

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO2043 01
 Voucher Total: \$833.36
 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: EIGHT HUNDRED,
 THIRTY THREE DOLLARS AND THIRTY SIX CENTS

Vendor Name: TRACY CANTU ALMANZAN
 Street: 500 EAST SAN ANTONIO
 CA
 City, State, Zip: EL PASO TX 79901

Subject: CHICAGO, IL5/20-23/08 NAT'L COMMNTY PROSCUTION CON

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	833.36	CACOMM	6705	145	CAT008		
	Desc:	CHICAGO, IL5/20-23/08 NAT'L COMMNTY PROSCUTION CON						
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 : _____



IS

RECEIVED
MAY 05 2008
EL PASO COUNTY AUDITOR

* Please Hold check *

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: TRACY ALMANZAN Department: County Attorney's Office
 Date of Trip: Departure 05/20/08 Arrival Date: 05/23/08 Destination: CHICAGO, ILL
 * Purpose of Trip: Attend the National Community Prosecution Conference in Chicago, IL on May 21-23, 2008

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

Department Index: cacomm 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

Airfare		* CC
Auto Rental		346.50
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date	122.50	
Meal per diem (\$35.00)		
Meal rate on Return date		
Lodging	650.86	
Other - Registration		
Other - Parking/Tolls		
Other - Taxi	60.00	
Other -		
Other -		
TOTAL	<u>\$833.36</u>	<u>346.50</u>

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: Emp 02043
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$833.36 CC 346.50
 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 J. L. B. L.
 DATE: 1-May-08

C.C.O. DATE _____

El Paso County Travel Justification Form

SUPERVISOR

Name: Tracy Almanan Signature: [Signature] Date: _____

Dept: County Attorney Job Title: Asst County Atty

Travel Funding Source: _____ 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**
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: _____

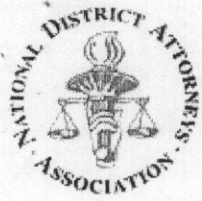
_____ **Program Development Training**
Explain: _____

_____ **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:** _____

NATIONAL DISTRICT ATTORNEYS ASSOCIATION



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AND TO SUPPORT THEIR EFFORTS TO PROTECT
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National Community Prosecution Conference Creating Safer Communities

REGISTER FOR CONFERENCE

Location: Chicago, IL
Course Date: May 21-23, 2008

Course Summary

The National Center for Community Prosecution at the National District Attorneys Association, in partnership with the Department of Justice Bureau of Justice Assistance, has designed a training to address a variety of issues faced by prosecutors striving to make communities safer by developing problem-solving techniques on issues such as crime prevention, open-air drug markets, landlord-tenant issues & nuisance abatement as well as strategies for using forfeiture laws and community prosecution in the courtroom.

(Link to Course Agenda Coming Soon)

Registration Fee

This training is offered **FREE OF CHARGE**. Enrollment in this course is limited; applicants will be accommodated on a first-come, first-served basis.

REGISTER NOW

Course schedule and learning objectives will be posted *soon*. Any questions regarding this training can be sent to communityprosecution@ndaa.org or contact the National Center for Community Prosecution at 703-549-4253.

Who Should Attend?

- Elected prosecutors, deputy chiefs and assistant prosecutors interested in responding better to community problems. There is no limit to the number of people who can attend from one jurisdiction.

Continuing Legal Education Credit

- Attendance at this training may qualify participants for continuing legal education credits. CLE credits are pending approval from the Illinois State Bar, but check with your state bar association for your individual state CLE requirements.

Location information

The training will be held at the Drake Hotel, 140 East Walton Place,

Training Categories

[Child Abuse](#)
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[Community Prosecution](#)
[Conferences](#)
[Cybercrime](#)
[Domestic Violence](#)
[Drug Prosecution](#)
[Evidence, Law of](#)
[Forensics/DNA](#)
[Gangs](#)
[Government Civil Practice](#)
[Gun Violence Prosecution](#)
[Homeland Security](#)
[Homicide/Capital Litigation](#)
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[Sexual Violence](#)
[Special Issues](#)
[Traffic Law](#)
[Trial Advocacy](#)
[Victim Advocacy](#)
[White Collar Crime](#)

Chicago, IL 60611-1501.

