

EDWARD A. DION, CPA, CIO COUNTY AUDITOR

edion@epcounty.com www.epcounty.com/auditor

08-58

County Administrative Offices 800 East Overland Street, Rm. 406 EL PASO, TEXAS 79901-2407 (915) 546-2040 (915) 546-8172 FAX

August 26, 2010

The Honorable Delia Briones County Clerk Room 105, County Courthouse Building 500 East San Antonio El Paso Texas, 79901

Dear Ms. Briones:

It would be appreciated if you would place the following item on the agenda for the commissioners court meeting to be conducted on Monday, August 30, 2010.

Approve and authorize the amount of \$1,004.63 for Beatrice Castillo Probate Court #2 Court Coordinator to attend the Texas Association for Court Administration 2010 Annual Education Conference in San Antonio, Texas on October 12 - 15, 2010 to obtain mandatory continuing legal education credit hours. Funds are available in account PROBJUDSUP2-6705.

Your assistance with this agenda item will be appreciated.

Very truly yours,

Edward A. Dion County Auditor

EAD:WH:rao

Attachment

cc:

The Honorable Anthony Cobos, County Judge

The Honorable Anna Perez, County Commissioner

The Honorable Veronica Escobar, County Commissioner The Honorable Willie Gandara, Jr., County Commissioner

The Honorable Daniel R. Haggerty, County Commissioner

Mr. Jaime Perez, Deputy Chief Administrator

Mrs. Lee Shapleigh, Assistant County Attorney



JUDGE

EDUARDO A. GAMBOA

EL PASO COUNTY STATUTORY PROBATE COURT NO. 2

EL PASO COUNTY COURTHOUSE 500 E. SAN ANTONIO AVENUE 8TH FLOOR, ROOM 803 EL PASO, TEXAS 79901 (915) 546-8183 · (915) 875-8530 FAX

August 24, 2010

Ms. Delia Briones El Paso County Clerk El Paso County Courthouse El Paso, Texas 79901

Dear Ms. Briones:

Please place the following item on Commissioner's Court agenda for Monday, August 30, 2010:

Approve and authorize the amount of \$1,004.63 for Beatrice Castillo Probate Court #2 Court Coordinator to attend the Texas Association for Court Administration 2010 Annual Education Conference in San Antonio, Texas on October 12 – 15, 2010 to obtain mandatory continuing legal education credit hours. Funds are available in account PROBJUDSUP2-6705. The following is an itemization of the expenses:

Southwest Airlines		\$	199.40
Omni Hotel			332.73
Seminar Registration Fee			250.00
Transportation (Taxi)			100.00
Meals (1 day @ \$17.50 / 3 days @ \$35.00)		_	122.50
	Total	\$	1,004.63

Thank you for your assistance with this matter.

Sincerely,

Eduardo A. Gamboa, Probate Judge

cc: Mr. Edward A. Dion, El Paso County Auditor

EG/bc



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:	Beatrice Castillo		Department:	Probate Co		
			10/15/10				
٠	Date of Trip: Departure	10/12/10 Arrival Date:	10/15/10	Destination:	San Antonio,	, TX	
^	Purpose of Trip:	To Obtain Court Coordinat	or Mandatory 16 Hrs. Co.	ntinuing Education			
			V 10 10 10				
	* U	se of GADMINGF I	Funds requires legi	islative impact e	xplanatio	n	
\.	Department Index:	Probjudsup2		Sub-Objec	t:		6705
	COUNTY EMPLOYEE? CIRC				<u> </u>		
	_	Section 1: Guidelines for	Determining Meal Ra	tes Allowance MOVE	ARROW		
	Please Check One (Departu		10 100001				
*	on Date of Departur on Date of Departur		After 12:00 P.M. Before 12:00 P.M.		Half Rate	\$ 17.50	
	on Date of Departur	e by	Before 12:00 P.M.		Full Rate	\$ 35.00	
\	Please Check One (Return						
	on Date of Return by		Before 5:00 P.M.		Half Rate	\$ 17.50	
	on Date of Return by	у	After 5:00 P.M.		Full Rate	\$ 35.00	
*	\$35.00 per diem no receipts	raquirad					
		checked above to fill out section	on 2 below)				
	Section	on 2: Travel Extimated B				_	
	* CC CREDIT CARD EXI	PENSE BREAKDOWN		FOR	R AUDITO	R'S USE ON	LY
		0100.46	* CC				
	Airfare	\$199.40		Trans. Code	:		
	Auto Rental	-		Total and			
	Mileage (.40 /mile) Gas			Index:			
	Meal rate on Departure de	ate 35.00		Sub-Object:			
	Meal per diem (\$35.00)	70.00		Sub Objecti			
	Meal rate on Return date	17.50		Vendor:			
	Lodging	332.73					
	Other - Registration	250.00		Subsidiary:			
	Other - Parking/Tolls						
	Other - Taxi	100.00		Amount:			
	Other -						
	Other -						
	TOTAL	<u>\$1,004.63</u>	\$0.00				Y/N
			EMPLOYEE WILL RI	EIMBURSED FRO	M OTHER	SOURCE	
		<u>Section</u>	on 3: Signature and L	ist of Names:			
	ADVANCE EDOM CO.	IDITY 01 004 CO	CC	NOT A TION.	TDAVELD	EQUEET EC	NDM MILET
	ADVANCE FROM CO		\$0.00	NOTATION:		•	
	Name:	Name:		BE SUBMITTE			
	Name:	Name:		ACCOUNTS PA		1210N RELOI	(Ł
	Name:	Name:		TUESDAY 12:	UU PM		
	Name:				\		1.1
	Name:	name:		SIGNATURI	N.	ote /	44
	C.C.O. DATE			SIGNATURI	DATE:	16-Aug-10	1000

