

GRANT FUNDS

CAJO 5/8/08 8Z

TA0800311

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V017843 01
 Voucher Total: \$2,470.00
 No. of Lines: 1
 T/C Hash: 208

Single Check (Y/N): _____
 Date Entered: 05/08/2008
 Entered by: 8Z

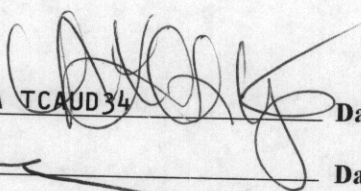
Preparer's Initials: 8Z
 Amount Spelled: TWO THOUSAND FOUR HUNDRED,
 SEVENTY DOLLARS AND NO CENTS

Vendor Name: CLAUDIO A. MORALES

Street: METRO COUNTY TASK FORCE
 500 E. SAN ANTONIO RM 500
 City, State, Zip: EL PASO TX 79901

Subject: NSA CONF INDIANAPOLIS, IN 6/28-7/2/08

Line	Trans	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	2,470.00	DRUGENFMAT08	6602	145	SHE008		
	Desc: NSA CONF INDIANAPOLIS, IN 6/28-7/2/08							
02	Desc:							
03	Desc:							
04	Desc:							
05	Desc:							
06	Desc:							
07	Desc:							
08	Desc:							
09	Desc:							
10	Desc:							

Prepared by: AUDITORS-MARCY ORTEGA TCAUD34  Date: 05/08/2008

Approved by:  Date: 5/8/2008

Marcy Ortega

From: Julia M. Peer
Sent: Thursday, May 01, 2008 3:21 PM
To: Marcy Ortega
Cc: Claudio Morales (Commander)
Subject: National Sheriff's Association - Indianapolis, Indiana

Attachments: img223.pdf



img223.pdf (441
KB)

Hi Marcy,

I am enclosing a request for travel/training for Cmnder Morales in the amount of \$2,470.00. This request has been approved by our Administration. Please let me know when the funds are ready for pick up because the Cmnder would like the funds in order to guarantee a flight.

Thanks,

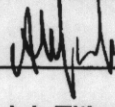
J.

The message is ready to be sent with the following file or link attachments:

img223

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

El Paso County Travel Justification Form

Name: Claudio A. Morales Signature  Date: 5/1/08

Dept: EPSO/Special Ops Division Job Title: Commander

Travel Funding Source: County Grant X Other

Will any funds be reimbursed by another entity? NO

Travel Account No.: Drugenmat08 Balance Remaining for FY: 11,500.00

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: _____



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: **REGISTRATION**

Company Name:		Department:	EPSO/Special Ops Division-
Date of Trip: Departure	06/27/08	Arrival Date:	07/03/08
		Destination:	Indianapolis, Indiana
* Purpose of Trip:	Attend the NATIONAL SHERIFF'S ASSOCIATION 68TH ANNUAL CONFERENCE		
	Indianapolis, Indiana June 28th - July, 2, 2008		

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

Department Index:	Drugenfmat08	Sub-Object:	6602
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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 checked="" type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input 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	\$700.00	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	245.00	_____
Meal rate on Return date	_____	_____
Lodging	1,050.00	_____
Other - Registration	375.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	100.00	_____
Other -	_____	_____
Other -	_____	_____
TOTAL	\$2,470.00	\$0.00

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:

REGISTRATION AMOUNT:	\$2,470.00	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

DATE: 1-May-08

C.C.O. DATE

17-Jul-08

EL PASO COUNTY SHERIFF'S OFFICE
INTEROFFICE MEMORANDUM

*TO
J. Peed*

Date 04-30-08

To: Sheriff J. Apodaca

Through: *Rum*
A/Chief Ralph Mitchell, Chief Messick

From: Commander Claudio Morales *Claudio Morales
Commander*

Request Training Approval: National Sheriff's Association Conference June 28

Subject: thru July 2, 2008,

Sirs,

I would like to attend the NSA conference in Indianapolis, Indiana June 28 thru July 2, 2008. I have request to attend before and have been denied because of funding issues. We have money in our training budget for this conference. I have attached the agenda of the workshops that I would like attend. I believe NSA will provide exceptional training for command staff.

