

**Click on Bookmarks
To View Travel Detail**

TRAVEL VOUCHERS.TXT

1*****
 FAM165TV COUNTY OF EL PASO CNY RUN DATE: 07/22/2011
 TRAVEL VOUCHERS RUN TI

PAGE NUM: 1

ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE SELECTION DATE: 99/99/9999 CHECK DATE: 07/22/2011 POSTING PERIOD: 10 2011

VOUCHER 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 .00 .00 .00
 0 TOTALS FOR TRANSACTION DATE : 07/11/2011

1*****

OTA1100296 01 EMP00189 01 HDTA INTEL10 6602 306 08 10.11 10.11 10.11
 TOMAS CISNEROS IRVING, TX 6/27-7/01/11REIMB. TEXAS GANG CONF

OTA1100297 01 EMP00197 01 GADMI NRB 6705 209.25 209.25 209.25
 ERNESTO CARRIZAL AUSTIN, TX 6/22-6/22/11RBM TACERA BOARD MEETING

OTA1100298 01 EMP01676 01 PROBTRVLSR2 6705 1,134.13 1,134.13 1,134.13
 MARIA L. MARTINEZ SANTONIO, TX 9/07-9/17/11TCPCJ 3-DY ANNUAL MEETING

PROBATE#2
 OTA1100299 01 EMP02431 01 GADMI NGF 6705 772.60 772.60 772.60
 ANNABELL PEREZ AUSTIN, TX 8/24-8/26/11POST-LEG CONFERENCE

COMMISSIONER, PCT 1.
 OTA1100300 01 EMP02536 01 PROBTRVLSR1 6705 1,057.23 1,057.23 1,057.23
 ELI ZABETH PARSONS CHICAGO, IL 6/30-7/09/11RMB' 11 NAMI NAT' L CONVENTI

PROBATE # 1
 OTA1100301 01 V006742 01 PROBTRVLSR2 6705 1,254.08 1,254.08 1,254.08
 EDUARDO A GAMBOA SANTONIO, TX 9/07-9/17/11TCPCJ 3-DY ANNUAL MEETING

OTA1100301 02 V006742 01 PROBTRVLSR2 6705 545.80 545.80 545.80
 EDUARDO A GAMBOA LAS VEGAS, NV 7/14-7/17/11RMB GUEST SPKR CCAA SUMM

0 TOTALS FOR TRANSACTION DATE : 07/25/2011 4,983.20 4,983.20 4,983.20
 0 REPORT TOTAL 4,983.20 4,983.20 4,983.20

FY 10-11, COUNTY OF EL PASO, TEXAS
TRAVEL REGISTER

Check Date 7-25-11

Fiscal Period 10-11

Vendor Name

Amount Cleared
for Payment

EL PASO TREASURY CONSOLIDATED FUND ACCOUNT

TEXAS STATE UNIVERSITY (CONSTABLE7-213 000015).....	100.00
RHEDA A. SOMMERS (CONSTABLE7-213 000015).....	886.98
JP MORGAN CHASE (VARIOUS ACCOUNTS).....	25,367.84

VP11 04723

El Paso County Auditor's Office Voucher Payable Form

Vendor No.: EMP02369
Voucher Total: \$ 886.98
No. of Lines: 1
T/C Hash: 203
Preparer's Initials: AN

Single Check (Y/N): Y

Date Entered: 7/21/11
Entered by: VC

Vendor Name: RHEDA A. SOMMERS
Subject: _____

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary
01	203	886.98	CONSTABLE7		213	000015
SAN MARCOS, TX 7/28-30/11 MANDATORY MEETING KEEP LICEN						
02						
03						
04						
05						
06						
07						
08						
09						
10						

Prepared by: **JORGE LOPEZ**

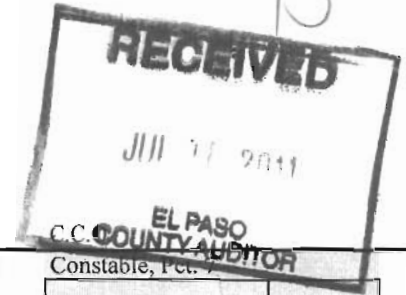
Date: 7/21/2011

Approved by: _____

Date: _____



County of El Paso Travel Expenditure Voucher



Name:	R. Angela Sommers	Department:	Constable, Pct. 7
Date of Trip: Departure	07/28/11	Arrival Date:	07/30/11
Purpose of Trip:	Mandatory Training to keep license		
Department Index:		Sub-Object:	
		Destination:	San Marcos, Texas

