

**Click on Bookmarks
To View Travel Detail**

TRAVEL VOUCHERS.TXT

1*****
 FAM165TV COUNTY OF EL PASO CNY RUN DATE: 08/28/2010
 TRAVEL VOUCHERS PAGE NUM: 1

 ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE SELECTION DATE: 99/99/9999 CHECK DATE: 08/28/2010 POSTING PERIOD: 11 2010
 OVOUCHER NUMBER VENDOR NUMBER INDEX PROJECT USER CODE GROSS NET CLEARED FOR
 DOC REFERENCE VENDOR NAME SUBOBJECT GRANT BALANCE DUE BALANCE DUE PAYMENT
 DOING BUSINESS AS DESCRIPTION
 0 TOTALS FOR TRANSACTION DATE : 08/19/2010 .00 .00 .00
 1*****

FAM165TV COUNTY OF EL PASO CNY RUN DATE: 08/28/2010
 TRAVEL VOUCHERS PAGE NUM: 2

 ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE SELECTION DATE: 99/99/9999 CHECK DATE: 08/28/2010 POSTING PERIOD: 11 2010
 OVOUCHER NUMBER VENDOR NUMBER INDEX PROJECT USER CODE GROSS NET CLEARED FOR
 DOC REFERENCE VENDOR NAME SUBOBJECT GRANT BALANCE DUE BALANCE DUE PAYMENT
 DOING BUSINESS AS DESCRIPTION
 OTA1000395 01 EMP00193 01 BCMHC10
 RITA RUELAS 6602 298 01 44.00 44.00 44.00
 2011 STATE LEGISLATIVE SESSION AUSTIN, TX 08/31/1
 ASSOCFAMCRT2 6705 803.34 803.34 803.34
 AIRLINE CRDT SANTIAGO, TX11/12-14/10SHP TLK D DETE
 ASSOCCPSCRT 6705 946.95 946.95 946.95
 AUSTIN, TX10/20-23/10 33RDNACC CHLD WLFRE JUV CONF
 CC6 6705 145.00 145.00 145.00
 10/14-15/10, AUSTIN, TX INSURANCE LAW INSTITUTE
 JUVCOURTREFE 6705 863.00 863.00 863.00
 DALLAS, TX 10/8-10/10 2010 TCRA REGIONAL SEMINAR
 JUVCOURTREFE 6705 705.71 705.71 705.71
 OVP1005749 01 V006601 01 PUBLICDEFEND
 GUADALUPE LOPEZ, ATTY. 6705 705.71 705.71 705.71
 RMB SANTIAGO, TX 8/7-14/10 36TH ADVNC FAM LAW CRSE
 CA 6705 25.00 25.00 25.00
 TEXAS STATE LIBRARY AND ARCHIV 06/15/10, EL PASO, TX BEA HERNANDEZ, RECORDS MGMT
 SHERIFFLAW 6701 150.00 150.00 150.00
 INTERNATIONAL ASSOCIATION FOR I
 RG BRNADTT ORTEG ELP, TX9/1-30/10IAI CRIME SCENE C
 SHERIFFLAW

				TRAVEL. VOUCHERS. TXT			
		INTERNATIONAL ASSOCIATION FOR I 6701			150.00	150.00	150.00
		RG MICHELLE FLAHI VE	ELP, TX9/1-30/10IAI	CRIME SCE			
OTA1000401	03	V023260 01	SHERIFFLAW				
		INTERNATIONAL ASSOCIATION FOR I 6701			150.00	150.00	150.00
		RG RICHARD PRYOR	ELP, TX9/1-30/10IAI	CRIME SCENE C			
OTA1000401	04	V023260 01	SHERIFFLAW				
		INTERNATIONAL ASSOCIATION FOR I 6701			150.00	150.00	150.00
		RG DANNY GARCIA	ELP, TX9/1-30/10IAI	CRIME SCENE CE			
0		TOTALS FOR TRANSACTION DATE :	08/30/2010		4,133.00	4,133.00	4,133.00
0		REPORT TOTAL			4,133.00	4,133.00	4,133.00

VP10 05149

El Paso County Auditor's Office Voucher Payable Form

Vendor No.: V006601
 Voucher Total: \$ 705.71
 No. of Lines: 1
 T/C Hash: 238
 Preparer's Initials: AN

Single Check (Y/N): Y

Date Entered: 8/26/10
 Entered by: VC

Vendor Name: GUADALUPE LOPEZ
 Subject: _____

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary
01	238	705.71	PUBLICDEFEND	6705		
	RMB SANTONIO, TX 8/7-14/10 36TH ADVNC FAM LAW CRSE					
02						
03						
04						
05						
06						
07						
08						
09						
10						

Prepared by: JORGE LOPEZ

Date: 8/26/2010

Approved by: _____

Date: _____



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

RECEIVED

23 2010

EL PASO
COUNTY AUDITOR

County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: Guadalupe Lopez Department: EL PASO Public Defender?
Date of Trip: Departure 8-7-2010 Arrival Date: 8-14-2010 Destination: SAN ANTONIO, TEXAS
* Purpose of Trip: PROFESSIONAL TRAINING MAINTAIN LICENSE - ATTORNEY
CLE TRAINING - FROM 8-9-2010 TO 8-12-2010

* Use of GADMINGF Funds requires legislative impact explanation

Department Index: PUBLIC DEFEND 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 _____
Auto Rental _____
Mileage (.40 /mile) \$495.71 * CC
Gas 435.00
Meal rate on Departure date 6/4/5 \$245.00 2/0
Meal per diem (\$35.00)
Meal rate on Return date 4/ \$17.50
Lodging _____
Other - Registration _____
Other - Parking/Tolls _____
Other - Taxi _____
Other - _____
Other - _____
TOTAL 705 \$740.11 \$0.00 \$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
Index: _____
Sub-Object: _____
Vendor: V006601
Subsidiary: _____
Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE ☐ Y/N

Section 3: Signature and List of Names:

Guadalupe Lopez

ADVANCE FROM COUNTY \$0.00 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 [Signature]
DATE: 19-Aug-10

C.C.O. DATE _____

* Used my vehicle and paid Lodging

36th Annual
Advanced
Family Law Course

LIVE

San Antonio
August 9-12, 2010

VIDEO

Dallas
September 28-30, 2010

VIDEO

South Padre Island
October 13-15, 2010



HIGHLIGHTS

- Almost 100 speakers and 70 topics!
- All day separate tracks on Property/Divorce and SAPCR
- All day workshop on Child Abuse & Neglect (included with the Advanced Course or register to attend Workshop only)
- Intensive workshops on Valuation of Property, Characterization and Tracing, Sharpening Your Jury Skills, Appellate, and Collaborative Law

Arrive a day early for the
Family Law Boot Camp
(San Antonio only)

MCLE CREDIT Up to 24.25 HOURS Up to 6.5 ETHICS




Course materials available on a USB flash drive



1-800-24-2002



The New MapQuest is Here! Try the New Site Now » 

MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.



Starting Location

5916 Brazos Ave

El Paso, TX 79905-5308

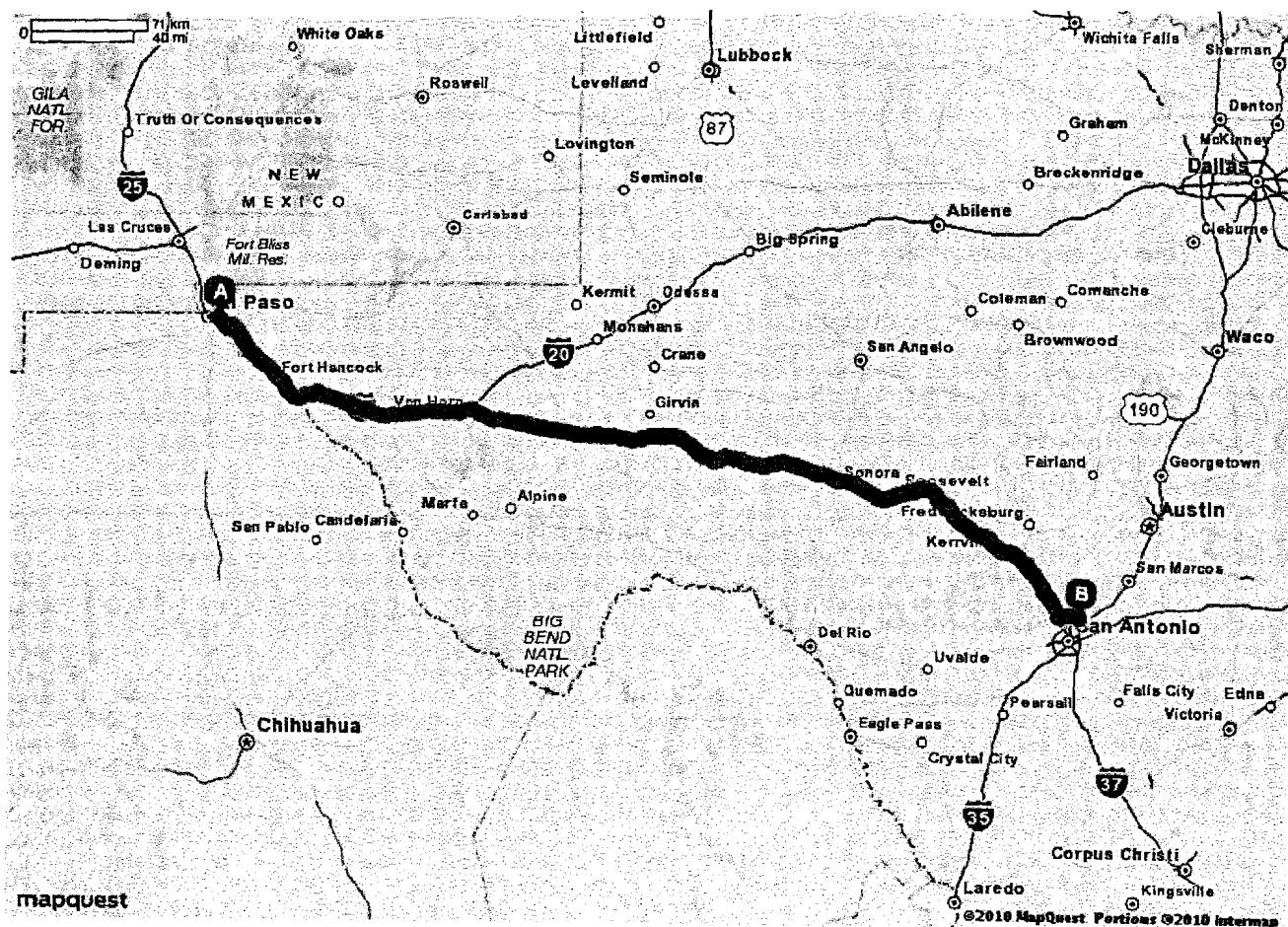


Ending Location

15631 Legend Springs Dr

San Antonio, TX 78247-5564

Total Travel Estimate: **7 hours 24 minutes** / **547.77 miles** Fuel Cost: [Calculate](#)



5916 Brazos Ave [Edit](#)

El Paso, TX 79905-5308

START



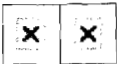
1. Start out going **WEST** on **BRAZOS AVE** toward **SAN GABRIEL ST.** 0.0 mi


2. Turn **LEFT** onto **SAN GABRIEL ST.** 0.1 mi

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23 2010

EL PASO
COUNTY AUDITOR



The New MapQuest is Here! Try the New Site Now » 

MAPQUEST

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

A Starting Location

101 Bowie St

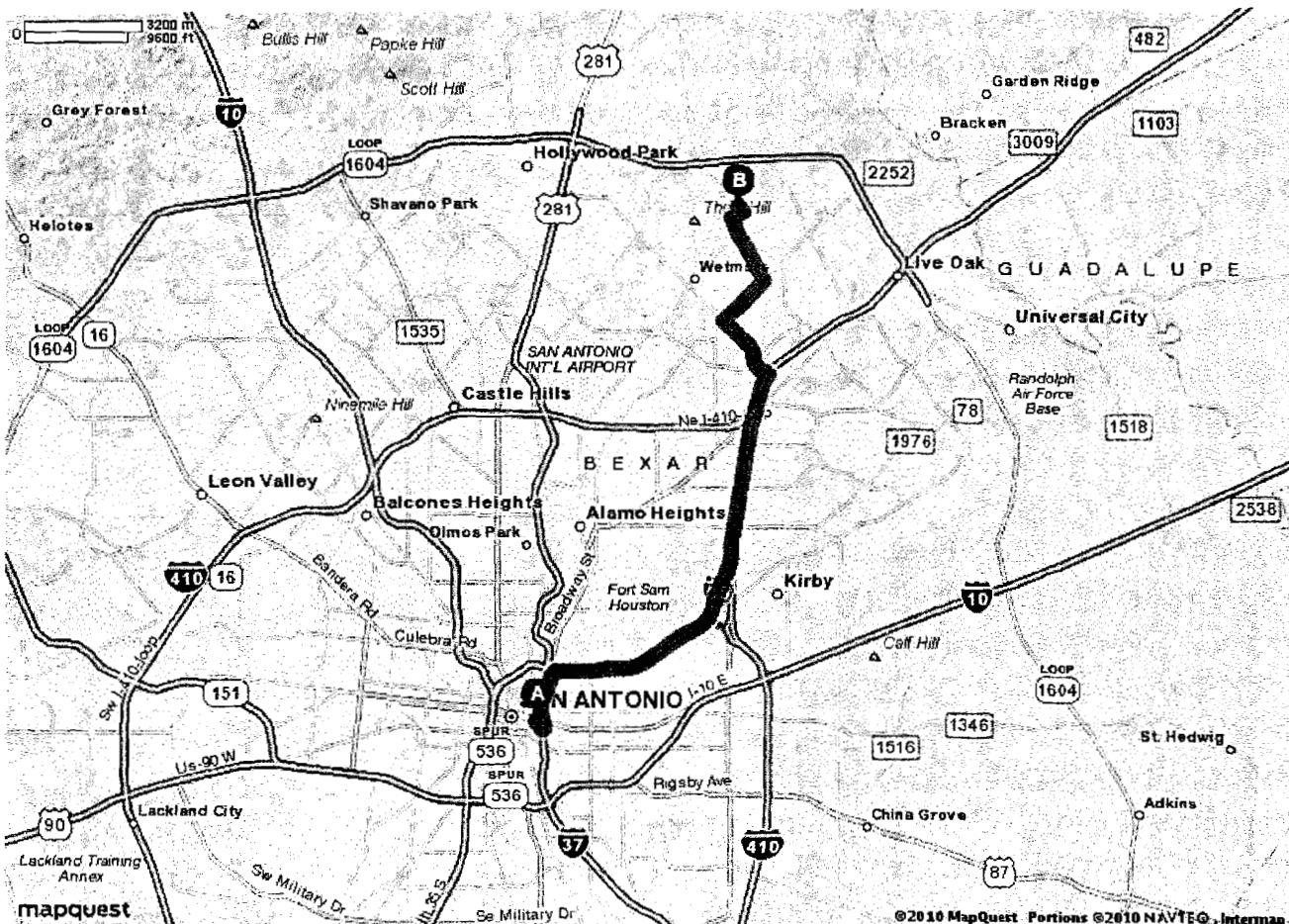
San Antonio, TX 78205-3901

B Ending Location

15631 Legend Springs Dr

San Antonio, TX 78247-5564

Total Travel Estimate: **25 minutes** / **16.56 miles** Fuel Cost: [Calculate](#)



A **101 Bowie St** [Edit](#)

San Antonio, TX 78205-3901



1. Start out going **SOUTH** on **S BOWIE ST** toward **E MARKET ST.** 0.1 mi




2. Turn **LEFT** onto **E MARKET ST.** 0.2 mi

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EL PASO
COUNTY AUDITOR

The New MapQuest is Here! [Try the New Site Now »](#) 

MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.