Airfare	\$ 700
Lodging	1,050
Registration	375
Car rental	290
Miscell Exp gas etc	250
<i>Gas and Transit</i>	<i>100</i>
Total	\$ 2,665

208.15
245.00
2470.00
5-1-08
+ meals

If approved, please let me to continue processing the request.

Your favorable consideration will be appreciated.

To Strong
Thru Chief Deputy

Recommend approval
Ralph L. Mitchell
A/C Deputy Law Enforcement

NSA 2008 ADVANCE REGISTRATION FORM

Saturday, June 28 - July 2, 2008, Indianapolis, Indiana

REGISTER ONLINE at www.sheriffs.org or complete this form and Fax or Mail it to:

The Housing Connection, 175 South West Temple, Suite 140, Salt Lake City, UT, 84101 • Fax: (801) 355-8019

DO NOT FAX YOUR REGISTRATION FORM TO NSA. Do not mail this form after May 23, 2008

For more information: (888) 221-9425 (Toll Free) or (801) 521-9025 (International) • Email: thc@housingregistration.com

Part 1: Registration Information (Use one form per person)

First Name: _____ Last Name: _____
(as you wish it to appear on the badge)

Title: Sheriff Deputy Other: _____ Name to appear on badge: _____
(if different from first name)

Agency / Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____ Fax: _____

First Time Conference Attendee

Part 2: Registration Categories & Optional Events

Please check applicable category and circle appropriate fees:

* Conference Registration with banquet

	Regular (prior to 5/23)	On-site (after 5/23)
<input type="checkbox"/> Attendee Member Full Registration - NSA Member ID #: _____ <i>(if you don't know your member ID #, contact NSA Membership at (800) 424-7827 x 324)</i>	\$ 275	\$ 375
<input type="checkbox"/> Attendee Non-Member Full Registration	\$ 375	\$ 475
<input type="checkbox"/> Spouse / Guest / Child over 12 Full Registration	\$ 125	\$ 225

Conference Registration without banquet

<input type="checkbox"/> Attendee Member Full Registration - NSA Member ID #: _____	\$ 200	\$ 275
<input type="checkbox"/> Attendee Non-Member Full Registration	\$ 300	\$ 375
<input type="checkbox"/> Spouse / Guest / Child over 12 Full Registration	\$ 50	\$ 125
<input type="checkbox"/> Multiple people from my organization will be attending <i>(Each additional staff person must submit their own registration form)</i>	\$ 50	\$ 50

One Day Only - Exhibit Hall Pass

(Valid for entry into exhibit hall and seminars - only one ONE day pass per person)

<input type="checkbox"/> Monday (6/30) <input type="checkbox"/> Tuesday (7/1) <input type="checkbox"/> Wednesday (7/2)	\$ 50	\$ 75
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Optional Special Events Registration (Indicate quantity at right)

* <input type="checkbox"/> Banquet Ticket only <i>(does not include name badge or admission to exhibit hall)</i>	\$ 75 x _____	\$ 125 x _____
* <input type="checkbox"/> Spouse's Brunch <i>(limited to the first 350 who sign up)</i>	\$ 35 x _____	\$ 45 x _____
* <input type="checkbox"/> Prayer Breakfast	\$ 20 x _____	\$ 30 x _____
* <input type="checkbox"/> FBI Academy Dinner	\$ 50 x _____	\$ 60 x _____
* <input type="checkbox"/> NSI Dinner	\$ 50 x _____	\$ 60 x _____

Part 3: Payment Information

Cancellation Fee of \$50.00 will apply. No Refunds after June 6, 2008

Total Amount: \$ _____

Method of Payment: Credit Card Check or Money Order Purchase Order # _____
(payable to NSA) (P.O. required if selected)

Credit Card #: _____ Expiration Date: _____

Name: _____ Signature: _____ Date: _____
(as it appears on the credit card) (by signing, I agree to the above Cancellation Policy)

No meal function refund after June 13, 2008 as meals have been guaranteed.