- www.thedrakehotel.com
- Tel: 1-312-787-2200
- Guest Relations: Toll-free 1-800-55-DRAKE

Reservations

Students are responsible for making and paying for their own lodging arrangements. This rate will be available 3 days pre and post to the group dates based on rate and availability.

- Single Room rate: \$188
- Double rate: \$208

Transportation

Participants are responsible for their own travel arrangements. For special conference airfares and car rental rates, please contact CEM travel at 800-247-8785.

This project was supported by Grant No. 2007-DD-BX-K173 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not represent the official position or policies of the United States Department of Justice, the NDAA or APRI.

National District Attorneys Association
99 Canal Center Plaza, Suite 510, Alexandria, VA 22314

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Southwest Airlines Purchase Confirmation

Thank you for using southwest.com to purchase your Ticketless Travel
Southwest Airlines Confirmation Number(s)

Passenger Type	Confirmation Number	Passenger	Account Number	Disability Assistance
Adult	KSWEVT	Tracy Almanzan	- None Entered -	- None Entered -

Air Itinerary

Trip	Date	Day	Stops	Routing	Flight	Routing Details
Depart	May 20	Tue	1	ELP-MDW	179	Depart El Paso (ELP) at 1:25 PM Arrive in Chicago (MDW) at 6:35 PM
Return	May 25	Sun	1	MDW-SAT-ELP	130	Depart Chicago (MDW) at 5:10 PM Arrive in San Antonio (SAT) at 7:50 PM 3811 Change planes in San Antonio (SAT) departing at 8:35 PM Arrive in El Paso (ELP) at 9:00 PM

Pricing

Passenger Type	Trip	Routing	Type of Fare	Base Fare	U.S. Taxes	PFC	Security Fee ¹	Passenger(s)	Total
Adult	Depart	ELP-MDW	<u>Wanna Get Away</u>	\$152.56	\$18.44	\$3.00	\$2.50	1	\$176.50
	Return	MDW-SAT-ELP	<u>Wanna Get Away</u>	\$138.60	\$17.40	\$9.00	\$5.00	1	\$170.00
Total				\$291.16	\$35.84	\$12.00	\$7.50		\$346.50

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

Billing Information

Credit Card Holder Name: Cygne Nemir
 Billing Address: 500 E. San Antonio, Room 503
 EL Paso, TX 79901

Confirmation Number: **KSWEVT**

Passenger Type: Adult
 Passenger Name(s): Tracy Almanzan
 Form of Payment: MasterCard: XXXXXXXXXXXX9533

Total Air	Base Fare	U.S. Taxes	PFC	Security Fee ¹	Passenger(s)	Total
ELP - MDW						\$346.50
MDW - ELP	\$291.16	\$35.84	\$12.00	\$7.50	1	\$346.50

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

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Please visit [Travel Tools](#), where you can subscribe to [Flight Status Messaging](#) or find [Policies](#), [Travel Tips](#), and other [Tools](#) to manage your reservation. For your convenience, you are now able to check flight information using our automated phone service by calling 1-888-SWA-TRIP.

Snack Service

If your flight segment is less than 600 miles in length, you will be served peanuts/pretzels. On nonstop flight segments that are 601 to 1270 miles long, you will be served a packaged snack appropriate to the time of day for your travel. On flights longer than 1271 miles, a travel snack box will be served. Southwest Airlines does not serve sandwiches or meals; however, you may bring something to eat onboard.

CHECKIN REQUIREMENTS AND REFUND INFORMATION

- Southwest Airlines Ticketless Travel is nontransferable. Government-issued photo identification is required at time of checkin.
- Customer Checkin Requirement:**
 Flights Operated by Southwest Airlines - Customers who do not claim their reservations at the departure gate desk at least ten (10) minutes before scheduled departure time for flights operated by Southwest Airlines will have their reserved space cancelled and will not be eligible for denied boarding compensation.
- Refunds** - Any change to this itinerary may result in a fare increase. To make application for a refund of any unused air fare, please write Southwest Airlines Refunds Department - 6RF, P.O. Box 36611, Dallas, TX 75235-1611. Refund requests must include a copy of this document and/or your confirmation number, date of travel and flight number, and all credit card billing information including the amount and purchase reference numbers.