Starting Location

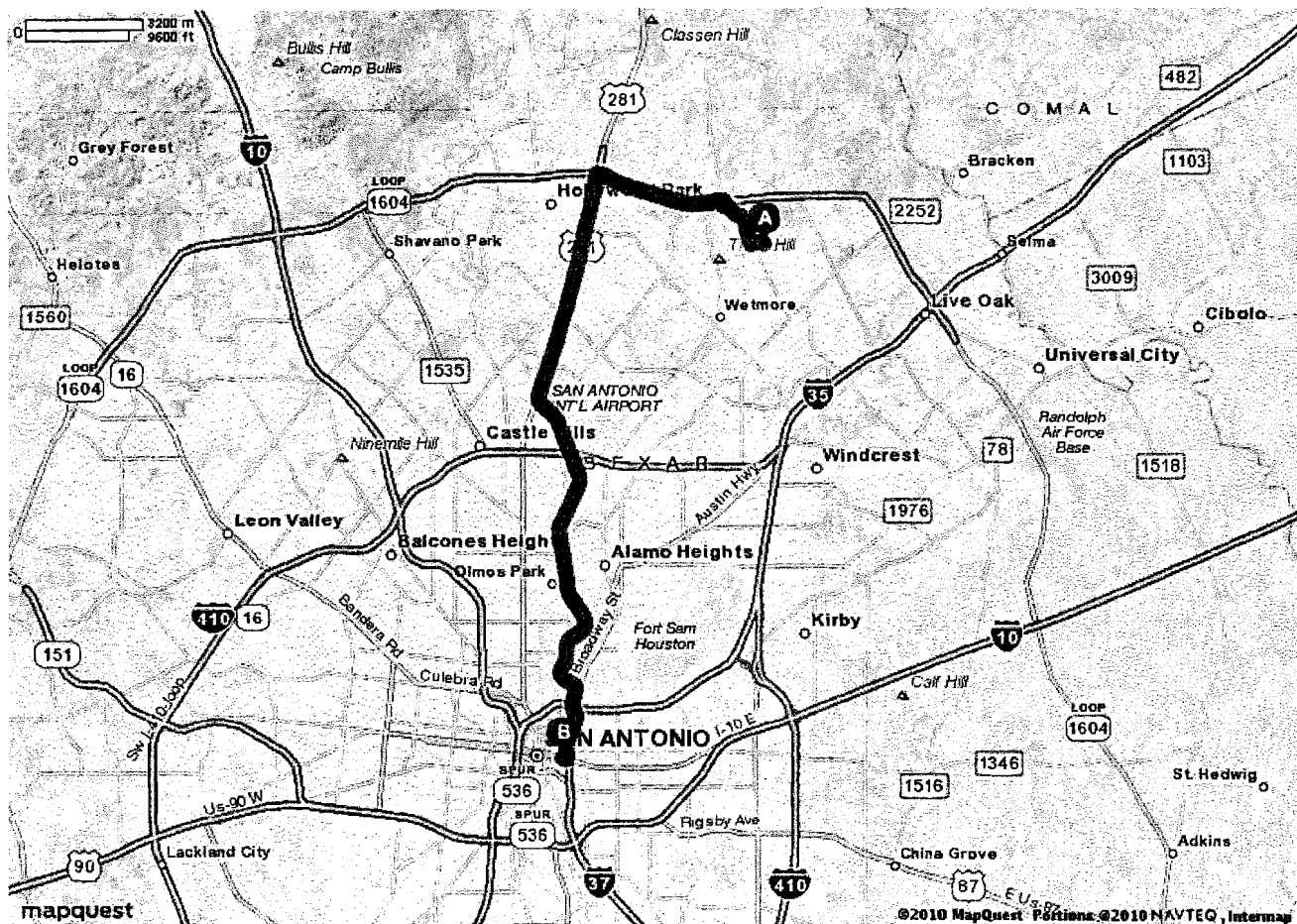
15631 Legend Springs Dr
San Antonio, TX 78247-5564



Ending Location

101 Bowie St
San Antonio, TX 78205-3901

Total Travel Estimate: 24 minutes / 19.20 miles Fuel Cost: Calculate

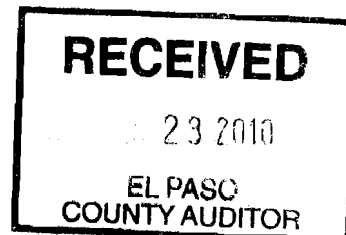


15631 Legend Springs DrEdit

San Antonio, TX 78247-5564



1. Start out going **NORTHWEST** on **LEGEND SPRINGS DR** toward **WALNUT CREEK DR.** 0.1 mi
2. Turn **RIGHT** onto **WALNUT CREEK DR.** 0.0 mi



The New MapQuest is Here! [Try the New Site Now »](#) 

MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.



Starting Location

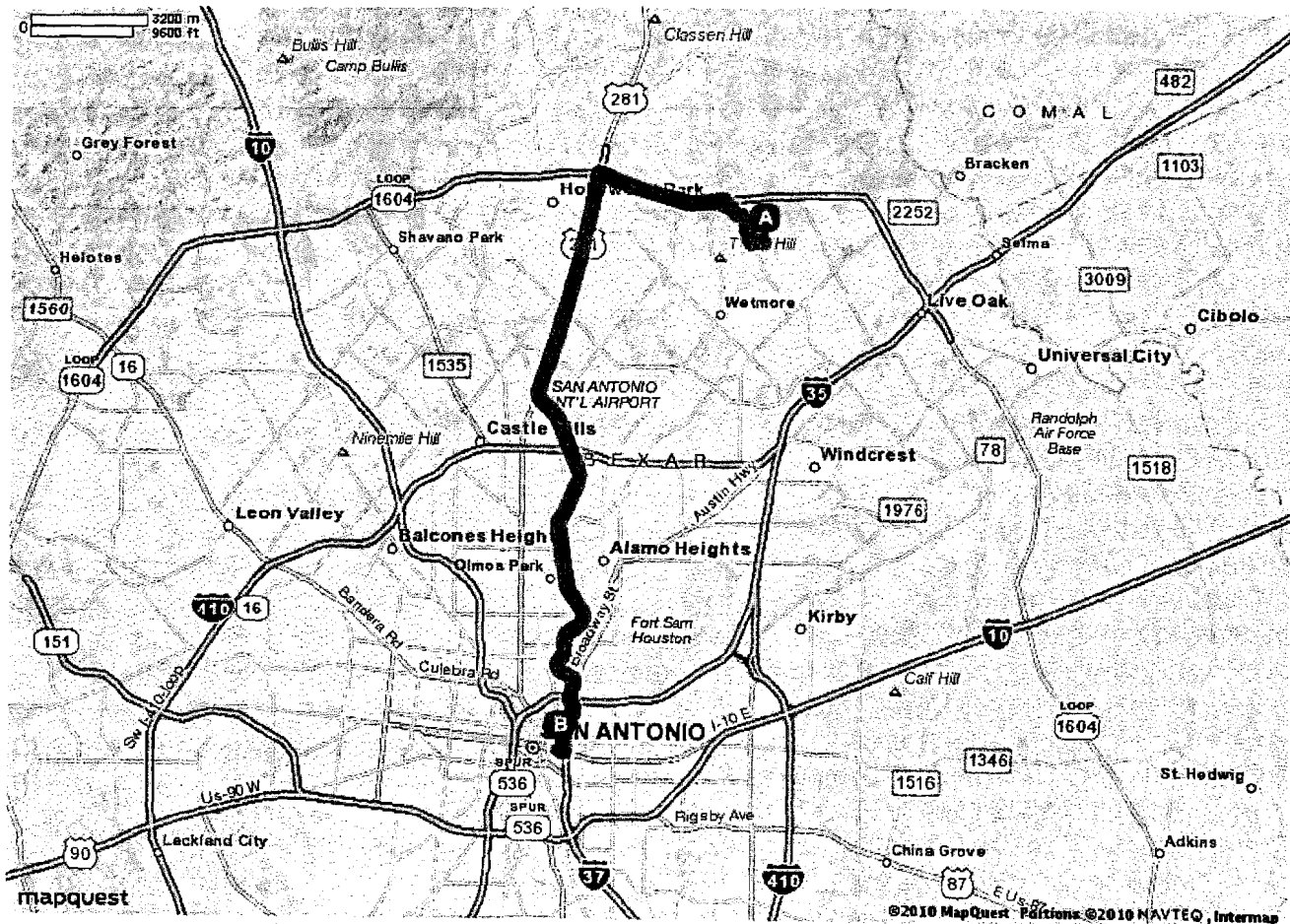
15631 Legend Springs Dr
San Antonio, TX 78247-5564



Ending Location

101 Bowie St
San Antonio, TX 78205-3901

Total Travel Estimate: 24 minutes / 19.20 miles Fuel Cost: Calculate



15631 Legend Springs Dr
San Antonio, TX 78247-5564



1. Start out going **NORTHWEST** on **LEGEND SPRINGS DR** toward **WALNUT CREEK DR**. 0.1 mi



2. Turn **RIGHT** onto **WALNUT CREEK DR.** 0.0 mi

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23 2010

EL PASO
COUNTY AUDITOR

The New MapQuest is Here! [Try the New Site Now »](#)

MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.



Starting Location

101 Bowie St

San Antonio, TX 78205-3901

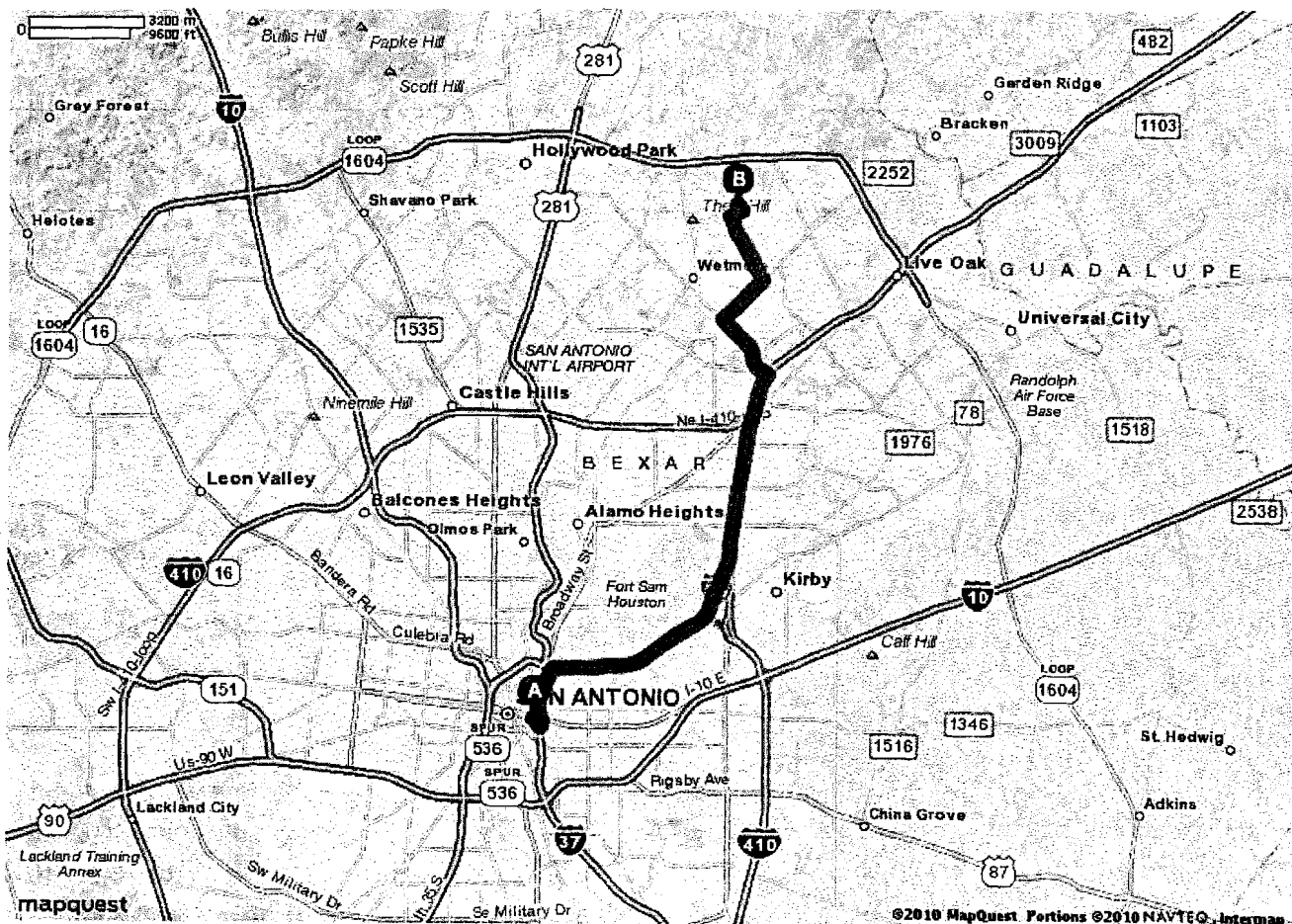


Ending Location

15631 Legend Springs Dr

San Antonio, TX 78247-5564

Total Travel Estimate: 25 minutes / 16.56 miles Fuel Cost: Calculate



101 Bowie StEdit

San Antonio, TX 78205-3901



1. Start out going **SOUTH** on **S BOWIE ST** toward **E MARKET ST.** 0.1 mi

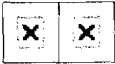



2. Turn **LEFT** onto **E MARKET ST.** 0.2 mi

RECEIVED

23 2015

EL PASO
COUNTY AUDITOR



The New MapQuest is Here! Try the New Site Now » 

MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.

