanna Get Away | \$64.19 | \$15.51 | 1 | \$79.70 |
| Adult | Return | AUS-ELP | Wanna Get Away | \$64.19 | \$15.51 | 1 | \$79.70 |
| Please read the fare rules associated with this purchase. | | | | \$128.38 | \$31.02 | 1 | \$159.40 |
| Total Due | | | | | | | \$159.40 |

1 TICKET. 2 BAGS. 0 FEES.



BAG FEES = \$0.00

Fly Southwest and save up to \$120 roundtrip.
First and second checked bags. Weight and size limits apply.

Total \$159.40



Purchase your shopping cart...
I accept the rules and want to continue with this purchase

[Continue](#)

Hotel

We'll keep an eye on your cart for you while you shop. Products not confirmed until purchase.

40,000
Hotels to Choose From

Search for hotels in Austin (01/12/2011 - 01/13/2011)

Close To (optional)
Center of city within 30 miles

Show Only (optional)
Hotel Chains Shop All Hotel Chains

[Find Hotels](#)

Car

We'll keep an eye on your cart for you while you shop. Products not confirmed until purchase.

EARN
Rapid Rewards® Credit

Type in any city or airport in the U.S., Canada or Mexico

Pickup Location Pickup Date Dropoff Date

[Advanced Search](#)

[Find Cars](#)

Trip Total **\$159.40**

Purchase your shopping cart...
I accept the rules and want to continue with this purchase

[Continue](#)



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: Norma Favela, District Clerk Elect Department: District Clerk
 Date of Trip: Departure 01/10/11 Arrival Date: 01/13/11 Destination: Austin/College Station Texas
 * Purpose of Trip: 39th Annual County and District Clerks' Seminar

*** Use of GADMINGF Funds requires legislative impact explanation**

Department Index: GADMINGF Sub-Object: 8705
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

| | | | | |
|-----------------------------|-------------------|-------------|-----------|---------------|
| Airfare | <u>159</u> | <u>40</u> | <u>CC</u> | * CC |
| Auto Rental | <u>226.00</u> | | | |
| Mileage (.40 /mile) | <u>22.00</u> | | | |
| Gas | <u>50.00</u> | | | |
| Meal rate on Departure date | <u>35.00</u> | <u>27</u> | | |
| Meal per diem (\$35.00) | <u>70.00</u> | <u>22</u> | | |
| Meal rate on Return date | <u>35.00</u> | <u>36</u> | | |
| Lodging | <u>528.00</u> | <u>511</u> | <u>CC</u> | |
| Other - Registration | <u>135.00</u> | | <u>CC</u> | |
| Other - Parking/Tolls | | | | |
| Other - Taxi | | | | |
| Other - | | | | |
| Other - | | | | |
| TOTAL | <u>\$1,301.00</u> | <u>4940</u> | | <u>\$0.00</u> |

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: _____
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

| | | |
|---------------------|-------------------|---------------|
| ADVANCE FROM COUNTY | <u>\$1,301.00</u> | <u>\$0.00</u> |
| Name: _____ | Name: _____ | |
| Name: _____ | Name: _____ | |
| Name: _____ | Name: _____ | |
| Name: _____ | Name: _____ | |
| Name: _____ | Name: _____ | |

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS-ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE Norma Favela

DATE: 29-Nov-10

C.C.O. DATE

El Paso County Travel Justification Form

Employee: NORMA FAVELA Signature: [Signature] Date: _____
Dept. Head: NORMA FAVELA Signature: [Signature] Date: _____
Dept: DISTRICT CLERK Job Title: DISTRICT CLERK Elect

Travel Funding Source: _____ County _____ Grant _____ Other _____
Will any funds be reimbursed by another entity? _____
Travel Account No: _____ Balance Remaining for FY _____

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

Statue Reference:

My effective office requires 20 number of training hours annually.

I have already fulfilled 6 of these hours for this time period.

Estimated hours to be obtained from this cours? _____

Please provide documentation for hours needed.

Professional or Technical Training to Maintain License/Certification

(peace officers, attorneys, CPAs, technical certifications, etc.)

My effective office requires _____ number of training hours annually.

I have already fulfilled _____ of these hours for this time period.