Section 1: Guidelines for Determining Meal Rates Allowance

<i>Please Check One (Departure meal rate)</i>			
<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate \$ 18.00
<input checked="" type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate \$ 27.00
<i>Please Check One (Return meal rate)</i>			
<input type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate \$ 18.00
<input checked="" type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate \$ 36.00

* \$35.00 per diem no receipts required
 * (Note: Please use the items checked above to fill out section 2 below)

2023

Section 2: Travel Expenditure Breakdown

FOR AUDITOR'S USE ONLY

Airfare	_____
Auto Rental	_____
Mileage (.40 /mile)	480.00
Gas	_____
* Meal rate on Departure date	Full
Meal per diem (\$36.00)	108.00
* Meal rate on Return date	Full
Lodging	298.98
Other - Registration	100.00 Paid separate
Other - Parking/Tolls	_____
Other - Taxi	_____
Other -	_____
Other -	_____
Other -	_____
TOTAL	<u>886.98</u> \$986.98

Trans. Code:	_____
Index:	_____
Vendor:	Emp 02369
Subsidiary:	_____
Amount:	_____
Date Entered:	_____

Section 3: Check(s) Made Payable to:

III4- _____ County Check No.
 _____ Deposit Warrant No.

Registration: Texas State University / San Maricopa
 All other funds: Angela Sommers.

SIGNATURE RA

ADVANCE FROM COUNTY:	<u>\$986.98</u>
TOTAL EXPENDITURES:	<u>\$986.98</u>
NO REFUND	<u>\$0.00</u>

DATE: 16-Jul-11

El Paso County Travel Justification Form

Employee: Rheda A. Sommers Signature _____ Date: 7/15/2011
Dept. Head: Rheda A. Sommers Signature _____ Date: _____
Dept: Constable, Pct. 7 Job Title: Constable, Pct. 7

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

Statue Refrence:

My effective office requires _____ number of training hours annually.

I have already fulfilled _____ of these hours for this time period.

Estimated hours to be obtained from this cours? _____

Please provide documentation for hours needed.

Professional or Technical Training to Maintain License/Certification

(peace officers, attorneys, CPAs, technical certifications, etc.)

My effective office requires _____ number of training hours annually.

I have already fulfilled _____ of these hours for this time period.

Estimated hours to be obtained from this cours? 8 Mandatory co

*our hours
are per
training cycle*

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, 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, TAG, 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: This is a mandatory course I must take before August 13, 2011

LINK TO:

SUBSIDIARY INQUIRY

11:55 AM

ACTIVE

FISCAL MO/YEAR : 10 2011 INDEX :
 G/L ACCOUNT : 213 DUE TO OTHERS-MISC. DEPOSITS
 SUBSIDIARY : 000015 LEOSE EDUCATION FUND CONSTABLE 7
 FUND TYPE : GF GENERAL FUND
 FUND : 001 GENERAL FUND
 SUBFUND : 001 GENERAL FUND
 PROJ / PJDTL : /
 GRANT / GR DTL : /
 CURRENCY CODE :

	JULY 2011	BALANCE
S BEGINNING BALANCE	-1,263.15	-481.76
TOTAL DEBITS	.00	.00
TOTAL CREDITS	.00	-781.39
ENDING BALANCE	-1,263.15	-1,263.15

F1-HELP F2-SELECT F4-PRIOR F5-NEXT
 F9-LINK

G014 - RECORD FOUND



Notes

Trip to:
 104 N Interstate 35
 San Marcos, TX 78666-6860
598.97 miles
8 hours 14 minutes