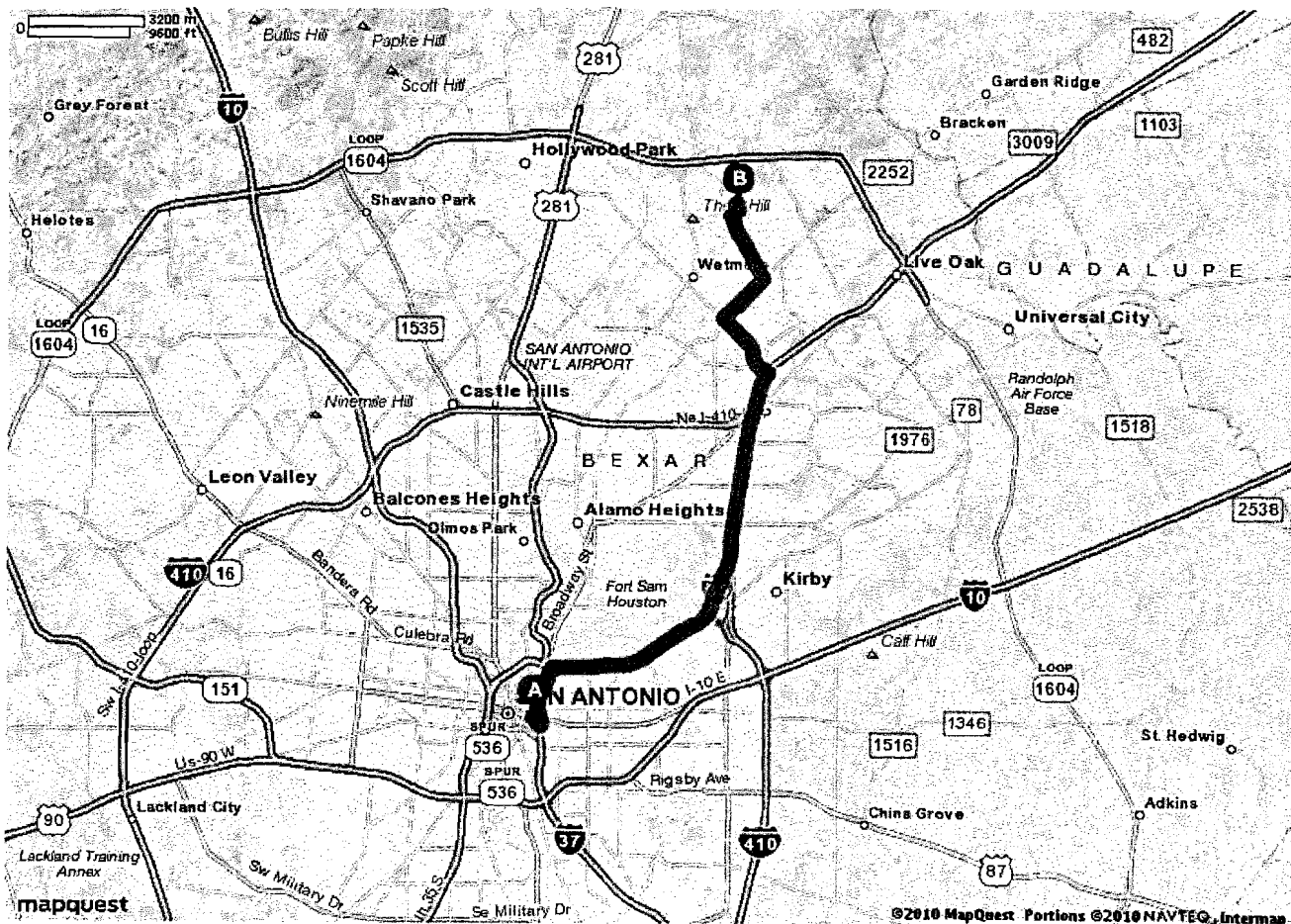
A Starting Location

101 Bowie St
San Antonio, TX 78205-3901

B Ending Location

15631 Legend Springs Dr
San Antonio, TX 78247-5564

Total Travel Estimate: **25 minutes** / **16.47 miles** Fuel Cost: [Calculate](#)



A 101 Bowie St [Edit](#)

San Antonio, TX 78205-3901



1. Start out going **SOUTH** on **S BOWIE ST** toward **E MARKET ST.** 0.1 mi



2. Turn **LEFT** onto **E MARKET ST.** 0.2 mi

RECEIVED

23 2010

EL PASO
COUNTY AUDITOR

The New MapQuest is Here! Try the New Site Now »

MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.



Starting Location

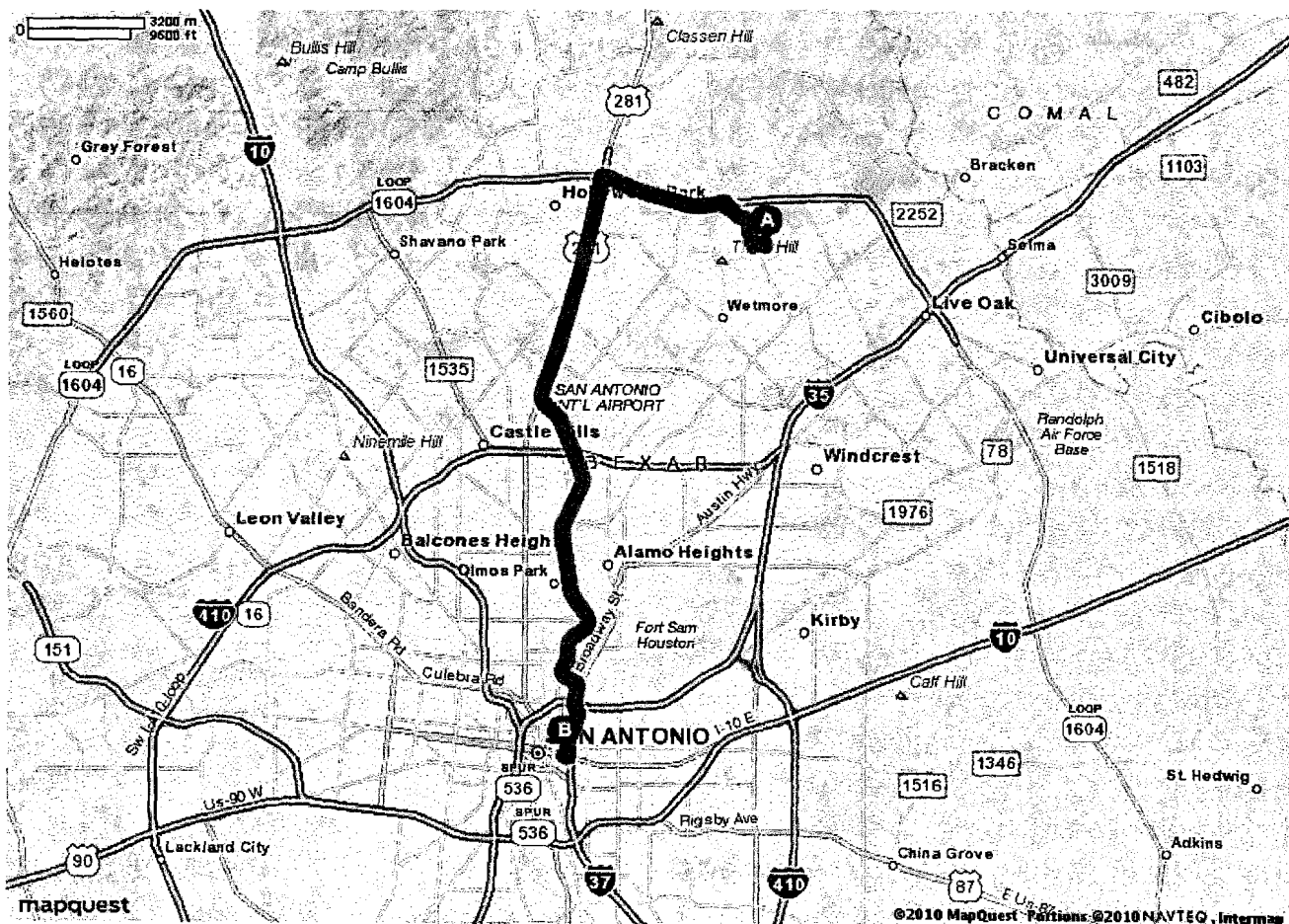
15631 Legend Springs Dr
San Antonio, TX 78247-5564



Ending Location

101 Bowie St
San Antonio, TX 78205-3901

Total Travel Estimate: 24 minutes / 19.18 miles Fuel Cost: Calculate



15631 Legend Springs DrEdit

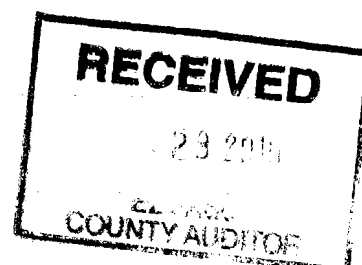
San Antonio, TX 78247-5564



1. Start out going **NORTHWEST** on **LEGEND SPRINGS DR** toward **WALNUT CREEK DR.** 0.0 mi



2. Turn **RIGHT** onto **WALNUT CREEK DR.** 0.0 mi



The New MapQuest is Here! [Try the New Site Now »](#)

MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.



Starting Location

15631 Legend Springs Dr

San Antonio, TX 78247-5564

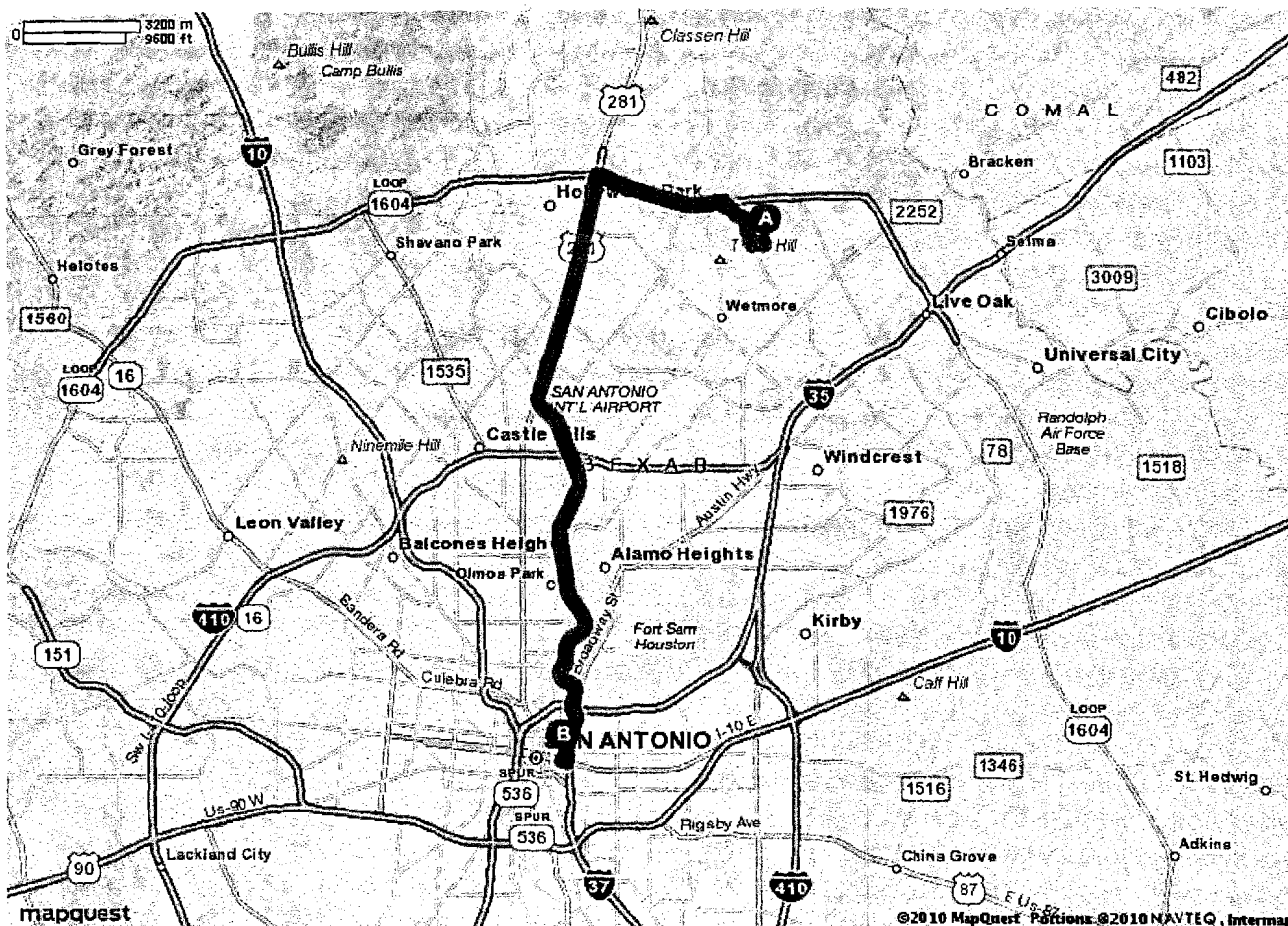


Ending Location

101 Bowie St

San Antonio, TX 78205-3901

Total Travel Estimate: **24 minutes** / **19.18 miles** Fuel Cost: Calculate



15631 Legend Springs DrEdit

San Antonio, TX 78247-5564



1. Start out going **NORTHWEST** on **LEGEND SPRINGS DR** toward **WALNUT CREEK DR.** 0.0 mi




2. Turn **RIGHT** onto **WALNUT CREEK DR.** 0.0 mi

RECEIVED

23 2019

EL PASO
COUNTY AUDITOR

The New MapQuest is Here! [Try the New Site Now »](#) 

MAPQUEST.

