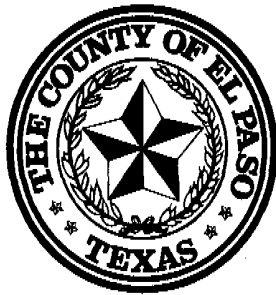


51a.



FAMILY AND COMMUNITY SERVICES

To: Delia Briones, County Clerk

From: Rosemary Neill

Date: September 4, 2007

Subject: Commissioners Court Agenda

Please place the following item under **Travel/Training Requests** for the Commissioners Court agenda of September 10, 2007:

\$2,033.60-Approve and authorize travel for Mr. Hector L. Garcia, Assistant Manager, and Ms. Eva Torres, Homebound Senior Caseworker, from the County Nutrition Program to attend the National Hispanic Council on Aging Conference from October 31 to November 2, 2007 in Dallas, Texas. Funds are available in HISNUTRIT07.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "Rosemary V. Neill", is written over a horizontal line.

Rosemary V. Neill
Director, Family and Community Services

FILED FOR RECORD
CLERK'S OFFICE
2007 SEP -4 PM 12:11
Delia Briones
COUNTY CLERK



County of El Paso
Travel Expenditure Voucher

CCO

Name: Hector L. Garcia Department: City-County Nutrition
Date (s) of Trip: Oct.31-Nov.2, 2007 Destination: Dallas Tx
Purpose of Trip: NHCOA conference
Department Index: HISNUTRIT07 Sub-Object: 6602

Section 1: Guidelines for Determining Meal Rates Allowance

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 Expenditure Breakdown

FOR AUDITOR'S USE ONLY

Airfare \$281.80
Auto Rental _____
Mileage (.28 /mile) _____
Gas _____
* Meal rate on Departure date \$35.00
Meal per diem (\$35.00) \$35.00
* Meal rate on Return date \$17.50
Lodging \$340.00
Other - Registration \$275.00
Other - Parking/Tolls _____
Other - Taxi \$80.00
Other - _____
Other - _____
TOTAL \$1,064.30

Trans. Code: _____
Index: _____
Vendor: _____
Subsidiary: _____
Amount: _____
Date Entered: _____

Section 3: Check(s) Made Payable to:

1114 County Check No.

_____ Deposit Warrant No.

SIGNATURE _____

ADVANCE FROM COUNTY: _____

TOTAL EXPENDITURES: \$0.00

DATE: 18-Nov-03

NO REFUND \$0.00



County of El Paso
Travel Expenditure Voucher

C.C.O.

Name: Eva Torres Department: City-County Nutrition
Date (s) of Trip: Oct. 31-Nov. 2, 2007 Destination: Dallas TX
Purpose of Trip: NHCOA conference
Department Index: HISNUTRIT07 Sub-Object: 6602

Section 1: Guidelines for Determining Meal Rates Allowance

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 Expenditure Breakdown

Airfare \$266.80
Auto Rental _____
Mileage (.28 /mile) _____
Gas _____
* Meal rate on Departure date \$35.00
Meal per diem (\$35.00) \$35.00
* Meal rate on Return date \$17.50
Lodging \$340.00
Other - Registration \$275.00
Other - Parking/Tolls _____
Other - Taxi _____
Other - _____
Other - _____
Other - _____
TOTAL \$969.30

FOR AUDITOR'S USE ONLY

Trans. Code: _____

Index: _____

Vendor: _____

Subsidiary: _____

Amount: _____

Date Entered: _____

Section 3: Check(s) Made Payable to:

1114- County Check No.

 Deposit Warrant No.

SIGNATURE _____

ADVANCE FROM COUNTY: _____

TOTAL EXPENDITURES: \$0.00

DATE: 18-Nov-03

NO REFUND \$0.00

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TRAVEL SUMMARY

PLAN TRIP

SELECT FLIGHT

PRICE

Southwest Airlines Air Itinerary and Pricing

Air Itinerary

Trip	Date	Day	Stops	Routing	Flight	Routing Details
Depart	Oct 31	Wed	N/S	ELP-DAL	779	Depart El Paso (ELP) at 8:40 AM Arrive in Dallas (DAL) at 11:10 AM
Return	Nov 02	Fri	N/S	DAL-ELP	880	Depart Dallas (DAL) at 4:15 PM Arrive in El Paso (ELP) at 4:55 PM

Pricing

Passenger Type	Trip	Routing	Type of Fare	Base Fare	U.S. Taxes	PFC	Security Fee ¹	Passenger(s)	Total
Adult	Depart	ELP-DAL	<u>Restricted Fare</u>	\$131.16	\$13.24	\$3.00	\$2.50	1	\$149.90
	Return	DAL-ELP	<u>Advance Purchase Fare</u>	\$117.21	\$12.19	\$0.00	\$2.50	1	\$131.90
	Total Adult			\$248.37	\$25.43	\$3.00	\$5.00		\$281.80
Passenger Type	Trip	Routing	Type of Fare	Base Fare	U.S. Taxes	PFC	Security Fee ¹	Passenger(s)	Total
Senior	Depart	ELP-DAL	<u>Advance Purchase Fare</u>	\$117.21	\$12.19	\$3.00	\$2.50	1	\$134.90
	Return	DAL-ELP	<u>Advance Purchase Fare</u>	\$117.21	\$12.19	\$0.00	\$2.50	1	\$131.90
	Total Senior			\$234.42	\$24.38	\$3.00	\$5.00		\$266.80
Total Due									\$548.60

¹ Security Fee is the government-imposed September 11th Security Fee.

