

VP08

### El Paso County Auditor's Office Voucher Payable Form

Vendor No.: EMP00493  
Voucher Total: \$ 1,287.80  
No. of Lines: 1  
T/C Hash: 208  
Preparer's Initials: AN

Single Check (Y/N): N  
Date Entered: \_\_\_\_\_  
Entered by: \_\_\_\_\_

Vendor Name: SISSY HERNANDEZ  
Subject: \_\_\_\_\_

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary
01	208	1287.80	JP2	6705	145	JP2008
CORPUS CHRISTI, TX 6/18-22/08 TJPCA ANN'L EDU CONF						
02						
03						
04						
05						
06						
07						
08						
09						
10						

Prepared by: JORGE LOPEZ Date: 5/7/2008

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: Sissy Hernandez Department: IP2  
 Date of Trip: Departure 06/18/08 Arrival Date: 06/22/08 Destination: El Paso, Texas  
 \* Purpose of Trip: IPCA Annual Education Conference

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

Department Index: IP2 Sub-Object: 6203  
 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)	562.80	
Gas		
Meal rate on Departure date	35.00	
Mcal per diem (\$35.00)	105.00	
Meal rate on Return date	35.00	
Lodging	410.00	
Other - Registration	140.00	
Other - Parking/Tolls		
Other - Taxi		
Other -		
Other -		
<b>TOTAL</b>	<b>\$1,287.80</b>	<b>\$0.00</b>

#### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
 Index: \_\_\_\_\_  
 Sub-Object: \_\_\_\_\_  
 Vendor: Emp 00493  
 Subsidiary: \_\_\_\_\_  
 Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE  N  Y/N

#### Section 3: Signature and List of Names:

ADVANCE FROM COUNTY 1,287.80 \$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

C.C.O. DATE: \_\_\_\_\_

SIGNATURE Sissy Hernandez  
DATE: 6-May-08

### El Paso County Travel Justification Form

Name: Sissy Hernandez Signature Sissy Hernandez Date: May 2, 2008

Dept: Justice of The Peace #2 Job Title: Judge

Travel Funding Source:  County  Grant  Other

Will any funds be reimbursed by another entity? no

Travel Account No.: 6705 Balance Remaining for FY: \$ 398.30

**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: \_\_\_\_\_

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

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

Organization Name: Texas Justice of the Peace and Constables Association, Inc

**Human Resources/Management/Personal Development Training**

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

**Other:** \_\_\_\_\_

VP08

## El Paso County Auditor's Office Voucher Payable Form

Vendor No.: EMP00995  
Voucher Total: \$ 1,270.30  
No. of Lines: 1  
T/C Hash: 208  
Preparer's Initials: AN

Single Check (Y/N): Y

Date Entered: \_\_\_\_\_  
Entered by: \_\_\_\_\_

Vendor Name: BECKY GONZALEZ  
Subject: \_\_\_\_\_

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary
01	208	1270.30	JP2	6705	145	JP2008
CORPUS CHRISTI, TX6/18-22/08 TJPCA ANN'L EDU CONF						
02						
03						
04						
05						
06						
07						
08						
09						
10						

Prepared by:

**JORGE LOPEZ**

Date:

5/7/2008

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

TJ

Travel

Type: ADVANCE

Name: Becky Gonzalez Department: 112  
 Date of Trip: Departure 06/18/08 Arrival Date: 06/22/08 Destination: Corpus Christi  
 \* Purpose of Trip: ITPCA Annual Education Conference

\* Use of GADMINGF Funds requires legislative impact explanation

Department Index: 112 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 \$ 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		
Milcage (.40 /mile)	562.80	
Gas		
Meal rate on Departure date	35.00	
Meal per diem (\$35.00)	105.00	
Meal rate on Return date	17.50	
Lodging	410.00	
Other - Registration	140.00	
Other - Parking/Tolls		
Other - Taxi		
Other -		
Other -		
<b>TOTAL</b>	<b>\$1,270.30</b>	<b>\$0.00</b>

#### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
 Index: \_\_\_\_\_  
 Sub-Object: \_\_\_\_\_  
 Vendor: Emp00995  
 Subsidiary: \_\_\_\_\_  
 Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE  N  Y/N

#### Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$1,270.30 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: 6-May-08

C.C.O. DATE [Signature]

### El Paso County Travel Justification Form

Name: Becky Gonzalez Signature \_\_\_\_\_ Date: MAY 2, 2008

Dept: Justice of The Peace #2 Job Title: Clerk

Travel Funding Source:  County  Grant  Other

Will any funds be reimbursed by another entity? NO

Travel Account No.: 6705 Balance Remaining for FY: 39830.

**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: \_\_\_\_\_

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Organization Name: TEXAS Justice of The Peace and Constables Association

**Human Resources/Management/Personal Development Training**

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

**Other:** \_\_\_\_\_