Sorry! When printing directly from the browser your directions or map may not print correctly. For best results, try clicking the Printer-Friendly button.



Starting Location

101 Bowie St

San Antonio, TX 78205-3901

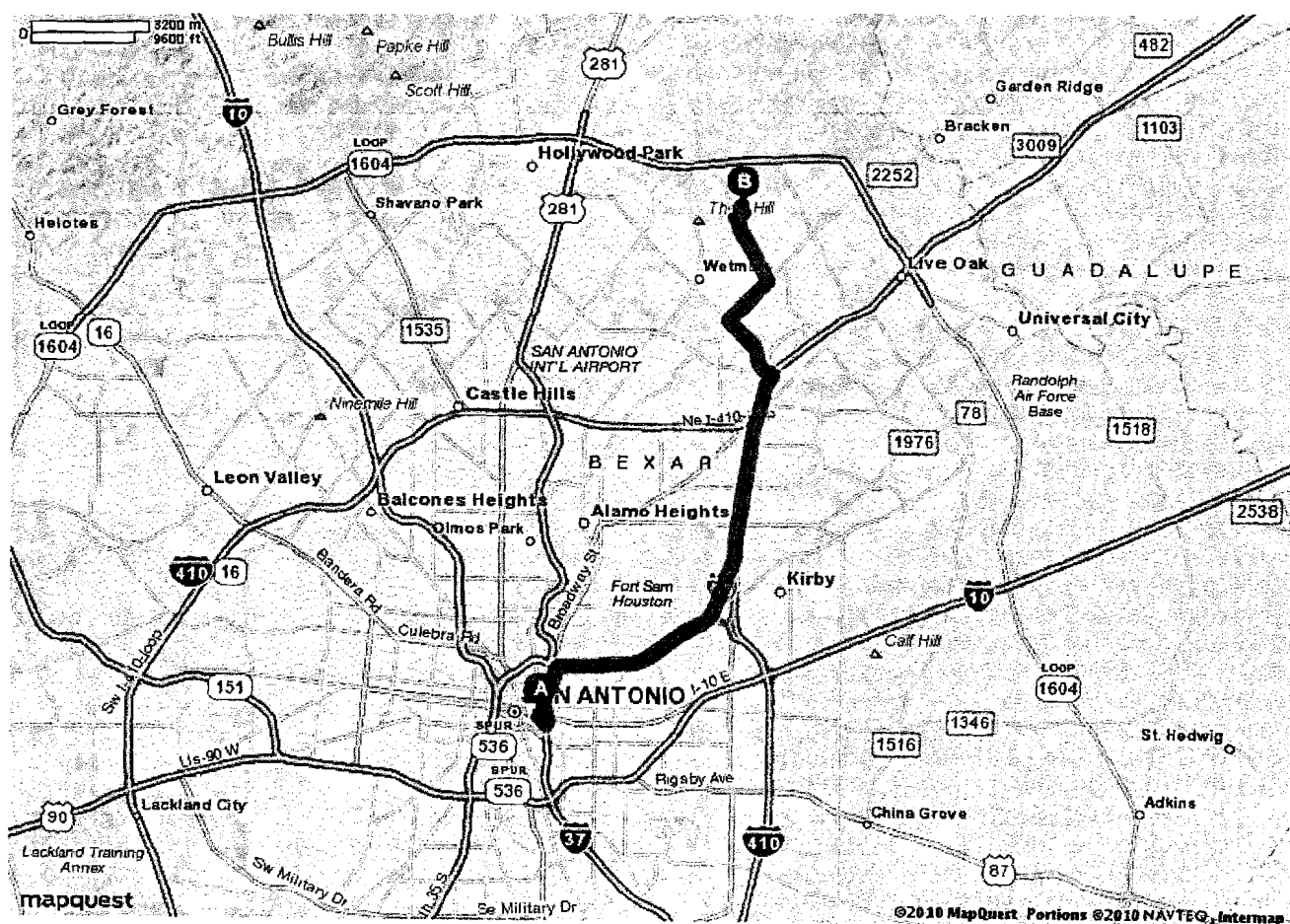


Ending Location

15631 Legend Springs Dr

San Antonio, TX 78247-5564

Total Travel Estimate: 25 minutes / 16.47 miles Fuel Cost: Calculate



101 Bowie StEdit

San Antonio, TX 78205-3901



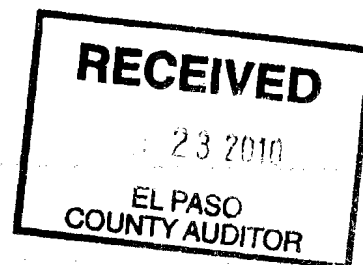
1. Start out going **SOUTH** on **S BOWIE ST** toward **E MARKET ST.**

0.1 mi



2. Turn **LEFT** onto **E MARKET ST.**

0.2 mi

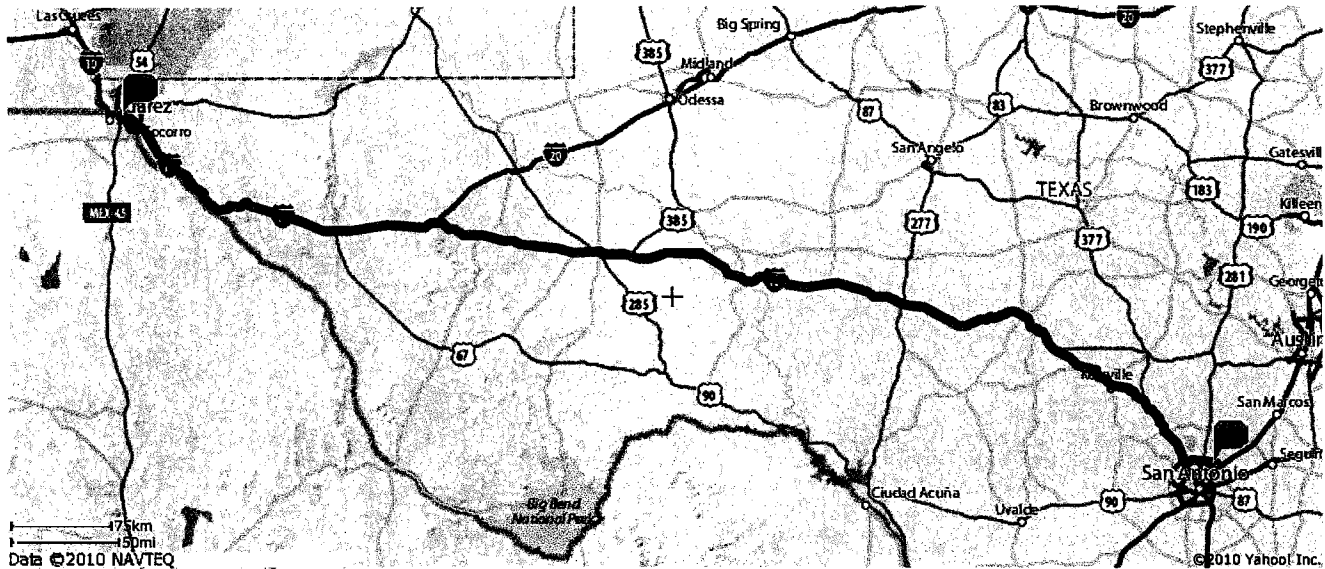


Search

Web Search

YAHOO! LOCAL

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

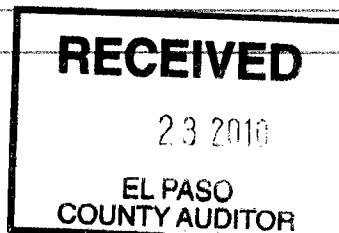


A 15631 legend springs san antonio tx

1. Start at 15631 LEGEND SPRINGS DR, SAN ANTONIO going toward WALNUT CREEK DR
2. Turn **R** on WALNUT CREEK DR
3. Turn **L** on KNOLLCREEK - go 0.3 mi
4. Turn **R** on CLASSEN RD - go 1.2 mi
5. Turn **R** on BULVERDE RD - go 0.1 mi
6. Turn **L** on N TX-1604-LOOP E - go 0.1 mi
7. Take **L** ramp onto TX-1604-LOOP W - go 10.8 mi
8. Take the SAN ANTONIO/EL PASO exit onto I-10 W toward EL PASO - go 523.3 mi
9. Take exit #34/AMERICAS AVE (TX-375-LOOP)/JOE BATTLE BLVD onto GATEWAY BLVD W - go 0.6 mi
10. Take ramp onto N AMERICAS AVE (TX-375-LOOP S) - go 0.6 mi
11. Take **L** ramp onto TX-375-LOOP S - go 2.5 mi
12. Continue on TX-375-LOOP W - go 8.2 mi
13. Take the FONSECA BLVD exit - go 0.2 mi
14. Turn **R** on FONSECA DR - go 0.3 mi
15. Turn **L** on SABINE CT - go 0.2 mi
16. Turn **R** on SAN GABRIEL ST - go 0.1 mi
17. Turn **R** on BRAZOS AVE
18. Arrive at 5916 BRAZOS AVE, EL PASO, on the **R**

B 5916 brazos el paso tx 79905

Total Distance: 548.70 mi, Total Travel Time: 7 hrs 16 mins



TA1000395

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP00193 01
 Voucher Total: \$44.00
 No. of Lines: 1
 T/C Hash: 208

Single Check (Y/N): _____
 Date Entered: 08/26/2010
 Entered by: CS

Preparer's Initials: CS
 Amount Spelled: FORTY FOUR DOLLARS AND NO CENTS

Vendor Name: RITA RUELAS

Street: 2500 ALTURA
 DOMESTIC RELATIONS OFFICE
 City, State, Zip: EL PASO TX 79930

Subject: 2011 STATE LEGISLATIVE SESSION AUSTIN, TX 08/31/1

Line	Trans	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	44.00	BCMHC10	6602	145	JPD011		
	Desc:	2011 STATE LEGISLATIVE SESSION AUSTIN, TX 08/31/1						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:	GRANT FUNDS						
06								
	Desc:	8/26/2010 PCS						
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: TCAUD09-AUDITORS DONNA TEAGUE Date: 08/26/2010

Approved by: *[Signature]* Date: 8/26/10



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: Rita Ruelas Department: BCMHC
 Date of Trip: Departure 08/31/10 Arrival Date: # 08/31/10 Destination: Austin, Texas
 * Purpose of Trip: Revenue and the State Budget in the 2011 Legislative Session

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

Department Index: BCMHC10 Sub-Object: 6602
 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	\$243.40
Auto Rental	79.23
Mileage (.40 /mile)	
Gas	
Meal rate on Departure date	35.00
Meal per diem (\$35.00)	
Meal rate on Return date	
Lodging	
Other - Registration	
Other - Parking/Tolls	9.00
Other - Taxi	
Other -	
Other -	
TOTAL	\$44.00 \$322.63

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: EMP00193 01
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE

Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY	\$44.00	\$322.63
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 Rita Ruelas
 DATE: 18-Aug-10

C.C.O. DATE

AUG 19 2010 14-Sep-10

El Paso County Auditor's Office

Travel Expense Estimate Report

Name Rita Ruelas Title Project Director Date 8/18/2010

Dates of Travel
Days of Travel

	08/31/10						
Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Totals

Airfare		\$243.40					\$243.40
Auto Rental		\$79.23					79.23
Fuel							
Taxi							
Shuttle							
Airport Parking		9.00					9.00
Mileage							
Sub-total Transportation		\$331.63					\$331.63

Hotel							
Meals		35.00					35.00
Misc.							
Sub-total Hotel and Meals		\$35.00					\$35.00

Supplies/Equipment							
Phone/Fax							
Registrations							
Other - Checked Baggage							
Misc.							
Sub-total Misc.							

Total Per Day		\$366.63					\$366.63
----------------------	--	-----------------	--	--	--	--	-----------------

PURPOSE OF TRIP

Revenue and the State Budget in the 2011 Legislative Session
Presentation by the Center for Public Policy Priorities

Summary of expense

Total of Expense Estimate	\$366.63
Less Direct /credit card	322.63
Cash Advance	\$44.00

Amount of request \$44.00

Vicki Maestas 8/18/2010
Prepared by Date

Rita Ruelas 8/18/2010
Approved by Date

AUG 19 2010

Rita Ruelas

From: childrensmhforum-bounces@lists.texanscareforchildren.org on behalf of Jodie Smith [jsmith@txchildren.org]
Sent: Friday, August 13, 2010 3:02 PM
To: partnersincpsreform@lists.texanscareforchildren.org;
juvenilejustice@lists.texanscareforchildren.org;
childrensmhforum@lists.texanscareforchildren.org
Subject: [ChildrensMHForum] Reminder: August 31st Mtg
Attachments: ATT00001.txt

Good afternoon! I just wanted to remind you all that our August meeting time and format are a bit different than normal. We are meeting together with other child-focused coalitions convened by Texans Care to look at an issue important to all advocates for children, families, and youth. The next state budget will leave vital programs even more under-funded than in the past due to the projected revenue shortfall. For information on the root causes of our impending state deficit and an exploration of potential means of addressing this crisis beyond cuts in services, please join us for:

Revenue and the State Budget in the 2011 Legislative Session

featuring a presentation by the Center for Public Policy Priorities

Tuesday, August 31, 2010 (10:00am - 12:00pm)

Thompson Auditorium - Texas Medical Association (401 W. 15th Street, Austin, TX 78701)

Parking is located on the upper-level guest area of the garage. This meeting will replace our regular August meeting. Please let us know if you have questions and we look forward to seeing you on August 31st!