CONDITIONS OF CONTRACT

Southwest Airlines Co. - Notice of Incorporated Terms - Air transportation operated by Southwest Airlines is subject to Southwest Airlines' Passenger Contract of Carriage, the terms of which are incorporated by reference. Incorporated terms include but are not limited

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 SOUTHWEST.COM
 Store travel preferences, purchase info and time on future bookings. Set up MySouthwest account now!

Alamo
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More Rooms. More Choices.
 A new hotel experience has arrived at southwest.com.

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 Learn more about choosing your seat on Southwest.

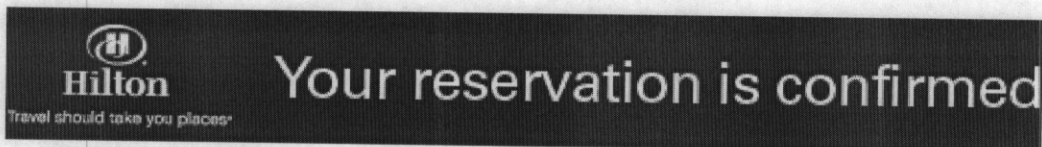
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 Visa Signature card and receive 8 bonus credits after your first purchase and Double Reward Dollars on all Southwest Airlines purchases.

Lori Lopez

From: Hilton Hotels Confirmed [hiltonhotels@res.hilton.com]
Sent: Monday, April 07, 2008 2:28 PM
To: Lori Lopez
Subject: Hilton Hotels Reservation #3305325488



The Drake Hotel

140 East Walton Place
 Chicago, IL
 United States, 606111501
 Tel: 1-312-787-2200

[Directions to Hotel](#)

[5-Day Weather Forecast](#)

[Local Guide](#)

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Confirmation Number:

3305325488

> [Click here](#) to view or edit your reservation.

Name: Tracy Almanzan
 Arrival Date: 20 May 2008
 Departure Date: 23 May 2008
 Check-in Time: 3:00 PM
 Check-out Time: 12:00 PM

Rate Information:

Rate Type: COMMUNITY PROSECUTIO
 Rate per night: 188.00 USD
 Total for Stay per Room:
 Rate 564.00 USD
 Taxes 86.86 USD
 Total 650.86 USD

Total for Stay: 650.86 USD

Includes estimated taxes and service charges.

Tax & Service Charges:

- There is a 15.40% Per Room Per Night tax.

Additional Charges:

- Valet parking: 45.00/night Self parking: 30.00/night

Rate Rules and Cancellation Policy:

- Your reservation is guaranteed for late arrival.
- Should you need to cancel please contact us before 11:59 PM on 17 May 2008 local property time to avoid cancellation penalties.

Room Information:

Rooms: 1
 Clients: 1 Adult
 Non-Smoking Confirmed
 Room Type: 1 KING BED LAKEVIEW
 Your room type preferences have been submitted with your reservation, and are subject to hotel availability.

Comments and Requests:

GST WILL PAY CASH FOR ROOM UPON ARRIVAL

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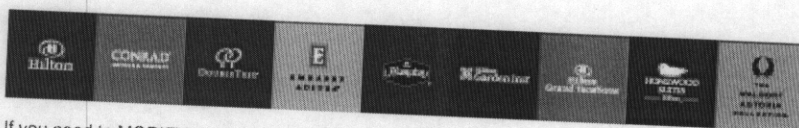
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Dining Options:

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If you need to MODIFY or CANCEL your reservation, [click here](#).

Any change to the arrival date, departure date or room type of this reservation is subject to the hotel's availability at the time the change is requested and may result in a possible rate change.

Please do not reply to this email. If you have questions regarding your reservation, please contact Hilton Reservations and Customer Care at 1-800-HILTONS (445-8667) . visit us at www.hilton.com, or email us at confirmationhelp@hiltonres.com.

For more information, please [click here](#) to see all the rules and restrictions applicable to this reservation.

A listing of all Hilton Reservations and Customer Care phone numbers can be found at: <http://www.hilton.com/en/hi/feedback/hrwfone.html>

Thank you for choosing Hilton Hotels. We look forward to having you as our guest.

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