



**County of El Paso  
Travel Expenditure Voucher**

C.C.O.

Name: Sissy Hernandez Department: \_\_\_\_\_  
 Date (s) of Trip: June 18-22, 2008 Destination: \_\_\_\_\_  
 Purpose of Trip: Organization Meeting/Convention - Training  
 Department Index: J.P.2 Sub-Object: 6705

**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	_____
Auto Rental	_____
Mileage ( <u>48</u> /mile)	<u>562.80</u>
Gas	_____
* Meal rate on Departure date	<u>35.00</u>
Meal per diem (\$35.00)	<u>105.00</u>
* Meal rate on Return date	<u>35.00</u>
Lodging	<u>410.00</u>
Other - Registration	<u>140.00</u>
Other - Parking/Tolls	_____
Other - Taxi	_____
Other -	_____
Other -	_____
Other -	_____
<b>TOTAL</b>	<u>1,287.80</u>

**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

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: \_\_\_\_\_

**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, F

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

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

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



**County of El Paso  
Travel Expenditure Voucher**

C.C.O.

Name: Becky Gonzalez Department: \_\_\_\_\_  
 Date (s) of Trip: June 19-22, 2008 Destination: \_\_\_\_\_  
 Purpose of Trip: Organization Meeting / Convention - Training  
 Department Index: J.P 2 Sub-Object: 6705

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 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	_____
Auto Rental	_____
Mileage ( <del>40</del> /mile)	<u>562.80</u>
Gas	_____
* Meal rate on Departure date	<u>35.00</u>
Meal per diem (\$35.00)	<u>105</u>
* Meal rate on Return date	<u>35.00</u>
Lodging	<u>410.00</u>
Other - Registration	<u>140.00</u>
Other - Parking/Tolls	_____
Other - Taxi	_____
Other -	_____
Other -	_____
Other -	_____
<b>TOTAL</b>	<u><u>1,287.80</u></u>

**FOR AUDITOR'S USE ONLY**

Trans. Code: \_\_\_\_\_  
 Index: \_\_\_\_\_  
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1114- \_\_\_\_\_ County Check No.

\_\_\_\_\_ Deposit Warrant No.

SIGNATURE \_\_\_\_\_

ADVANCE FROM COUNTY: \_\_\_\_\_

TOTAL EXPENDITURES: \_\_\_\_\_ \$0.00

DATE: 18-Nov-03

NO REFUND \_\_\_\_\_ \$0.00

## 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: \_\_\_\_\_

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Explain: \_\_\_\_\_

**Program Development Training**

Explain: \_\_\_\_\_

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