Jodie Smith
Public Policy Director
Texans Care for Children
The leader in policy advances for Texas children
512-473-2274
www.txchildren.org

AUG 19 2010



Thank you!
Your Confirmation is Q49VZT

- ✓ Automatic Advanced Check-In*
- ✓ Improved Seat Selection
- ✓ Earlier Access to Overhead Storage

[Get it Now](#)
[Learn More](#)



[Book a Car](#)

[Book a Hotel](#)

[Book a Flight](#)

Air

Adult 1: RITA RUELAS

Acct#: 00000088306186

Confirmation # Q49VZT

AIR ITINERARY

DEPART AUG 31	El Paso, TX to Austin, TX Tuesday, August 31, 2010 Travel Time 1 h 25 m (Nonstop) Add EarlyBird Check-in	#455	Depart El Paso, TX (ELP) Arrive in Austin, TX (AUS)	6:15 AM 8:40 AM
RETURN AUG 31	Austin, TX to El Paso, TX Tuesday, August 31, 2010 Travel Time 1 h 35 m (Nonstop) Add EarlyBird Check-in	#398	Depart Austin, TX (AUS) Arrive in El Paso, TX (ELP)	4:20 PM 4:55 PM

**YOU JUST SAVED UP TO
 \$120 ROUNDTRIP!**



BAG FEES = \$0.00
Bags Fly Free on Southwest.
First and second checked bags. Weight and size limits apply.

BILLING

Purchaser Name	Billing Address	City, State & Zip
RITA RUELAS	500 EAST SAN ANTONIO	EL PASO, TX 79901

Form of Payment	Number	Amount Applied	Remaining Balance
MasterCard	XXXXXXXXXX-0199	\$243.40	N/A

AIR PRICING

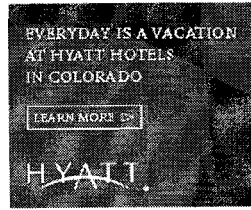
Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	ELP-AUS	Wanna Get Away	\$103.26	\$18.44	1	\$121.70
Adult	Return	AUS-ELP	Wanna Get Away	\$103.26	\$18.44	1	\$121.70
Please read the fare rules associated with this purchase.							
Effective January 28, 2011, unused travel funds may only be applied toward the purchase of future travel for the individual named on the ticket.				\$206.52	\$36.88	1	\$243.40

TRIP GRAND TOTAL: \$243.40

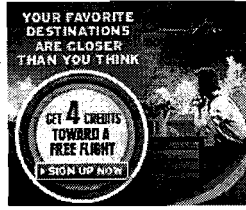
AUG 19 2010



[Search All Cars](#)



[Search All Hotels](#)



[Earn Rapid Rewards](#)



Your Source for Car Rental Reser

Home Specials Reservations Locations About ACE Search:

My Itinerary**Renter**

Ruelas, Rita
 500 E. San Antonio
 El Paso, TX 79901
 915-546-2275
vmaestas@epcounty.com

Time & Place**Pickup Location**

Austin International Airport
 In Terminal
 3600 Presidential Boulevard
 Austin, TX 78719
 512-961-5295
aus@acerentacar.com

Pickup Date/Time

Aug 31, 2010 @ 08:45 AM

Return Date/Time

Aug 31, 2010 @ 03:30 PM

Selected Vehicle**Vehicle Type/Size**

FCAR - Fullsize
 Automatic Transmission
 With Air Conditioning

Make/Model

Hyundai Sonata or similar
 5 Passengers / 4 Bags

Rate Details**United States Dollars**

Daily Rate	\$55.15
Net Price	\$55.15
Total Fees	\$24.08
Estimated Total Rental	\$79.23

Total Free Miles	Unlimited
Extra Mile Rate	None

Customer Info**Flight****CAR RESERVATION CONFIRMED**

Thank You. You have confirmed
 reservation: WWF1672483

We will send a detailed record to
 your email: vmaestas@epcounty.com

Please print that email for your
 records, or you can print the
[reservation details.](#)



If you need another car reservation, click [here](#).

NEED A HOTEL RESERVATION?

ACE is a preferred partner of Hotels.com, the most trusted booker of
 worldwide. Click on a hotel listing below, or adjust your itinerary in t
 box.

Check-In:	August	31	
Check-Out:	August	31	
Search>>>			

hotels.co
 WE KNOW HOTELS INSIDE

AUG 19 2010

Vicki Maestas

From: rent@acerentacar.com
Sent: Tuesday, August 17, 2010 10:56 AM
To: Vicki Maestas
Subject: ACE Rent A Car Reservation - Confirmation WWF1672483

It is our pleasure to confirm your reservation with ACE Rent A Car.

ARRIVAL INSTRUCTIONS

=====

Proceed to Ace Rent A Car counter located in terminal. Call 512-961-5295 for assistance.

RESERVATION SUMMARY

=====

Reserved For: Rita Ruelas
Confirmation #: WWF1672483
ESTIMATED TOTAL PRICE: 79.23

Pickup Location: Austin International Airport, Texas Pickup Date: 08/31/2010 Pickup Time: 08:45 AM Return Location: Austin International Airport, Texas Return Date: 08/31/2010 Return Time: 03:30 PM

Vehicle provider: ACE Rent A Car
In Terminal
3600 Presidential Boulevard
Austin, TX 78719

Proceed to counter located in terminal.

RENTAL CHARGES

=====

Make/Model: Hyundai Sonata (or similar)

(All rates quoted in United States Dollars.)

Daily Rate:	55.15 (1 day)
Miles Included:	Unlimited
Extra Day Miles Included:	Unlimited
Extra Mileage Charge:	None
4.90/day VLF:	4.90
11.11% Airport Access Fee:	6.67
10.0% Sales Tax:	6.01
5.0% City Parks Tax:	3.00

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP00616 01
 Voucher Total: \$803.34
 No. of Lines: 1
 T/C Hash : 208

Single Check (Y/N): _____
 Date Entered: 08/26/2010
 Entered by: AN

Preparer's Initials: AN

Amount Spelled: EIGHT HUNDRED THREE DOLLARS AND THIRTY FOUR CENTS

Vendor Name: STEPHANIE J. ONICK

Street: CERTIFIED SHORTHAND REPORTER-FAMCRT2
 12082 JOSE CISNEROS

City, State, Zip: EL PASO TX 79936

Subject: AIRLINE CRDT SANTONIO, TX11/12-14/10SHP TLK D DETE

Line	Trans	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	803.34	ASSOCFAMCRT2	6705	145	383011		
	Desc:	AIRLINE CRDT SANTONIO, TX11/12-14/10SHP TLK D DETE						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date : 08/26/2010

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: **Stephanie Onick** Department: **383rd Assoc. Fam Ct 2**
Date of Trip: Departure **11/12/10** Arrival Date: **11/14/10** Destination: **San Antonio, Texas**
* Purpose of Trip: **Continuing Education/ Court Reporter**

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

Department Index: **ASSOCFAMCRT 2** 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	<u>\$261.30</u>	* CC
Auto Rental		8/24/10 shell
Mileage (.40 /mile)		use credit
Gas		REF on
Meal rate on Departure date	17.50	SWA
Meal per diem (\$35.00)	35.00	
Meal rate on Return date	17.50	
Lodging	223.04	
Other - Registration	229.00	
Other - Parking/Tolls		
Other - Taxi	20.00	
Other -		
Other -		
TOTAL	<u>\$803.34</u>	<u>\$0.00</u>

FOR AUDITOR'S USE ONLY

Trans. Code: _____
Index: _____
Sub-Object: _____
Vendor: emp 00616
Subsidiary: _____
Amount: _____

AUG 23 2010

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: [Signature]
DATE: 23-Aug-10

C.C.O. DATE _____

El Paso County Travel Justification Form

Name: Stephanie Chick Signature: Stephanie Chick Date: 8/23/10

Dept: Assoc Fam Ct 2 Job Title: Court Reporter

Travel Funding Source: X County Grant Other

Will any funds be reimbursed by another entity?

Travel Account No.: -6705 Balance Remaining for FY: 1565.96

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: COURT COORDINATOR MANDATORY 16 HRS CONTINUING EDUCATION

☐ **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:**

Adopted by the El Paso County Commissioners Court on November 17, 2003

Aug 23 2010

**"Shop Talk ()",
"Your Transcripts",
"Deception" and
"Managing Stress For Court
Reporters With"**

**Earn 10 TX State hours and/or
1 unit (10 hrs.) NCRA/NVRA credits in
1 fun-packed day!**

Name _____

Business _____

Address _____

City, ST, Zip _____

Ph: _____ Fax: _____

CRCB # _____ NCRA# _____

Email address _____

☐ Check ☐ Amex ☐ Visa ☐ MC ☐ Discover

Card # _____

Exp. date _____

8am-7pm

☐ Dallas ☐ San Antonio

Shop Talk & Your Best Transcripts 5 hrs

10am-4pm, lunch included

☐ Dallas ☐ San Antonio

Shop Talk (Ethics) 10 am-12:30 pm

☐ Dallas ☐ San Antonio

Please make checks payable to:

Jeff Justice/Corporate Comedy

P.O. Box 52404 • Atlanta, GA 30355-0404

Register online with Visa/MC/Amex/Dis

<http://JeffJustice.com/courtreporter.htm>

or call Jeff at:

fax:

Presorted
First Class
Postage Paid
Atlanta, GA
Permit #5264

Jeff Justice

P.O. Box 52404

Atlanta, GA 30355-0404

Return service requested

for 2010 and 2011

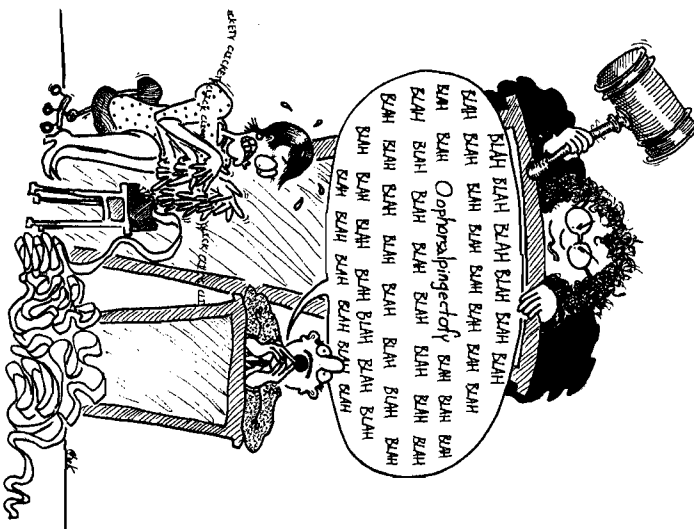
"Shop Talk, Detection Detection and"

"Imagine having getting 10 hours of TX CRCB & 1 Unit (10 hrs) NCRA/NVRA credit!"

October 2, 2010

November 13, 2010

**"Shop Talk,
Deception Detection
and"**



Presented by:

Jeff Justice•Corporate Comedy

Patti Wood & Sue McDuffie

**CRCB approved for 10 hours continuing education
credits including 2.5 hours in Ethics**

and 1 Unit (10 hrs.) CEUs for

**The National Court Reporters Association and
The National Verbatim Reporters Association**

Jeff Justice Seminars

If you have a problem trying to checkout, please call Jeff at: 1-877-269-7406 to register over the phone. Thanks!

[Cart Contents](#) ➔ [Checkout](#) ➔ [Confirmatic](#)

Your Shopping Cart

Your order is safe and secure

Quantity	Product	Price	Total	Remove
<input type="text" value="1"/>	Court Reporter CEU Dallas, Tx Oct. 2, 2010 10hr	\$229.00	\$229.00	<input type="button" value="X"/>

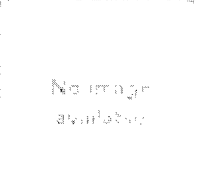
Coupon code (optional):

Subtotal: \$229.00

Total: \$229.00

(before shipping & taxes)

You may also be interested in...



No image available

**Laugh
More...Stress
Less (and avoid
getting burned
out)**

\$14.95



El Paso, TX to San Antonio, TX

Air Itinerary and Pricing

AIR PRICING

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantities
Adult	Depart	ELP-HOU-SAT	Wanna Get Away	\$102.33	\$27.57	1
Adult	Return	SAT-DAL-ELP	Wanna Get Away	\$102.33	\$29.07	1
Please read the fare rules associated with this purchase.				\$204.66	\$56.64	1

Total Due

\$ 261.30

**1 TICKET. 2 BAGS.
0 FEES.**



BAG FEES = \$0

Fly Southwest and save up to **\$120** per
First and second checked bags. Weight and size

AIR ITINERARY

DEPART	El Paso, TX to San Antonio, TX	#3341	Depart El Paso, TX (ELP)
NOV	Friday, November 12, 2010		Arrive in Houston (Hobby), TX (HOU)
12	Travel Time 4 h 35 m (1 stop, includes 1 plane change)	#2697	Change ✈ in Houston (Hobby), TX (HOU)
			Arrive in San Antonio, TX (SAT)
RETURN	San Antonio, TX to El Paso, TX	#488	Depart San Antonio, TX (SAT)
NOV	Sunday, November 14, 2010		Arrive in Dallas (Love Field), TX (DAL)
14	Travel Time 3 h 15 m (1 stop, includes 1 plane change)	#30	Change ✈ in Dallas (Love Field), TX (DAL)
			Arrive in El Paso, TX (ELP)



**I accept the fare rules and
continue with this purchase.**



Your Holiday Inn (R) Reservation Confirmation - SAN ANTONIO, TX, UNITED STATES: 61296147

Monday, August 23, 2010 12:15 PM

From: "Holiday Inn Reservations" <HolidayInn@reservations.ihg.com>
To: sjkmtaylor@yahoo.com



[Modify/Cancel Reservation](#)
[View All Reservations](#)
[Make Another Reservation](#)
[View Account](#)

Thank you for staying at the
Holiday Inn SAN
ANTONIO-RIVERWALK.

Amenities

Outdoor Pool
Whirlpool
Kids Eat Free
Dedicated Lounge
Iron / Ironing Board

Attractions

Riverwalk
Rivercenter Mall
Alamo
Sea World of Texas
Rainforest Cafe

Thank you for choosing Holiday Inn. Here is your reservation information.