Estimated hours to be obtained from this cours? _____

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy

Entity Name: _____

Purpose of Visit: _____

Travel for Program Revenue Enhancement/Sales Opportunity

Explain: _____

Program Development Training

Explain: _____

Travel to Professional, County, or Elected Officials' Organization Meeting/Convention

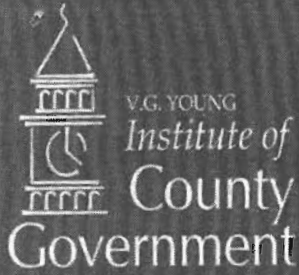
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)

Organization Name: _____

Human Resources/Management/Personal Development Training

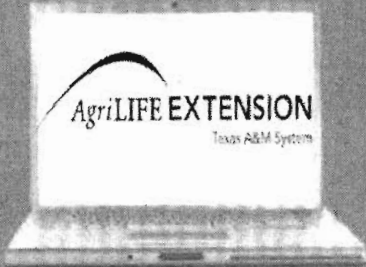
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other: _____



Register Now for the 39th Annual County and District Clerks' Continuing Education Seminar

January 10-13, 2011



Quickly Register Online!

<http://agrilifevents.tamu.edu>

1. Search for the seminar using key word: clerk
 2. Click on seminar name.
- Easy registration process begins!

Payment Options: mail a check, receive an invoice* or pay via credit card.

One form per registrant. Please print or type.

Name (will appear on name tag): _____

County Clerk District Clerk Combination Clerk Deputy Other: _____

County/Organization: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email Address: _____

Please send Institute communications via: Email Mail

This is my first seminar as a County and/or District Clerk.

| Registration Fees | | |
|---|-----------------------------------|-----------------------------------|
| Early Registration must be received by December 10, 2010. | | |
| | Early Registration | Registration |
| County Official or Staff Member | <input type="checkbox"/> \$135.00 | <input type="checkbox"/> \$150.00 |
| Other Government Official | <input type="checkbox"/> \$155.00 | <input type="checkbox"/> \$170.00 |
| Other Registrant | <input type="checkbox"/> \$175.00 | <input type="checkbox"/> \$190.00 |
| Total: | | _____ |

Payment Information

If paying by check or money order, please make payable to Texas AgriLife Extension Service and mail to:
Texas AgriLife Extension Conference Services
2139 TAMU
College Station, TX 77843-2139

If paying by credit card, register online or fax this form to Conference Services at 979-862-4511.

Mastercard Visa Discover

Card Number: _____ Security Code: _____

Expiration Date: _____ Billing Zip Code: _____

* If you would like to receive an invoice, you must register online.

Seminar Information

V.G. Young Institute of County Government's 39th Annual County and District Clerks' Continuing Education Seminar

We are pleased to announce the 39th Annual County and District Clerks' Continuing Education Seminar, scheduled for January 10-13, 2011 in College Station. Faculty of the V.G. Young Institute of County Government have worked diligently to bring you the most recent and relevant information in hopes of enhancing your knowledge base and assisting you in performing your duties. We look forward to seeing you in College Station!

Cancellation and Refund Policy

Seminar cancellations must be in writing and sent to Texas AgriLife Extension Conference Services via fax at 979-862-4511, or by email at agrilifevents@ag.tamu.edu. Refund of seminar registration fee, less an administration fee of \$50.00 will be made if written notification is received no later than January 3, 2011, at 5:00 p.m. Substitutions are accepted. Please contact your hotel for their cancellation and refund policies.

Accommodations

If you have not already made your reservations, we encourage you to do so as soon as possible. For those staying at the Hilton College Station, their hotel cancellation policy is as follows: Cancellations must be made seven days prior to your arrival date; any cancellation after that date will be charged a cancellation fee equal to one room night's room rate. Arrivals after the arrival date on your reservation will be accommodated on a space available basis, but is not guaranteed. All early departures will be charged one night's room rate. Please make note of the seminar program and call to reconfirm your reservations with the Hilton by calling 1-800-HILTONS. Please note that all rooms at the Hilton are nonsmoking. A list of hotels and motels in close proximity to the seminar can be found at <http://vgyi.tamu.edu/clerks.cfm>.

Host Hotel:

Hilton College Station Hotel and Conference Center
801 University Drive East
(979) 693-7500
www.hiltoncs.com

Professional Networking Questionnaire

Please take time and submit a question to be answered in your professional networking session. Visit <http://vgyi.tamu.edu/clerks.cfm> to find instructions on submitting a question. All submissions are anonymous!

Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute providing comprehensive civil rights protection for persons with disabilities. Texas AgriLife Extension Service's V.G. Young Institute of County Government will make every effort to ensure no participant attending this seminar is denied services. If you have a need requiring special accommodations, please contact the Institute at 979-845-4572.



