

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01351 01
 Voucher Total: \$1,024.50
 No. of Lines: 1
 T/C Hash : 208

Single Check (Y/N): _____
 Date Entered: 05/08/2008
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: ONE THOUSAND TWENTY FOUR DOLLARS AND FIFTY CENTS

Vendor Name: DELIA BRIONES

Street: 4209 O'KEEFE DR.
 DISTCLERK
 City, State, Zip: EL PASO TX 79902

Subject: SAN ANTONIO, TX6/15-19/08 CNTY&DIST CLRK ANNL CONF

Line	Trans	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	1,024.50	CNTYCLERK	6705	145	CCL008		
	Desc:	SAN ANTONIO, TX6/15-19/08 CNTY&DIST CLRK ANNL CONF						
02	Desc:							
03	Desc:							
04	Desc:							
05	Desc:							
06	Desc:							
07	Desc:							
08	Desc:							
09	Desc:							
10	Desc:							

Prepared by: AUDITORS - JORGE LOPEZ TCAUD20 Date : 05/08/2008

Approved by: _____ Date : _____



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

RECEIVED
MAY 05 2008
EL PASO COUNTY AUDITOR

15

County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name:	Delia Briones	Department:	County Clerk
Date of Trip: Departure	06/15/08	Arrival Date:	06/19/08
* Purpose of Trip:	County Clerks and District Clerks Annual Conference		
Destination: San Antonio			

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

Department Index:	CNTYCLERK	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)

<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input checked="" 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	\$209.50	
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date		
Meal per diem (\$35.00)	175.00	
Meal rate on Return date		
Lodging	400.00	
Other - Registration	240.00	
Other - Parking/Tolls		
Other - Taxi		
Other -		
Other -		
TOTAL	\$1,024.50	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code:	
Index:	
Sub-Object:	
Vendor:	Emp 01 351
Subsidiary:	
Amount:	

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY	CC
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 Delia Briones
DATE: 5-May-08

C.C.O. DATE _____

El Paso County Travel Justification Form

Name: Delia Briones Signature: Delia Briones Date: 5-5-08

Dept: County Clerk Job Title: County Clerk

Travel Funding Source: County Grant Other

Will any funds be reimbursed by another entity? no

Travel Account No.: 6705 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: _____

**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: _____

**113th ANNUAL
County & District Clerks' Conference
Y O Ranch Resort Hotel
Kerrville, Texas**

June 15th thru 19th, 2008

REGISTRATION FORM

Early Bird Registration Deadline: May 15, 2008

Please print clearly

Please complete one form for each full registration

Badge Title -

Name: Delia Briones
 County: El Paso
 Mailing Address: 500 E. San Antonio Rm 105
 City: El Paso
 State: TX Zip Code: 79901
 Phone: 915-546-2071
 Email: dbriones@epcounty.com

- County Clerk
- District Clerk
- County & District Clerk
- Deputy County Clerk
- Deputy District Clerk
- Deputy County & District Clerk
- Retired Clerk
- Guest

Registration Fees, includes all events	Amount	Total
<input checked="" type="checkbox"/> Clerk/Deputy - Postmarked by May 15, 2008*	\$195.00 x 1 =	195
<input type="checkbox"/> Clerk/Deputy - Postmarked after May 15, 2008*	\$225.00 x 1 =	
<input type="checkbox"/> Spouse/Guest	\$115.00 x 1 =	
<input type="checkbox"/> Retired Clerk	\$115.00 x 1 =	

* Early Bird must include Payments AND Registration Forms postmarked by May 15, 2008

Additional Event Tickets **			
<input type="checkbox"/> Welcome Reception	Sun., June 15, 2008	\$30.00 x =	
<input checked="" type="checkbox"/> President's Reception	Mon., June 16, 2008	\$45.00 x =	45
<input type="checkbox"/> Bus trip to Fredericksburg (24 mi. from Kv.) shopping (you may drive)	Tue. June 17, 2008	FREE	# Attending
<input type="checkbox"/> Banquet	Wed., June 18, 2008	\$45.00 x =	