[Reservation Questions](#)

Reservation Information

Your confirmation number is 61296147

Please use your confirmation number to reference your reservation.

Guest Name:

STEPHANIE ONICK

Additional Guests:

DANNE ASLESON

Check-In: Fri 12 Nov 2010 at 04:00 PM

Check-Out: Sun 14 Nov 2010 at 12:00 PM

[View/Modify/Cancel Reservation](#)

Hotel Info



SAN ANTONIO-RIVERWALK
Holiday Inn
217 NORTH ST. MARY'S
STREET
SAN ANTONIO , TX 78205-
2303
210-2242500

Helpful Links

[Local Maps](#)
[Find Attractions](#)
[Make Another Reservation](#)

Driving Directions:

TAKE AIRPORT BLVD SOUTH TO 281 SOUTH. TAKE 281 SOUTH TO HOUSTON STREET EXIT. TAKE A RIGHT ONTO HOUSTON STREET. DRIVE WEST UNTIL YOU GET TO ST. MARY'S STREET. TAKE A LEFT AT ST. MARY'S. PASS TWO INTERSECTIONS AND THE HOTEL WILL BE ON YOUR RIGHT HAND SIDE.

Room/Rate Information

Rate Type: Great Rates
Rate Description: Special Savings! Day of week restrictions may apply.
Daily Parking Fee: \$18.00 (USD)

Daily Valet Parking Fee: \$22.00 (USD)

Room Type: 1 KING BED LEISURE RIVER VIEW NONSMOKING - 4 PERSON(S) MAX PER ROOM
SIT ON A PRIVATE BALCONY WITH A RIVER VIEW OR WATCH HBO ON A 37IN HDTV USE FREE INTERNET ACCESS FROM THE DESK WITH A CHAIR OR WHILE SITTING ON THE SLEEPER SOFA THE BED FEATURES A PILLOWTOP MATTRESS AND TRIPLE SHEETED BEDDING AND THE BATHROOM FEATURES PLUSH LINENS AND GARDEN BOTANIKAMENITIES

Early Departure Fee: 50.0

Smoking Preference: Non-Smoking

Number of Nights: 2

Number of Rooms: 1

Person(s): 2 Adult(s), 0 Child(ren)

Fri 12 Nov 2010 - Sun 14 Nov 2010

\$191.04 (USD)
per night (1 room(s))

Total Tax † \$64.00 (USD)

Estimated Total Price † \$446.08 (USD)

Rules & Restrictions

- Check-in Time: 04:00 PM
- Check-out Time: 12:00 PM

- Canceling your reservation before 6:00 PM (local hotel time) on Thursday, 11 November, 2010 will result in no charge. Canceling your reservation after 6:00 PM (local hotel time) on 11 November, 2010, or failing to show, will result in a charge equal to the first night's stay per room to your credit card. Taxes may apply. Failing to call or show before check-out time after the first night of a reservation will result in cancellation of the remainder of your reservation.

- Only the reservation as entered into and confirmed by our system will be honored. Any written or printed confirmation that has been altered may be rejected by the hotel.

† As exchange rates may fluctuate from the time a reservation is made until the actual stay, the confirmed rate is guaranteed in the hotel's base currency.

† As taxes and service charges may fluctuate from the time a reservation is made until the actual stay and during the actual stay, the Total Price is an estimate. Other hotel-specific service charges may also apply. Check with hotel for details. Additional taxes may apply for hotels booked in Tokyo, Japan that exceeds 10,000JPY/person per stay.

† Credit card payments relating to Australian hotels incur a merchant service fee of 1.5% in addition to the total amount payable.

Important, please note: Starting June 1, 2009, the Western Hemisphere Travel Initiative (WHTI) goes into effect, establishing new document requirements for travel into the U.S. from Canada, Mexico, Bermuda and the Caribbean, by land and sea. All U.S., Canadian and Bermudian citizens are subject to these new requirements, effective June 1, 2009. For more information about the WHTI and the required travel documents, go to www.GetYouHome.gov or Canadian citizens can go to www.KnowYourBorder.gov.

Comments:

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01057 01

Voucher Total: \$946.95

No. of Lines: 1

T/C Hash : 208

Preparer's Initials: AN

Amount Spelled: NINE HUNDRED,

FORTY SIX DOLLARS AND NINETY FIVE CENTS

Single Check (Y/N):

Date Entered: 08/26/2010

Entered by: AN

Vendor Name: OSCAR GABALDON

Street: 065TH DISTRICT COURT

500 E. SAN ANTONIO RM. 203

City, State, Zip: EL PASO TX 79901

Subject: AUSTIN, TX10/20-23/10 33RDNACC CHLD WLFRE JUV CONF

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	946.95	ASSOCCPSCRT	6705	145	065011		
	Desc:	AUSTIN, TX10/20-23/10 33RDNACC CHLD WLFRE JUV CONF						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS

Date : 08/26/2010

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

Travel

Type: **ADVANCE**

Name: Hon. Oscar Gabaldon Department: 65th Judicial District, Child Prote
Date of Trip: Departure 10/20/10 Arrival Date: 10/23/10 Destination: Austin, Texas
* Purpose of Trip: Attend 33rd NACC National Child Welfare Juvenile and Family Law Conference

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

Department Index: ASSOCCPSCRT 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	\$193.40
Auto Rental	
Mileage (.40 /mile)	
Gas	
Meal rate on Departure date	17.50
Meal per diem (\$35.00)	70.00
Meal rate on Return date	17.50
Lodging	548.55
Other - Registration	
Other - Parking/Tolls	
Other - Taxi	100.00
Other -	
Other -	
TOTAL	\$946.95

FOR AUDITOR'S USE ONLY

Trans. Code: _____
Index: _____
Sub-Object: _____
Vendor: Emp01057
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 Oscar S. Gabaldon

AUG 23 2010

El Paso County Travel Justification Form

Name: _____ Signature: [Signature] Date: 8/1/10

Dept: 65th Judicial District Job Title: Judge

Travel Funding Source: ☒ County ☐ Grant ☐ Other

Will any funds be reimbursed by another entity? yes/grant

Travel Account No.: 055000PSCA 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.)

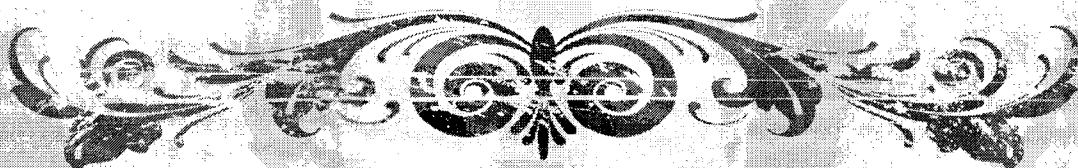
☒ **Other:** Receive the Child Welfare Law Specialist certificate and pin, and be officially recognized together with all other child welfare law specialists in the country for 2010.

Adopted by the El Paso County Commissioners Court on November 17, 2003

AUG 23 2010

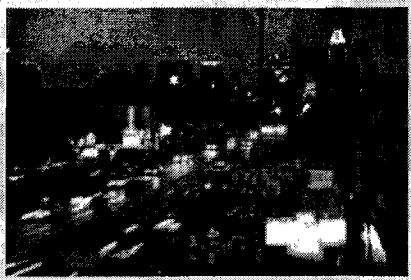
NATIONAL ASSOCIATION OF COUNSEL FOR CHILDREN
33RD NATIONAL CHILD WELFARE,
JUVENILE, AND FAMILY LAW CONFERENCE:

Achieving Equity for Children and Families



October 20-23, 2010 • Austin, Texas

HILTON AUSTIN



Austin CVB Photo

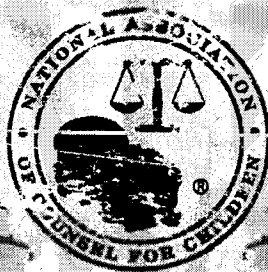


Photo: Andy Schirer



©Stockphoto.com/metsch

**National Association
of Counsel for Children**



1-888-828-NACC
www.NACCchildlaw.org

Approved for Continuing Education Credit

TA1000398

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01337 01

Single Check (Y/N): _____

Voucher Total: \$145.00

No. of Lines: 1

Date Entered: 08/26/2010

T/C Hash : 238

Entered by: B0

Preparer's Initials: B0

Amount Spelled: ONE HUNDRED FORTY FIVE DOLLARS AND NO CENTS

Vendor Name: M. SUE KURITA

Street: COUNTY COURT #6

500 E SAN ANTONIO

City, State, Zip: EL PASO TX 79901

Subject: 10/14-15/10, AUSTIN, TX INSURANCE LAW INSTITUTE

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	145.00	CC6	6705				
	Desc:	10/14-15/10, AUSTIN, TX INSURANCE LAW INSTITUTE						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: MAYRA C. HERNANDEZ TCAUD47-AUDITORS Date : 08/26/2010

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

Travel

Type: **ADVANCE**

Name: **M. SUE KURITA** Department: **COUNTY COURT AT LAW #6**
Date of Trip: Departure **10/14/10** Arrival Date: **10/15/10** Destination: **Austin, Tx.**
* Purpose of Trip: **INSURANCE LAW INSTITUTE**

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

Department Index: **CC6** 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.
☐ on Date of Departure by Before 12:00 P.M.

Half Rate \$ 17.50
Full Rate \$ 35.00

Please Check One (Return meal rate)

☐ on Date of Return by Before 5:00 P.M.
☒ on Date of Return by After 5:00 P.M.

Half Rate \$ 17.50
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	\$437.00
Auto Rental	
Mileage (.40 /mile)	
Gas	
Meal rate on Departure date	35.00
Meal per diem (\$35.00)	35.00
Meal rate on Return date	35.00
Lodging	440.00
Other - Registration	
Other - Parking/Tolls	
Other - Taxi	40.00
Other -	
Other -	
TOTAL	\$145.00 \$877.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
Index: _____
Sub-Object: _____
Vendor: **EMP01337**
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

DATE:

C.C.O. DATE

29-Oct-10

Hold check for Judge

El Paso County Travel Justification Form

Name: M. SUE KURITA Signature: *M. Sue Kurita* Date: 08/19/10

Dept: COUNTY COURT AT LAW # 6 Job Title: JUDGE

Travel Funding Source: X County Grant Other

Will any funds be reimbursed by another entity? NO

Travel Account No.: CC6-6705 Balance Remaining for FY: \$2585

Purpose: (check one)

☒ **Statutorily Required Training to Hold Elective Office**

Statute Reference: GOV. CODE CHAPTER 56

My elective office requires 16 number of training hours per 12 months. 23 2010
have already fulfilled of these hours for this time period.

Estimated hours to be obtained from this course?

RECEIVED

AUG 23 2010

EL PASO
COUNTY AUDITOR

☐ **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.)

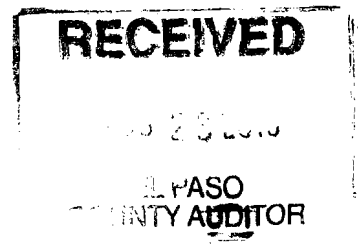
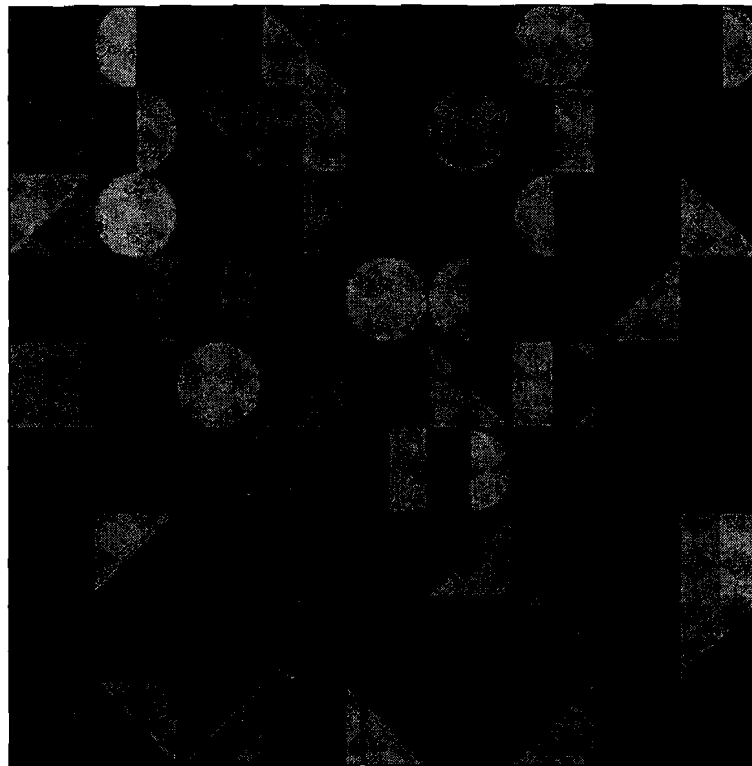
Organization Name:

☐ **Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

☐ **Other:**

THE INSURANCE LAW SECTION OF THE STATE BAR OF TEXAS
and THE UNIVERSITY OF TEXAS SCHOOL OF LAW

15TH ANNUAL
INSURANCE LAW INSTITUTE



October 14–15, 2010
InterContinental Stephen F. Austin Hotel • Austin, Texas

Earn up to 14.25 Hours of Credit including 2.75 Hours of Ethics Credit
Specialization Credit Approved for Civil Trial Law, Personal Injury Trial Law,
and Workers' Compensation Law

Qualifying Course for TDI Continuing Education Credit

www.utcle.org • 512-475-6700

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01345 01

Single Check (Y/N): _____

Voucher Total: \$863.00

No. of Lines: 1

Date Entered: 08/26/2010

T/C Hash : 208

Entered by: AN

Preparer's Initials: AN

Amount Spelled: EIGHT HUNDRED SIXTY THREE DOLLARS AND NO CENTS

Vendor Name: MURIEL MONTROSE

JUVCOURTREFE

Street: 6004 OJO DE AGUA DR.