Don't forget to visit <http://agrilifevents.tamu.edu> for easy online registration!

Seminar Agenda

39th Annual County and District Clerks' Continuing Education Seminar

Monday, January 10, 2011

| | |
|------------------------|-------------------------------|
| 12:00 noon - 5:00 p.m. | Registration |
| 12:00 noon - 1:15 p.m. | Executive Board Meeting |
| 1:30 p.m. - 2:45 p.m. | Full Board Meeting |
| 3:00 p.m. | Exhibitor Setup |
| 3:00 p.m. - 5:00 p.m. | Legislative Committee Meeting |
| 3:30 p.m. - 5:00 p.m. | Bylaws Committee Meeting |

Tuesday Morning, January 11, 2011

| | |
|-----------------------|---------------|
| 7:30 a.m. - 5:00 p.m. | Registration |
| 9:00 a.m. - 4:30 p.m. | Exhibits Open |

OPENING GENERAL SESSION

| | |
|------------------------|--|
| 8:00 a.m. - 8:30 a.m. | Call to Order, Announcements and Welcome |
| 8:30 a.m. - 9:30 a.m. | From Communication to Collaboration |
| 9:30 a.m. - 10:00 a.m. | Refreshment Break |

CONCURRENT WORKSHOPS (Select One)

| | |
|-------------------------|---|
| 10:00 a.m. - 10:50 a.m. | Title Fraud OCA-Inmate Trust Forms Juvenile Cases Escheating Funds |
| 11:00 a.m. - 11:50 a.m. | CONCURRENT WORKSHOPS REPEATED (Select One) |
| 11:50 a.m. - 1:00 p.m. | Lunch - On Your Own |

Tuesday Afternoon, January 11, 2011

GENERAL SESSION

| | |
|-----------------------|---|
| 1:00 p.m. - 1:50 p.m. | Personnel Policies: Updating Manuals and Instituting Unpopular Policies |
|-----------------------|---|

CONCURRENT WORKSHOPS (Select One)

| | |
|-----------------------|--|
| 2:00 p.m. - 2:50 p.m. | Electronic Birth and Marriage Certificates Jane Doe Cases Jury Payment Methods: Cash vs. Check Topic to be Determined |
| 2:50 p.m. - 3:20 p.m. | Refreshment Break |
| 3:20 p.m. - 4:10 p.m. | CONCURRENT WORKSHOPS REPEATED (Select One) |

PROFESSIONAL NETWORKING SESSIONS (Topic Driven)

| | |
|-----------------------|--|
| 4:20 p.m. - 5:10 p.m. | County Clerks with Populations of 74,999 and Under |
| 4:20 p.m. - 5:10 p.m. | County Clerks with Populations of 75,000 and Over |
| 4:20 p.m. - 5:10 p.m. | District Clerks with Populations of 74,999 and Under |
| 4:20 p.m. - 5:10 p.m. | District Clerks with Populations of 75,000 and Over |
| 4:20 p.m. - 5:10 p.m. | Combination Clerks |
| 5:10 p.m. | Adjourn |

Wednesday Morning, January 12, 2011

9:00 a.m. - 2:30 p.m. Exhibits Open

GENERAL SESSION

8:30 a.m. Call to Order and Announcements
8:30 a.m. - 9:20 a.m. Office Security
9:20 a.m. - 10:10 a.m. How to Keep Your Best: Reduce Employee Turnover
10:10 a.m. - 10:40 a.m. Refreshment Break
10:40 a.m. - 11:30 a.m. Fee Review - County Clerks
Fee Review - District Clerks
11:30 a.m. - 12:30 p.m. Lunch - On Your Own

Wednesday Afternoon, January 12, 2011

County Clerks Breakout

12:40 p.m. - 2:10 p.m. Probate
2:10 p.m. - 2:40 p.m. Refreshment Break
2:40 p.m. - 4:10 p.m. Probate Topic TBD

District Clerks Breakout

12:40 p.m. - 2:10 p.m. Capital Murder Trials
2:10 p.m. - 2:40 p.m. Refreshment Break
2:40 p.m. - 4:10 p.m. Child Support

PROFESSIONAL NETWORKING SESSIONS (Topic Driven)

4:20 p.m. - 5:10 p.m. County Clerks with Populations of 74,999 and Under
4:20 p.m. - 5:10 p.m. County Clerks with Populations of 75,000 and Over
4:20 p.m. - 5:10 p.m. District Clerks with Populations of 74,999 and Under
4:20 p.m. - 5:10 p.m. District Clerks with Populations of 75,000 and Over
4:20 p.m. - 5:10 p.m. Combination Clerks
5:10 p.m. Adjourn