Children's Tickets ** (separate children's plate will be served)			
<input type="checkbox"/> Welcome Reception	10 yrs and under	FREE	# Attending
<input type="checkbox"/> President's Reception	10 yrs & under	\$20.00 x =	
<input type="checkbox"/> Banquet	10 yrs & under	\$20.00 x =	

Tickets for children over 11 and over will be cost of adult ticket

Guest activities - free

of people that will take the 9 AM 4 hr. scenic tour & "dutch" lunch in Leakey on Tuesday morning. # Attending

** Individual Tickets may also be purchased during registration

Total Amount Enclosed \$ 240 ⁰⁰

Checks Payable to:
CDCAT Conference 2008

Mail To:
 CDCAT Conference 2008
 Linda Uecker
 Kerr Co. District Clerk
 700 Main St., Ste 236
 Kerrville, Texas 78028

Registration Fees will not be refunded after June 1, 2008.
 Hotel reservations must be made directly with the hotels

FOR OFFICE USE ONLY	
DATE RECEIVED	
CHECK NO.	
AMOUNT RECEIPT	
TICKET NOS.	



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FLY FROM → SELECT FLIGHT → PRICE

Southwest Airlines Air Itinerary and Pricing


Air Itinerary

Trip	Date	Day	Stops	Routing	Flight	Routing Details
Depart	Jun 15	Sun	Nonstop	ELP-SAT	977	Depart El Paso (ELP) at 10:40 AM Arrive in San Antonio (SAT) at 1:05 PM
Return	Jun 19	Thu	Nonstop	SAT-ELP	2138	Depart San Antonio (SAT) at 4:40 PM Arrive in El Paso (ELP) at 5:10 PM

Pricing

Passenger Type	Trip	Routing	Type of Fare	Base Fare	U.S. Taxes	PFC	Security Fee ¹	Passenger(s)	Total
Adult	Depart	ELP-SAT	Wanna Get Away	\$84.65	\$9.85	\$3.00	\$2.50	1	\$100.00
	Return	SAT-ELP	Wanna Get Away	\$92.09	\$10.41	\$4.50	\$2.50	1	\$109.50
Total				\$176.74	\$20.26	\$7.50	\$5.00		\$209.50

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



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1 Hotel 2 Dates & Preferences 3 Rooms & Rates 4 Guest Information 5 Confirmation

Reservation Confirmation

Thank you VALERIE SANCHEZ for booking your reservation online at www.hamptoninn.com. We look forward to seeing you at our hotel.

Create an Account for faster reservations, plus news and offers via email. [Learn more](#)

Stay Information

Confirmation Number: **81067987**
 Check-in: Sun 15 Jun 2008
 Check-out: Thu 19 Jun 2008
 Rooms: 2
 Guests per Room: 1 Adult
 Room Type Preferences: Non-Smoking

Your preferences have been submitted with your reservation and are subject to hotel availability.

Hotel Information

Hampton Inn Kerrville
 2038 Sidney Baker Road
 Kerrville, Texas
 78028
 1-830-257-0600

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Room & Rate Information

Room Description: 2 QUEEN BEDS MOUNTAIN/ TOWNVIEW NONSMOKING
 Room Type: Non-Smoking Room Confirmed
 Rate Type: STATE GOVERNMENT
 Rate per Night: 79.00 USD

Total for Stay per Room:

Rate (USD)	316.00
Taxes	41.08
Total	357.08

Total for Stay All Rooms:
Includes tax and service charges described below **714.16 USD**

Tax & Service Charges

- Taxes are estimated based on a 13.00 % per room per night tax. Changes in taxes or fees applied after booking may affect the total rate for your stay.

Rules & Restrictions

- This reservation can be held until 6PM on the check-in day, or guaranteed with a credit card for late arrival.
- If you wish to cancel, please do so 24 hours prior to arrival to avoid cancellation penalties.
- A maximum of one room per night at a specific hotel may be booked as part of the Diamond Guaranteed Reservations benefit. Additional rooms booked via this benefit at the same hotel for the same date(s) may be cancelled by the hotel and accommodations denied without any liability for cancelled rooms.

Guest Information