6000 X 2 = 1,200.

	5305 Rockwood Rd El Paso, TX 79932-2411	Miles Per Section	Miles Driven
	1. Start out going NORTH on ROCKWOOD RD toward MONTCLAIR DR.	Go 0.2 Mi	0.2 mi
	2. Take the 3rd RIGHT onto GREEN COVE DR. <i>If you reach DEL MAR DR you've gone a little too far</i>	Go 0.3 Mi	0.5 mi
	3. Turn RIGHT onto MONTOYA DR.	Go 0.08 Mi	0.6 mi
	4. Take the 1st LEFT onto MULBERRY AVE. <i>If you reach POST OAK CT you've gone about 0.2 miles too far</i>	Go 0.8 Mi	1.4 mi
	5. Turn RIGHT onto DONIPHAN DR / TX-20.	Go 1.0 Mi	2.3 mi
	6. Turn LEFT onto TX-20 E / N MESA ST. <i>TX-20 E is 0.2 miles past MCCLINTOCK DR</i>	Go 0.5 Mi	2.9 mi
	7. Merge onto I-10 E. <i>If you are on N MESA ST and reach REMCON CIR you've gone about 0.2 miles too far</i>	Go 545.2 Mi	548.0 mi
	8. Take EXIT 556A toward TX-1604-LOOP / ANDERSON LOOP.	Go 0.3 Mi	548.3 mi
	9. Merge onto TX-1604-LOOP E via the exit on the LEFT.	Go 17.5 Mi	565.8 mi
	10. Merge onto I-35 N toward AUSTIN.	Go 32.7 Mi	598.6 mi
	11. Take EXIT 204 toward TX-82-LOOP W / SAN MARCOS / TX-123 S / SEGUIN.	Go 0.1 Mi	598.7 mi



12. Stay STRAIGHT to go onto IH-35 FRONTAGE RD. **Go 0.2 Mi** 598.9 mi



13. Stay STRAIGHT to go onto I-35 N. **Go 0.06 Mi** 599.0 mi

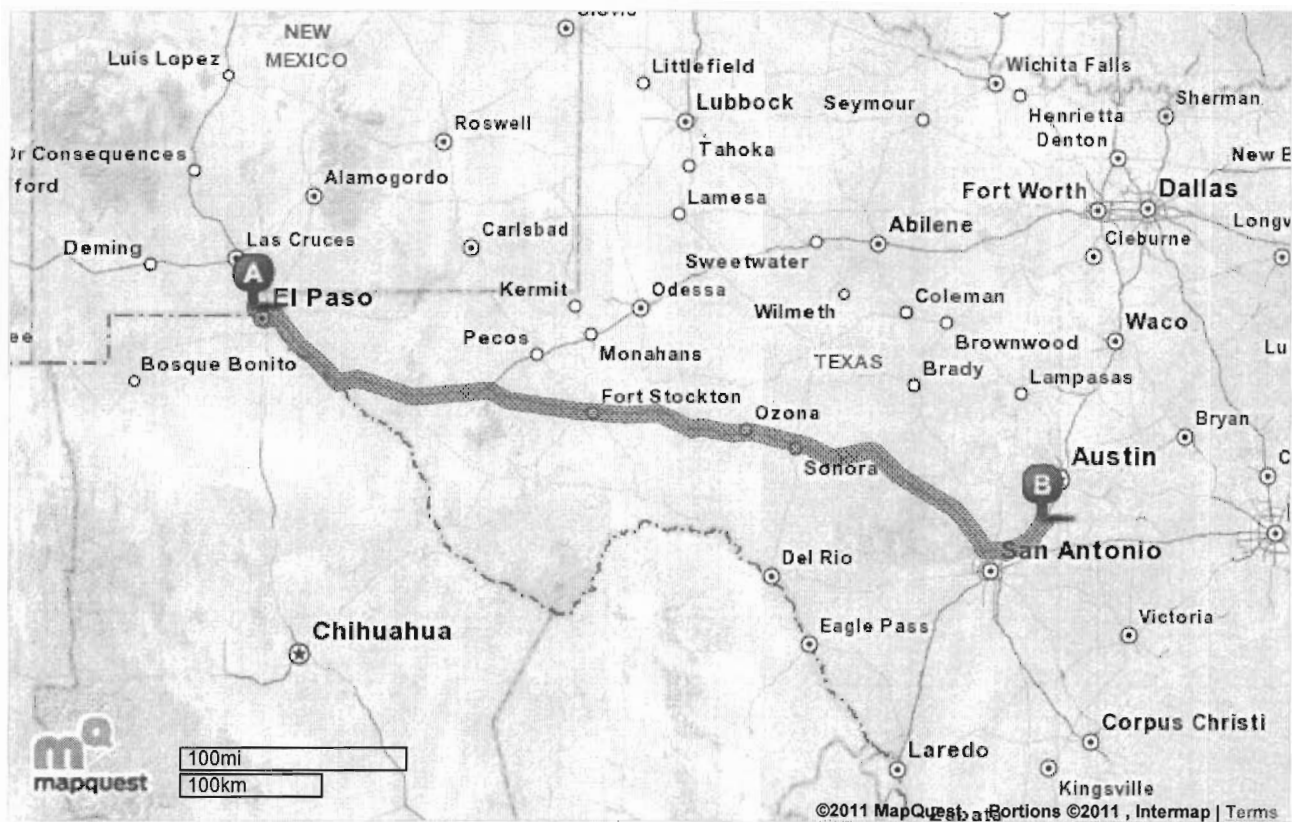


14. 104 N INTERSTATE 35. 599.0 mi
If you reach L FLORES BLVD you've gone about 0.1 miles too far