El Paso County Travel Justification Form

Name:_	Beatrice Castillo	Signature	Datuck	Article Date:	08/16/2010	
Dept:_	Probate Court	#2	Job Title:	Court Coord	dinator	
Travel Funding Source: X County Grant Other Will any funds be reimbursed by another entity? No Travel Account No.: Probjudsup2-6705 Balance Remaining for FY: \$3,995.40						
Purpos	se: (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, <u>Including Grant</u> <u>Application Advocacy</u> Entity Name:						
I	Purpose of Visit:					
Travel for Program Revenue Enhancement/Sales Opportunity Explain:						
	Program Developm Explain: COURT COOF		_	HRS CONTINUING	G EDUCATION	
[Travel to Profession Meeting/Convention (County Clerk's Associ Organization Name:	າ ation, TAC, (
	Human Resources/ "Dealing with Difficult					
	Other:					

Southwest Airlines® Receipt and Itinerary as of 08/16/10 11:12 AM

Confirmation Number: DUAZEB

Received: WN/BEATRICE CASTILLO BY ICBM

Confirmation Date: 08/16/10

Passenger Name **Account Number** Ticket# Expiration¹ CASTILLO/BEATRICE 00000279558296 5262119315108 08/16/11

¹ Att travet involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Depart: EL PASO TX to SAN ANTONIO TX

Travel Time: 1 hrs 20 mins

Flight

Routing Details

Tue Oct 12

#1358

Depart EL PASO TX (ELP) at 10:55 AM

Arrive in SAN ANTONIO TX (SAT) at 1:15 PM

Return: SAN ANTONIO TX to EL PASO TX

Travel Time: 1 hrs 35 mins

Date Fri Oct 15

Fliaht #1496 **Routing Details**

Depart SAN ANTONIO TX (SAT) at 11:20 AM

Arrive in EL PASO TX (ELP) at 11:55 AM

Cost	and	Paymen:	t Sum	mary

Base Fare	\$165.58	
+ Excise Taxes	\$12.42	
Advertised Fare	\$178.00	
+ Segment Fee	\$7.40	
+ Passenger Facility Fee	\$9.00	
+ Security Fee ²	\$5.00	
Total Payment:	\$199.40	

²Security Fee is the government-imposed September 11th Security Fee.

Current payment(s)

08/16/10 Visa XXXXXXXXXXXXX7305 \$199.40

Fare Calculation:

ELP WN SAT82,79TYAVKNR WN ELP82,79TYAVKNR 165.58 END ZPELPSAT XFELP4.5SAT4,5 AY5.00\$ELP2.50 SAT2.50

SOUTHWEST AIRLINES CO. NOTICE OF INCORPORATED TERMS: Air transportation by Southwest Airlines is subject to Southwest Airlines Passenger Contract of Carriage, the terms of which are incorporated by reference. Incorporated terms include but are not limited to: (1) Limits on liability for loss, damage to, or delayed delivery of passenger baggage, including fragile, perishable, and certain other irreplaceable and/or high value goods of contents, as specified in Article 75 of the Contract of Carriage. Baggage liability for covered items (except disability assistive devices) is limited to \$3,300.00 per fare paying Customer unless excess valuation coverage is purchased. (2) Claims restrictions, including timeperiods in which Customers must file a claim or bring an action against Southwest. (3) Our rights to change terms of the Contract. (4) Rules on reservations, checkin times, refusal to carry, and smoking. (5) Our rights and limits of liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft, and rerouting. (6) Overbooking: If we deny you boarding due to an oversale and you have obtained your boarding pass and are present and available for boarding in the departure gate area at least ten minutes before scheduled departure, with few exceptions, we compensate you. You may inspect Southwest's Contract of Carriage and Customer Service Commitment at any Southwest ticket counter or online at southwest.com, or obtain a copy by sending a request to: Southwest Airlines, V.P. Customer Relations, PO Box 36647, Dallas, TX 75235-1647. Note: When traveling on any flight operated by another carrier, that operating carrier's contract of carriage applies.