City, State, Zip: EL PASO

TX 79912

Subject: DALLAS, TX 10/8-10/10 2010 TCRA REGIONAL SEMINAR

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	863.00	JUVCOURTREFE	6705	145	065011		
	Desc:	DALLAS, TX 10/8-10/10 2010 TCRA REGIONAL SEMINAR						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS

Date : 08/26/2010

Approved by: _____

Date : _____



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

RECEIVED

AUG 18 2010

EL PASO
COUNTY AUDITOR

County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: Muriel Montrose Department: 65th (Juvenile Court Referee I)
Date of Trip: Departure 10/08/10 Arrival Date: 10/10/10 Destination: Dallas, Texas
* Purpose of Trip: 2010 TCRA Dallas Regional Seminar

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

Department Index: juvcourtrefe 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	\$318.00	
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date	17.50	
Meal per diem (\$35.00)	35.00	
Meal rate on Return date	17.50	
Lodging	250.00	
Other - Registration	225.00	
Other - Parking/Tolls		
Other - Taxi		
Other -		
Other -		
TOTAL	\$863.00	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
Index: _____
Sub-Object: _____
Vendor: Emp 01345
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 Muriel Montrose
DATE: 17-Aug-10

C.C.O. DATE

El Paso County Travel Justification Form

RECEIVED

Name: Muriel Montrose Signature Muriel Montrose Date: August 17, 2010 **AUG 18 2010**

Dept: 65th (Juvenile Court Referee I) Job Title: Court Reporter **EL PASO COUNTY AUDITOR**

Travel Funding Source: X County Grant Other

Will any funds be reimbursed by another entity? no

Travel Account No.: juvcourtrefe6705 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: Court Reporter Mandatory Continuing Education

☐ **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:**



2010 TCRA

October

Court Reporting In

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AUG 18 2010

EL PASO
COUNTY AUDITOR

dallas

EARN 10 HOURS OF CONTINUING EDUCATION, INCLUDING
THE 2.5 HOURS NEEDED IN ETHICS/RULES.

Agenda

7:00am to 8:00am—TCRR Exam

7:30am to 8:00am—Seminar Registration

8:00am to 9:30am—**Steno Swap.**

Bring your best briefs to share among your colleagues and take home some valuable shortcuts.

Presenter: Linda Kaiser (1.5 CE hour)

9:45am to 10:45am—**Ethics and Leadership.**

A candid discussion about the consequences of allowing a break in the connection between professional ethics and professional responsibility. Education is the key to ensuring that connection never fails. Learn how to protect your livelihood and your profession.

Presenter: Dale Guedry (1.0 CE hour) Ethics/Rules

11:00am to 12:00pm—**Technology.**

Our presenter explores how to be a technologist by training yourself to be a skilled operator of today's technology and gadgets. Presenter: Austin Greenberg (1.0 CE hour)

12:00pm—Lunch provided

12:30pm to 1:30pm—**The CART Connection.**

An introduction to Communication Access Realtime Translation. Join these two veteran CART providers as they tell you their stories of how they got started, the equipment they use, about the people they serve and answer your questions to help you get started providing this remarkable skill to those in need in your community.

Presenters: Terralyn Gentry & Susan Jones

(1.0 CE hours)

1:30pm to 3:00pm—**When Freelancers Work in Court.**

From protocol to procedure, what officials hope their substitute reporters know and what freelancers should expect when they get there. Don't miss this interactive discussion featuring Marigay Black and Tommy Mullins, veteran official court reporters. (1.5 CE hours)

Agenda continued...

3:00pm to 4:00pm—Oh, the Aches and Pains of Reporting.

Work with massage therapist Rudy Martinez to learn how to ease those sore spots at the end of a long day through pressure point therapy and more. (1.0 CE hour)

4:00pm to 5:30pm—The Uniform Format Manual.

A side-by-side comparison between the old and new. Also, more information will be discussed on the "white paper."

Presenter: Karen Morris (1.5 CE hours—Ethics/Rules)

5:30pm to 7:00pm—Ethics Jeopardy.

In this entertaining, informative session, test your knowledge in ethics and rules so you can protect yourself and your profession.

Presenter: Stephanie Moses (1.5 CE hours—Ethics/Rules)

CE pending approval from CRCB and NCRA at time of printing.

TCRR Exam

TCRR (Texas Certified Realtime Reporter) Exam (6:30am—Set-up) (7:30am—Exam)

The Texas Certified Realtime Reporter exam certifies that a reporter possesses an enhanced level of skills, knowledge, and experience required to make a realtime verbatim record in this state, and that the reporter possesses a professional membership in the Texas Court Reporters Association while earning continuing education to advance his/her knowledge in all aspects of reporting that go above and beyond those required by statute.

The TCRR exam consists of five minutes of literary dictation at 180 wpm, which the examinee must write via realtime to a computer and without editing. Upon instruction, must create an ASCII file. In order to receive the TCRA TCRR designation, examinee must achieve at least 96% accuracy. Registrant must also bring their steno machine, laptop computer, CD Rom or other removable media, extension cord and power strip.

(Registration deadline: Friday, October 1st, 2010) **Optional Event: \$120**

(*For complete eligibility requirements and information, please visit TCRA's website at: http://www.tcra-online.com/exam_specialization.htm

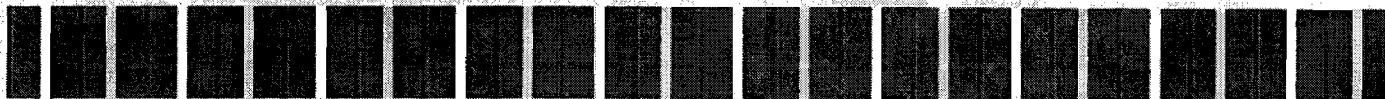
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AUG 18 2010

EL PASO
COUNTY AUDITOR

Seminar Location

Court Reporting Institute of Dallas
1341 W. Mockingbird Lane; Suite 200
Dallas, TX 75247



DALLAS REGISTRATION FORM

Name/CSR #:	
Address:	
City, State, Zip:	
Phone:	
Email:	
Need CEUs for NCRA?:	YES NO

Special Accessibility Needs? No Yes, please explain: _____
Vegetarian: No Yes

Registration Fees	<u>Early Bird</u> Ends 09/24/2010	<u>Regular</u> 10/01/2010	<u>On-Site</u>
Member	\$225	\$250	\$275
Non-Member* *Includes a TCRA Membership through 8/31/2011.	\$350	\$375	\$400
Non-Member (no membership)	\$500	\$500	\$500
Student/Guest/Spouse	\$25	\$50	\$75

Bonus

Bonus

Payment Information:

Method of Payment:

Check: # _____ Money Order: # _____ County Purchase Order: # _____

Credit Card: Visa _____ MasterCard: _____ American Express: _____ Discover: _____

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Billing Zip code: _____

Signature: _____

Total Amount: \$ _____

RECEIVED

AUG 18 2010

EL PASO
COUNTY AUDITOR

On-site Registrations are based upon availability, please call TCRA HQ to ensure availability.

A confirmation email will be sent to each registrant whose registration form is marked with an email address.

Cancellation Policy: Cancellations must be in writing and received no later than 5pm on Friday, October 1st, 2010. A cancellation fee of \$35 per registration will be processed. After October 1st, 2010, no refunds will be given.

To Receive the Early Bird Discount, the Registration Form & Payment must be received via mail, fax or email by 5pm on September 24th, 2010.

To Receive the Regular Registration, the Registration Form & Payment must be received via mail, fax or email by 5pm on October 1st, 2010.

Send to: TCRA, P.O. Box 2379, Athens, Texas 75751 or 903-675-2619 (fax)

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V022974 01
 Voucher Total: \$25.00
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____

Date Entered: 08/26/2010

Entered by: B0

Preparer's Initials: B0

Amount Spelled: TWENTY FIVE DOLLARS AND NO CENTS

Vendor Name: TEXAS STATE LIBRARY AND ARCHIVES COMMISS

Street: P.O. BOX 12516

City, State, Zip: AUSTIN TX 78711

Subject: 06/15/10, EL PASO, TX BEA HERNANDEZ, RECORDS MGMT

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	25.00	CA	6705				
	Desc: 06/15/10, EL PASO, TX BEA HERNANDEZ, RECORDS MGMT							
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: MAYRA C. HERNANDEZ TCAUD47-AUDITORS Date : 08/26/2010

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

Travel

Type: **REGISTRATION**

Company Name: Texas State Library & Archives Commission Department: El Paso County Attorney's Office
Date of Trip: Departure 06/15/10 Arrival Date: Destination: El Paso, TX
* Purpose of Trip: Registration fee for Bea Hernandez who attended the Records Management Basics training

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

Department Index: ca Sub-Object: 6705

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 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 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	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	<u>25.00</u>	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other -	_____	_____
Other -	_____	_____
TOTAL	<u>\$25.00</u>	_____

FOR AUDITOR'S USE ONLY

Trans. Code: _____

Index: _____

Sub-Object: _____

Vendor: V022974

Subsidiary: _____

Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE ☐ YES

Section 3: Signature and List of Names:

CC

REGISTRATION AMOUNT: \$25.00

Name: _____

Name: _____

Name: _____

Name: _____

NOTATION: TRAVEL REQUEST FORM MU
BE SUBMITTED TO COUNTY AUDITORS-
ACCOUNTS PAYABLE DIVISION BEFORE
TUESDAY 12:00 PM

SIGNATURE

Sue Collins

DATE: 25-Aug-10

C.C.O. DATE _____

Hold Check

El Paso County Travel Justification Form

Name: Bea Hernandez SUPERVISOR Signature: [Signature] Date: June 2010
Dept: County Attorney Job Title: Legal Secretary
Travel Funding Source: X County Grant Other
Will any funds be reimbursed by another entity?
Travel Account No.: 6705 Balance Remaining for FY:
CA -

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:

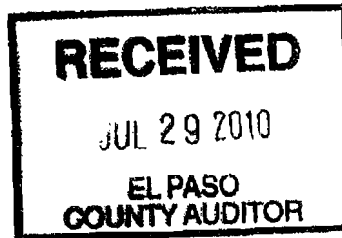
 Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

X Other: Attend Records Management Basics

Texas State Library and Archives Commission
State and Local Records Management
P O Box 12516
Austin, TX 78711-2516



EL PASO COUNTY
ATTN: ACCOUNTS PAYABLE
500 E SAN ANTONIO #103
EL PASO, TX 79901-2419



Agency No 1070.98

Invoice No 010099

Tuesday, July 20, 2010

Training

Texas State Library Tax ID 74-6000126

Service	Period	Quantity	Rate	Totals
Records Management Basics (RMB)	Jun-2010	2.00	\$25.0000	\$50.00
Amount Due for this Invoice				\$50.00

Reels

Notes Josie Vasquez & Beatriz Hernandez RMB-SPC • Purchase Order Number Not Given — only 1 attendee.

For the convenience of our clients, a recap of the open invoices on your account is included. If you have previously paid or need any copies of these invoices, please contact the person indicated at the bottom of this document. If you paid any of these invoices in the past week, the payment may not be reflected below. Your attention to any past due invoices would be greatly appreciated.

Date Billed

20-Jul-10

Invoice

010099

Amount

~~\$50.00~~ 25.00
\$50.00

Total of Open Invoices

OK to pay - Sue Collins

P.O.?
P/s prepare
for print.
8/19/10

County Atty

Contract No

Purchase Order No

Balance Remaining on the Contract:

Questions regarding invoicing should be directed to Brian Black at (512) 421-7298.

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V023260 01
 Voucher Total: \$600.00
 No. of Lines: 4
 T/C Hash : 952

Single Check (Y/N): _____

Date Entered: 08/26/2010

Entered by: AN

Preparer's Initials: AN

Amount Spelled: SIX HUNDRED DOLLARS AND NO CENTS

Vendor Name: INTERNATIONAL ASSOCIATION FOR IDENTIFICAT

Street: 2535 PILOT KNOB ROAD, SUITE 117

City, State, Zip: MENDOTA HEIGHTS MN 55120

Subject: RG BRNADTT ORTEG ELP, TX9/1-30/101A1 CRIME SCENE C

Line	Trans	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	150.00	SHERIFFLAW	6701				
	Desc:	RG BRNADTT ORTEG ELP, TX9/1-30/101A1 CRIME SCENE C						
02	238	150.00	SHERIFFLAW	6701				
	Desc:	RG MICHELLE FLAHIVE ELP, TX9/1-30/101A1 CRIME SCE						
03	238	150.00	SHERIFFLAW	6701				
	Desc:	RG RICHARD PRYOR ELP, TX9/1-30/101A1 CRIME SCENE C						
04	238	150.00	SHERIFFLAW	6701				
	Desc:	RG DANNY GARCIA ELP, TX9/1-30/101A1 CRIME SCENE CE						
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS

Date: 08/26/2010

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

8/25/10
VENDOR TRAVEL
* Date of TRNG

Travel

Type: REGISTRATION

Company Name: International Association for Identification

Department: Sheriff

Date of Trip: Departure

Destination: El Paso, Texas

* Purpose of Trip: National Sheriff's Association 2010 Annual Conference

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

Department Index: SHERIFFLAW

6701

Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

☐ on Date of Departure by
☐ on Date of Departure by

After 12:00 P.M.
Before 12:00 P.M.

Half Rate \$ 17.50
Full Rate \$ 35.00

Please Check One (Return meal rate)

☒ on Date of Return by
☐ on Date of Return by

Before 5:00 P.M.
After 5:00 P.M.