104 N Interstate 35 **599.0 mi** **599.0 mi**
San Marcos, TX 78666-6860

Total Travel Estimate: **598.97 miles - about 8 hours 14 minutes**



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VP11 04734

El Paso County Auditor's Office Voucher Payable Form

Vendor No.: 1010160
Voucher Total: \$ 100.00
No. of Lines: 1
T/C Hash: 203
Preparer's Initials: AN

Single Check (Y/N): Y
Date Entered: 7/21/11
Entered by: [Signature]

Vendor Name: Texas State University - San Marcos
Subject: _____

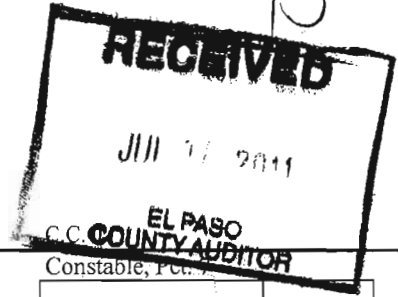
Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary
01	203	100.00	CONSTABLE7		213	000015
			RG SAN MARCOS, TX 7/28-30/11 MNDATRY MTING KEEP LICEN			
02						
03						
04						
05						
06						
07						
08						
09						
10						

Prepared by: **JORGE LOPEZ** Date: 7/21/2011

Approved by: _____ Date: _____



County of El Paso Travel Expenditure Voucher



Name: Texas State University Department: Constable, P.C.
 Date of Trip: Departure 07/28/11 Arrival Date: 07/30/11 Destination: San Marcos, Texas
 Purpose of Trip: Mandatory Training to keep license
 Department Index: _____ Sub-Object: _____

Section 1: Guidelines for Determining Meal Rates Allowance

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

203

Section 2: Travel Expenditure Breakdown

FOR AUDITOR'S USE ONLY

Airfare _____
 Auto Rental _____
 Mileage (.40 /mile) _____
 Gas _____
 * Meal rate on Departure date _____
 Meal per diem (\$36.00) _____
 * Meal rate on Return date _____
 Lodging _____
 Other - Registration 100.00
 Other - Parking/Tolls _____
 Other - Taxi _____
 Other - _____
 Other - _____
 Other - _____
TOTAL \$100

Trans. Code: _____
 Index: 1010160
 Vendor: _____
 Subsidiary: _____
 Amount: _____
 Date Entered: _____

Section 3: Check(s) Made Payable to:

III4- _____ County Check No.
 _____ Deposit Warrant No.

Registration: Texas State University / San Marcos
 All other funds: Angela Sommers

SIGNATURE [Signature]

ADVANCE FROM COUNTY: \$100

TOTAL EXPENDITURES: _____

DATE: 16-Jul-11

NO REFUND \$0.00

El Paso County Travel Justification Form

Employee: Rheda A. Sommers Signature _____ Date: 7/15/2011
Dept. Head: Rheda A. Sommers Signature _____ Date: _____
Dept: Constable, Pct. 7 Job Title: Constable, Pct. 7

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

Statue Refrence:

My effective office requires _____ number of training hours annually.

I have already fulfilled _____ of these hours for this time period.

Estimated hours to be obtained from this cours? _____

Please provide documentation for hours needed.

Professional or Technical Training to Maintain License/Certification

(peace officers, attorneys, CPAs, technical certifications, etc.)

My effective office requires _____ number of training hours annually.

I have already fulfilled _____ of these hours for this time period.