CHECKIN RULES: Passengers who do not obtain a boarding pass and are not present and available for boarding in the departure gate area at least ten minutes prior to scheduled departure time may have their reserved space cancelled and will not be eligible for defined boarding compensation

REFUND AND EXCHANGES: Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. Effective January 28, 2011, unused travel funds may only be applied toward the purchase of future travel for the individual named on the ticket. Any change to this itinerary may result in a fare increase.

Untitled Page Page 1 of 2

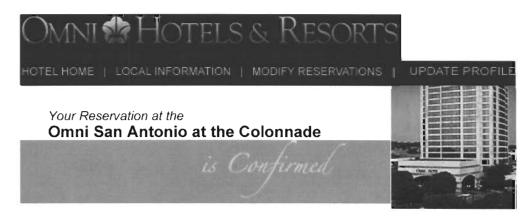
Beatrice Castillo

From: reservations@omnihotels.com

Sent: Tuesday, July 27, 2010 10:49 AM

To: Beatrice Castillo

Subject: Omni San Antonio at the Colonnade Reservation Confirmation 40003772909



CONFIRMATION #40003772909

Omni San Antonio at the Colonnade

9821 Colonnade Blvd San Antonio TX US 78230 Phone: 210-691-8888 Fax: 210-691-1128

DRIVING DIRECTIONS TO THE HOTEL >

BEATRICE CASTILLO Select Guest 43455104 2156 SETTING SUN DR EL PASO TX US 79938

ARRIVING: 10/12/2010

DEPARTING: 10/15/2010

CHECK IN TIME: CHECK OUT TIME:

3:00 PM

12:00 PM

ROOM RATE

Taca / Tx Assn For Court

Admin

 3 nights
 95.00 USD

 Subtotal (3 nights)
 285.00 USD

 Taxes
 47.73 USD

 Fees:
 0.00 USD

 Total for Room:
 332.73 USD

Additional fees may apply

Read complete terms and conditions

ACCOMMODATIONS

Deluxe Room 1 King Bed - 400 sq ft -Featuring a fabulous decor of gold and black colors and elegant furnishings. This room offers wonderful views of the Texas Hill Country or the San Antonio skyline.

NUMBER OF GUESTS

1 Adult(s) 0 Child(ren)

GUARANTEE

Visa *********7305 Deposit not mandatory

CANCELLATION: Cancel by 12PM on 10/12/2010 to avoid penalty.

SIGN UP

To Receive Special Offers From Omni Hotels

Beatrice Castillo

From: Payne, Natalie [NCP001@SHSU.EDU]
Sent: Monday, August 09, 2010 3:14 PM

To: Beatrice Castillo

Subject: TACA Conference Confirmation

Attachments: item0001.xml; props0002.xml; themedata.thmx; colorschememapping.xml; header.htm

Dear Beatrice Castillo,

Thank you for registering for the **34**th **Annual TACA Education Conference** to be held from October 12 – 15, 2010. The conference will be held at the Omni Hotel located at 9821 Colonnade Boulevard in San Antonio, Texas 78230. Please call (210) 699-0073 to make reservations. Remember to identify yourself as a conference participant.

Our records indicate that you are confirmed for the following:

Amount Owes: \$250 Amount Paid: \$0

Checks can be made payable to the Texas Association for Court Administration. Please note that a **fee will be** assessed for cancellations received after **September 11, 2010**. TACA requires a *written* notice of cancellation.

To submit payment or a written cancellation, use the following address:

TACA George J. Beto CJ Center

Sam Houston State University Huntsville, TX 77341-2296

Fax: (936) 294-1671

Payment is not required before the conference

For updates and information on the conference, be sure to visit the TACA website at www.mytaca.org!

I look forward to seeing you in October!

Sincerely,

Natalie Payne, TACA Secretariat 936-294-1706 npayne@shsu.edu

Refund & Cancellation Policy

- A. A full refund of fees paid will be authorized when a written request for cancellation of conference or program is received by the TACA Secretariat at least 31 days prior to the scheduled start of the program.
- B. A refund of 70% of the fees paid will be authorized when a written request for cancellation of conference or program is received by the TACA Secretariat more than 5 days but less than 31 days prior to the scheduled start of the program.
- C. A refund of 30% of the fees paid will be authorized when a written request for cancellation of conference or