Half Rate \$ 17.50
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)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	600.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other - Emergency	_____	_____
Other - Membership	_____	_____
TOTAL	600.00	_____

FOR AUDITOR'S USE ONLY

Trans. Code: _____

Index: _____

Sub-Object: _____

Vendor: 1023260

Subsidiary: _____

Amount: _____

EMPLOYEE WILL BE REIMBURSED FROM OTHER SOURCE

N

Y/N

Section 3: Signature and List of Names:

CC

REGISTRATION AMOUNT:

\$600.00

Name: _____

Name: Bernadette Ortega

Name: _____

Name: Michelle Flahive

Name: _____

Name: Richard Pryor

Name: _____

Name: Danny Garcia

Name: _____

Name: _____

NOTATION: TRAVEL REQUEST FORM MUST
BE SUBMITTED TO COUNTY AUDITORS-
ACCOUNTS PAYABLE DIVISION BEFORE
TUESDAY 12:00 PM

SIGNATURE

DATE

C.C.O. DATE

EL PASO COUNTY SHERIFF'S OFFICE

Travel Expense Estimate Report

Name Bernadette Ortega, Michelle Flahive Title Crime Scene Technicians Date 8/24/2010

Richard Pryor, Danny Garcia

THIS IS A TEN WEEK COURSE

Days of Travel

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Totals
--	-----	-----	-----	-----	-------	-----	-----	--------

Airfare								
Auto Rental								
Fuel Other Fuel if Needed								
Taxi								
Shuttle								
Airport Parking								
Misc.								
Sub-total Transportation								

Hotel								
Meals								
Misc.								
Sub-total Hotel and Meals								

Supplies/Equipment								
Phone/Fax								
Registrations			600.00					
Other Emergency								
Misc. Membership Dues								
Sub-total Misc.			600.00					600.00

Total Per Day			\$600.00					\$600.00
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PURPOSE OF TRIP

Topic:	<u>IAI Certification Training</u>
Location:	<u>El Paso, Texas</u>

Summary of expense

Total of Expense Estimate \$600.00

Less Direct Payments _____

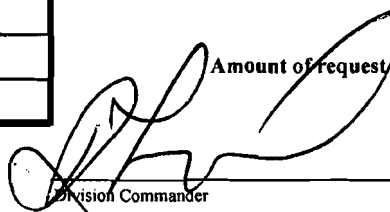
Cash Advance _____

Amount of request \$600.00

R. Lucille Samuel Budget Director 8/24/2010

Prepared by

Date



Division Commander

8/24/2010

Date

El Paso County Travel Justification Form

Name: 4 Crime Scene Techs Signature _____ Date: 8/24/10

Dept: SO Job Title: Chief Deputy

Travel Funding Source: County Grant ☒ Other

Will any funds be reimbursed by another entity? _____ 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: _____ Tobacco Prevention _____

☐ **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:** _____
Adopted by the El Paso County Commissioners Court on November 17, 2003

**EL PASO COUNTY SHERIFF'S OFFICE
INTEROFFICE MEMORANDUM**

Date: 08/18/2010

To: Sheriff R. Wiles

Commander P. Cross

P. Cross FOR C.M.R. CROSS

From: CST Supervisor Bernadette Ortega #4576

B. Ortega

Subject: IAI Certification Applications for Crime Scene Technicians and Supervisor

This memorandum is to respectfully request approval of funds for the application fees for the International Association for Identification (IAI) Crime Scene Investigator Certification. The application fees are for the following personnel: Crime Scene Technician Supervisor Bernadette Ortega and Crime Scene Technicians Michelle Flahive, Richard Pryor and Danny Garcia.

The IAI is a highly renowned and well respected organization offering certifications for Crime Scene personnel. The IAI prides itself on being an international association and has grown into the most prestigious professional association of its kind in the world, with more than 7,000 members from the United States and many other countries. The advancement of forensic disciplines through education continues to be one of the top priorities of the Association.

The application fees are for the certification exam which can be taken locally at the El Paso Police Department. All five crime scene technicians are currently members of IAI. The certification of each Technician is the next step in the continued education and training of all personnel in the Crime Scene Unit. The cost of the application fees are depicted in the following Cost Analysis Chart:

	Course	Hotel	Airfare	Rental Vehicle	Per Diem	Shuttle/Contingency Funds	TOTAL
Cost	\$150.00	\$0	\$0	\$0	\$0	\$0	
Number Needed	4						
TOTAL	\$600.00	\$0	\$0	\$0	\$0	\$0	\$600.00

Your attention to this matter is greatly appreciated.

OK Sheriff Wiles
8-18-10

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International Association for Identification

The world's oldest and largest forensic science/identification association

Requirements for IAI Crime Scene Certification

REQUIREMENTS FOR IAI CRIME SCENE CERTIFICATION

A. General Qualifications

An applicant for certification must be of good moral character, high integrity, and good repute and must possess high ethical professional standing.

B. Certification

Applicants may apply for any certification where the applicant meets the requirements as listed below. It should be noted that for initial certification, hours will be used to calculate the figures, and credits used to calculate the recertification figures.

1. Certified Crime Scene Investigator

- a. Must have a minimum of one (1) year in crime scene related activities.
- b. Must have completed a minimum of 48 hours of Crime Scene Certification Board approved instruction in crime scene related courses within the last five (5) years.

2. Certified Crime Scene Analyst

- a. Must have a minimum of three (3) years in crime scene related activities.
- b. Must have completed a minimum of 96 hours of Crime Scene Certification Board approved instruction in crime scene related courses within the last five (5) years.

3. Certified Crime Scene Reconstructionist

4. Certified Senior Crime Scene Analyst

- a. Must have a minimum of six (6) years in crime scene related activities.
- b. Must have completed a minimum of 144 hours of Crime Scene Certification Board approved instruction in crime scene related courses within the last five (5) years. AND one of the following:
 1. Must have authored or coauthored an article on some phase of crime scene investigation published in a professional journal OR;
 2. Made a presentation on some phase of crime scene investigation to a professional organization, OR;
 3. Be an active instructor in some phase of crime scene investigation who is currently teaching at least once a year, OR;
 4. Submit a court transcript from an actual case in which the applicant gave testimony on some phase of crime scene investigation.

C. Initial In-house Training:

Upon approval by the Crime Scene Certification Board, an agency's structured training program hours may be reciprocated for portions of or for the amount of required hours of instruction for the appropriate crime scene certification.

D. Continuing Education/Professional Development Hours:

The topics that qualify in the area of crime scene approved training are as listed below. The Crime Scene Certification Board, on request, will consider other topics:

Alternate Light Source Training
Arson Investigations
Blood Pattern Analysis
Clandestine Lab Training

Collection & Preservation of Evidence
 Courtroom Testimony
 Crime Scene Documentation
 Crime Scene Investigations
 Crime Scene Photography
 Crime Scene Reconstruction
 Death Investigations
 Evidence Photography
 Footwear and Tire Tread
 Forensic Anthropology
 Forensic Archeology
 Forensic Odontology
 Latent Print Detection/Comparison
 Post Blast Investigations
 Report Writing
 Rules of Evidence
 Sex Crime Investigations
 Traffic Accident Investigations
 Underwater/Subsurface search and recovery

E. Testing

In addition to the listed requirements for each level the applicant must successfully pass a written test with a minimum score of 75%. All written tests are graded and recorded on a pass/fail basis only. (Numerical scores are not provided)

1. The tests will be taken from publications selected by the Crime Scene Certification Board. The titles will be published and the Board may not change them for a minimum of three (3) years.
2. These texts supersede any practice or agency directives for certification testing purposes.
3. Questions and time
 - a. CCSI: 200 questions with a time limit of 3 hours
 - b. CCSA: 300 questions with a time limit of 4 hours
 - c. CSCSA: 400 questions with a time limit of 5 hours

I. TEST MATERIAL PUBLICATIONS (Updated August 1, 2010)

Effective September 1, 2010, you can be tested on Crime Scene Photography by Edward Robinson, Edition II, 2010. Those who have studied from Edition I, 2007, may take a test based on that book until December 31, 2010. When applying for testing please note on your application which photography test you wish to take.

A. Certified Crime Scene Investigator (CCSI)

Crime Scene Photography by Edward Robinson, 2007, Elsevier Science & Technology Books (Available at: Elsevier.com, Evident Crime Scene Products, Lynn Peavey Company, Amazon.com, LexisNexis.com, Overstock.com (May not have the book all the time))

Practical Crime Scene Processing and Investigation by Ross M. Gardner, 2005, CRC Press (Available at: CRC Press, Lynn Peavey Company, Amazon.com, Barnes&Noble.com, Books-A-Million)

B. Certified Crime Scene Analyst (CCSA)

Crime Scene Photography by Edward Robinson, 2007, Elsevier Science & Technology Books (Available at: Elsevier.com, Evident Crime Scene Products, Lynn Peavey Company, Amazon.com, LexisNexis.com, Overstock.com (May not have the book all the time))

Practical Crime Scene Processing and Investigation by Ross M. Gardner, 2005, CRC Press (Available at: CRC Press, Lynn Peavey Company, Amazon.com, Barnes&Noble.com, Books-A-Million)

Crime Scene Investigation by Fish, Miller and Braswell, 2007, Anderson Publishing (LexisNexis Bookstore) (Available at: LexisNexis, Lynn Peavey Company, Barnes&Noble.com)

C. Certified Senior Crime Scene Analyst (CSCSA)

Crime Scene Photography by Edward Robinson, 2007, Elsevier Science & Technology Books (Available at: Elsevier.com, Evident Crime Scene Products, Lynn Peavey Company, Amazon.com, LexisNexis.com, Overstock.com (May not have the book all the time))

Practical Crime Scene Processing and Investigation by Ross M. Gardner, 2005, CRC Press (Available at: CRC Press, Lynn Peavey Company, Amazon.com, Barnes&Noble.com, Books-A-Million)

Criminalistics: An Introduction to Forensic Science (9th Edition) by Richard Saferstein, 2007, Prentice Hall
(Available at: PrenticeHall.com, [Lynn Peavey Company](http://LynnPeaveyCompany.com), Amazon.com)

*Please Note: This selection of vendors is only a small representation of the many companies that have the textbooks. Should one of the IAI sponsors wish to have their web site address added, contact the Secretary of the CSCB.

II. APPLICATION PROCEDURES

A. Application forms may be obtained from:

International Association for Identification
2535 Pilot Knob Road, Suite 117
Mendota Heights, MN 55120-1120

B. All applicants for certification must submit two (2) letters of endorsement. If the applicant is employed by a public law enforcement agency, one letter shall be from a superior within the applicant's department or agency and one shall be from an associate in the field of crime scene investigations and who is a member of either a state or regional division and/or the parent body.

C. The completed application, with supporting documentation to include two (2) recent photographs, one additional copy of all submitted paperwork application, and the application fee of \$150.00 (Not Refundable) shall be forwarded to the:

International Association for Identification
Crime Scene Certification Board
2535 Pilot Knob Road, Suite 117
Mendota Heights, MN 55120-1120

D. Crime Scene Certification shall be issued for a period of five (5) years.

E. Applicant procedures for certification are subject to revision by the Crime Scene Certification Board (CSCB). The latest official version is always available from the CSCB Secretary.

III. GENERAL PROVISIONS CONCERNING CERTIFICATION

A. The right to deny certification is reserved.

Applicants who are denied certification by the CSCB may appeal such action in writing within sixty (60) days after the issue date of such notification.

B. Certificates granted and issued may be suspended or revoked by the CSCB for any of the following reasons:

1. A conviction of an applicant for certification, or holder of a certificate, by a court of competent jurisdiction of a felony or any crime involving moral turpitude.
2. A misstatement, misrepresentation, concealment, or omission of a material fact or facts in an application or any other communication related to certification.
3. Issuance of a certificate contrary to or in violation of any of the laws, standards, rules or regulations of the IAI, or determination that the person certified was not in fact eligible to receive such certificate at the time of issuance.
4. Any violation of the IAI Code of Ethics.

C. Action to suspend or revoke may only be taken after at least thirty (30) days advance notice of the charges or reasons for such action has been given to the individual concerned and an opportunity for such person to be heard has been provided by the CSCB.

D. Persons holding a valid certificate of qualifications issued by the CSCB are entitled to use the appropriate designations in conformance with the standards of the International Association for Identification.

E. Certificates issued by the International Association for Identification are non-transferable. They remain the property of the IAI, but every person to whom a certificate has been issued shall be entitled to its continued possession, unless and until such certificate is revoked.

F. Membership in the IAI or any of its state or regional divisions is not mandatory for certification, however, the candidate for certification must agree to abide by the provisions of the certification program as written and passed by the IAI.

IV. CRIME SCENE CERTIFICATION BOARD

Domingo Villarreal, Chairman
Humble Police Dept
310 Bender Ave
Humble, TX 77338-4326
Work Phone: (281) 319-9797
Fax: (281) 446-3960

[Send e-mail to Domingo Villarreal](#)

Curtis M. Shane, Secretary
DHS-FLETC-TOD
1131 Chapel Crossing Road
Glynco, Georgia 31524
Phone: (912) 267-2355

[Send e-mail to Curtis Shane](#)

Dennis G. Honeycutt
P.O. Box 4238
Greenville, NC 27836-2238
Work Phone: (252) 737-2223
Fax: (252) 321-5844

Steve Nash

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Jorge Lopez

From: Lucille Samuel
Sent: Tuesday, August 24, 2010 4:22 PM
To: Victor Perez
Cc: Jorge Lopez
Attachments: Untitled.PDF - Adobe Acrobat Pro.pdf

Training for Crime Scene Technicians

1023260

Interactive TIN Session: Interactive Results

This screen provides you with the results of your TIN Match request. The "Match Indicator" displays a code next to the TIN and name combination. Use the codes below to interpret your results:

- 0 = TIN and Name combination matches IRS records.
- 1 = TIN was missing or TIN not 9-digit numeric.
- 2 = TIN entered is not currently issued.
- 3 = TIN and Name combination does not match IRS records.
- 4 = Invalid TIN Matching request.
- 5 = Duplicate TIN Matching request.
- 6 = TIN and Name combination matches IRS SSN records.
- 7 = TIN and Name combination matches IRS EIN records.
- 8 = TIN and Name combination matches IRS SSN and EIN records.

Important ! Before leaving this screen, you may want to do a Print Screen of the results. Once you exit this screen, the interactive results will no longer be available for viewing.

Using the TIN Matching system allows you to verify the accuracy of taxpayer TIN and name information prior to submitting information to IRS. Internal Revenue Code 6724 provides any penalties under Section 6721 may be waived if the filer shows the failure to file a correct TIN on an information return was due to reasonable cause and not willful neglect. Filers may prove due diligence and receive a waiver from proposed penalties if they prove the TIN and name combination they submitted matched IRS records. Providing a copy of the Print Screen of your Interactive Results will be considered proof of due diligence.

1	EIN	14-1431629	INTERNATIONAL ASSOCIATION FOR IDENTIFIC	0

You may do either of the following:

- Select **Another Tin Matching Request** to check more TIN and Name combinations.
- Select **Done** to return to the TIN Matching home page.

Another TIN Matching Request **Done**