Save \$20 and receive an instant line of credit, today!

Apply for instant credit with the Southwest Airlines Rapid Rewards Visa Signature card and save \$20 on the first statement. Plus, get 8 bonus Rapid Rewards credits. Apply Now!

I accept the conditions of travel for Fare Types listed above and want to complete this purchase.

(Note: Please click on each Fare Type link individually to view associated rules, as the restrictions for each fare may vary slightly.)

[Go To Next Step - Purchase >>](#)
[Start Over](#)
[Need help booking travel?](#)

NHCOA 2007 ANNUAL CONFERENCE

NHCOA 2007 Annual Conference (Event Details)

[Personal Information](#)[Agenda & Fees](#)[Group List](#)[Payment & Verification](#)[Confirmation](#)

Your registration is not complete until you click the "Finish My Registration" button at the bottom of this page.

* = required field

① You entered the following registration information:

Registrant Names:	Type:	
Registrant #1: Mr. Hector Garcia	Affiliate Member	Details

[Make Changes](#)

② You requested the following items:

Fees	Quantity	Unit Price	Amount
Affiliate Registration	1	\$275.00	\$275.00
Subtotal:			\$275.00
Total:			\$275.00

[Make Changes](#)

③ Please select payment method:

Finish My Registration

(If you chose to pay by credit card, you will be charged when you press this button)

To ensure accuracy and to avoid being charged multiple times, **PLEASE CLICK THE BUTTON ONLY ONCE.**
If after a minute you receive no response, close your browser and [contact us](#) for further assistance

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Damp, Moldy Home
Cause Depression
23:00 - 03.09.2007
Colon Cancer
23:00 - 03.09.2007
Gestational Diabe
Child Obesity
23:00 - 03.09.2007
ibuprofen, Advil,
Children's Advil/M
Medipren, Motrin,
PediaCare Fever,
23:00 - 03.09.2007

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Password

☐ Remember me

Login

Lost Password?



Home

Welcome to NHCOA!

Welcome! Bienvenidos to the website of the National Hispanic Council on Aging, the premier organization that celebrates the older generation in nuestra familia!

The National Hispanic Council on Aging (NHCOA) is the largest national non-profit organization that advocates on behalf of Hispanic older adults living in the US.
Read more...

2007 NHCOA Annual Conference

Get ready for this year's premier event that celebrates the older generation in nuestra familia! Join us from October 31 to November 2, 2007 in Dallas for the 2007 National Hispanic Council on Aging (NHCOA) Annual Conference!

Early Bird Registration Ends Sept. 14
REGISTER NOW!

Hotel Reservations

Go to WWW.FAIRMONT.COM/DALLAS
(Online Promotional code ANAY70)

or
Call **1-800-441-1414** before October 9, 2007
to qualify for our special room rate of \$170 per night
(Mention NHCOA).

POLLS

Who is primarily responsible for long care needs of your p
Primarily my par

My parents and my siblings will t
sharing the cost

Primarily me and siblings

Other

Not sure

Vote Res

WHO'S ONLINE

We have 5 guests onl

RESIZE FONT

A+ | A- | Reset

El Paso County Travel Justification Form

Name: Eva Torres Signature _____ Date: 9/4/2007

Dept: City-County Nutrition Job Title: Homebound caseworker

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: Required conference training as per contract with NHCOA

_____ **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:** _____

Adopted by the El Paso County Commissioners Court on November 17, 2003

El Paso County Travel Justification Form

Name: Hector L. Garcia Signature _____ Date: 9/4/2007

Dept: City-County Nutrition Job Title: Assistant Manager

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**

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Entity Name: _____

Purpose of Visit: _____

_____ **Travel for Program Revenue Enhancement/Sales Opportunity**

Explain: _____

☒ **Program Development Training**

Explain: Required conference training as per contract with NHCOA

_____ **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:** _____

Adopted by the El Paso County Commissioners Court on November 17, 2003

Cesar O. Nava

From: Rosemary Neill
Sent: Tuesday, September 04, 2007 11:43 AM
To: Patricia Pietzyk
Cc: Cesar O. Nava
Subject: Commissioners Court for September 10, 2007
Attachments: Memorandum for Placement of Court Travel Sec.doc; Travel Request-9-10-07.pdf

Attached is another item.

Rosemary V. Neill
Director of Family and Community Services
County of El Paso
800 E. Overland, Suite 208
El Paso, Texas 79901
915-834-8201
915-875-8524 FAX

9/4/2007