Wednesday Evening, January 12, 2011

SILENT AUCTION AND RECEPTION

6:30 p.m. Silent Auction Opens
7:30 p.m. Silent Auction Final Bids

Thursday Morning, January 13, 2011

GENERAL SESSION

8:30 a.m. Call to Order and Announcements
8:30 a.m. - 9:20 a.m. Intergovernmental Access to Records
9:20 a.m. - 10:10 a.m. Succession Planning
10:10 a.m. - 10:20 a.m. Restroom Break
10:20 a.m. - 11:10 a.m. Translating Legislative Language
11:10 a.m. - 12:00 noon Coming Legislative Session
12:00 noon Adjourn

Persons attending all sessions can be awarded up to eighteen (18) hours of continuing education.

Sponsored as a program of the V.G. Young Institute of County Government, a part of the Texas AgriLife Extension Service, in cooperation with the County and District Clerks' Association of Texas.

This program is a draft and is subject to change.

El Paso County Auditor's Office Voucher Payable Form

Vendor No.: EMP02106
Voucher Total: \$ 940.40
No. of Lines: 1
T/C Hash: 208
Preparer's Initials: AN

Single Check (Y/N): Y

Date Entered: _____
Entered by: _____

Vendor Name: SYLVIA PACHECO
Subject: _____

| Line | Trans. | Amount | Index | Sub-Obj | G/L | Subsidiary |
|--|--------|--------|----------|---------|-----|------------|
| 01 | 208 | 940.40 | GADMINGF | 6705 | 145 | CAU003 |
| AUSTIN/CLLGE STATION1/10-13/10 39TH CNTY&DIST CLRK | | | | | | |
| 02 | | | | | | |
| 03 | | | | | | |
| 04 | | | | | | |
| 05 | | | | | | |
| 06 | | | | | | |
| 07 | | | | | | |
| 08 | | | | | | |
| 09 | | | | | | |
| 10 | | | | | | |

Prepared by: JORGE LOPEZ

Date: 12/10/2010

Approved by: _____

Date: _____



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

County of El Paso Travel Request Form

1'
TJ

Travel

Type: **ADVANCE**

Sylvia Pacheco

Name: Chief Deputy District Clerk Department: District Clerk
 Date of Trip: Departure 01/10/11 Arrival Date: 01/13/11 Destination: Austin/College Station Texas
 * Purpose of Trip: 39th Annual County and District Clerks' Seminar

* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: GADMINGF Sub-Object: 8705
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 35.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 17.50
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Estimated Breakdown

* CC CREDIT CARD EXPENSE BREAKDOWN

| | | | |
|-----------------------------|-------------------------|-------------------|---------------|
| Airfare | <u>159⁴⁰</u> | <u>\$226.00</u> | <u>CC</u> |
| Auto Rental | | | |
| Mileage (.40 /mile) | | | |
| Gas | | | |
| Meal rate on Departure date | | <u>35.00</u> | <u>27</u> |
| Meal per diem (\$35.00) | | <u>70.00</u> | <u>22</u> |
| Meal rate on Return date | | <u>35.00</u> | <u>36</u> |
| Lodging | | <u>\$28.00</u> | <u>511</u> |
| Other - Registration | | <u>135.00</u> | |
| Other - Parking/Tolls | | | |
| Other - Taxi | | | |
| Other - | | | |
| Other - | | | |
| TOTAL | | <u>\$1,029.00</u> | <u>\$0.00</u> |

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: Emp02106
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$1,029.00 CC \$0.00
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS-ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE [Signature]
 DATE: 29-Nov-10

C.C.O. DATE

El Paso County Travel Justification Form

Employee: Chief Deputy Signature: _____ Date: _____
Dept. Head: NORMA L. FAVELA Signature: _____ Date: 11/29/10
Dept: District Clerk Job Title: Chief Deputy District Clerk

Travel Funding Source: County Grant Other
Will any funds be reimbursed by another entity? _____
Travel Account No: _____ Balance Remaining for FY _____

Purpose: (check one)

- Statutorily Required Training to Hold Elective Office**
Statue Refrence:
My effective office requires _____ number of training hours annually.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this cours? _____
Please provide documentation for hours needed.
- Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)
My effective office requires _____ number of training hours annually.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this cours? _____
- Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: _____
Purpose of Visit: _____
- Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: _____
- Program Development Training**
Explain: _____
- Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____
- Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- Other:** _____