Estimated hours to be obtained from this cours? 8 Mandatory co

*our Hours
are Per
Training Cycle*

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, 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, TAG, 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: This is a mandatory course I must take before August 13, 2011

LINK TO:

SUBSIDIARY INQUIRY

11:55 AM

ACTIVE

FISCAL MO/YEAR : 10 2011 INDEX :

G/L ACCOUNT : 213 DUE TO OTHERS-MISC. DEPOSITS

SUBSIDIARY : 000015 LEOSE EDUCATION FUND CONSTABLE 7

FUND TYPE : GF GENERAL FUND

FUND : 001 GENERAL FUND

SUBFUND : 001 GENERAL FUND

PROJ / PJDTL : /

GRANT / GR DTL : /

CURRENCY CODE :

	JULY 2011	BALANCE
S BEGINNING BALANCE	-1,263.15	-481.76
TOTAL DEBITS	.00	.00
TOTAL CREDITS	.00	-781.39
ENDING BALANCE	-1,263.15	-1,263.15

F1-HELP F2-SELECT F4-PRIOR F5-NEXT

F9-LINK

G014 - RECORD FOUND

JPMorganChase

NEW YORK NY
JUL 15 2011
EL PASO COUNTY ADIT

JPMORGAN CHASE BANK NA
PO BOX 15918
MAIL SUITE DE1-1404
WILMINGTON DE 19850

ACCOUNT NUMBER [REDACTED]
AMOUNT DUE \$25,367.84
CURRENT BALANCE \$25,367.84



✓ 018059
Remit To: JPMORGAN CHASE BANK NA
P.O. BOX 94016
PALATINE, IL 60094-4016

AMOUNT ENCLOSED \$

EL PASO COUNTY
JOSE LOPEZ JR
800 E OVERLAND
RM 300
EL PASO TX 79901-2508

**T0000029

PLEASE TEAR PAYMENT COUPON AT PERFORATION

STATEMENT MESSAGES

Total, \$ 25,367.84
Various Accounts

COMMERCIAL ACCOUNT SUMMARY

ORGANIZATION NAME: EL PASO COUNTY

ACCOUNT NUMBER: [REDACTED]

CLOSING DATE	07-05-11	PREVIOUS BALANCE	18,171.29
CREDIT LIMIT	90,000	PURCHASES AND OTHER CHARGES	26,953.24
AVAILABLE CREDIT	64,632	CASH ADVANCES	.00
FOR CUSTOMER SERVICE CALL: 1-800-890-0669		CREDITS	1,585.40
SEND BILLING INQUIRIES TO: JPMORGAN CHASE BANK NA COMMERCIAL CARD SOLUTIONS P.O. BOX 2015 MAIL SUITE IL1-8225 ELGIN, IL 60121		PAYMENTS	18,171.29-
		LATE PAYMENT CHARGES	.00
		CASH ADVANCE FEE	.00
		FINANCE CHARGES	.00
		NEW BALANCE	25,367.84
		TOTAL PAYMENT DUE	25,367.84
		DISPUTED AMOUNT	.00

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V006742 01
 Voucher Total: \$1,799.88
 No. of Lines: 2
 T/C Hash: 446

Single Check (Y/N): _____
 Date Entered: 07/21/2011
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: ONE THOUSAND SEVEN HUNDRED,
 NINETY NINE DOLLARS AND EIGHTY EIGHT CENTS

Vendor Name: EDUARDO A GAMBOA
 Street: 5732 MAURICE BELL
PROBATE2
 City, State, Zip: EL PASO TX 79932

Subject: SANTONIO, TX9/07-9/17/11TCPCJ 3-DY ANNUAL MEETNG

Line	Trans	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	1,254.08	PROBTRVLSR2	6705	145	PRO010		
	Desc:	SANTONIO, TX9/07-9/17/11TCPCJ 3-DY ANNUAL MEETNG						
02	238	545.80	PROBTRVLSR2	6705				
	Desc:	LAS VEGAS, NV7/14-7/17/11RMB GUEST SPKR CCAA SUMM						
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 07/21/2011

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

12

Travel

Type: **ADVANCE**

Name: EDUARDO A. GAMBOA Department: PROBATE COURT #2
 Date of Trip: Departure Date: 09/07/11 Return Date: 09/11/11 Destination: SAN ANTONIO, TX
 * Event: TEXAS COLLEGE OF PROBATE JUDGES ANNUAL MEETING
 County Related Purpose: _____

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

Department Index: PROBJUDSUP2 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 \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$36.0 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date
 * (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	\$251.40	_____
Auto Rental	139.95	_____
Mileage (.40 /mile)	_____	_____
Gas	50.00	_____
Meal rate on Departure date	18.00	_____
Meal per diem (\$36.00)	72.00	_____
Meal rate on Return date	36.00	_____
Lodging	311.73	_____
Other - Registration	375.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other - Shuttle	_____	_____
Other -	_____	_____
TOTAL	\$1,254.08	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: 1006742
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE NO Y/N

Section 3: Signature and List of Names:

CC

ADVANCE FROM COUNTY \$1,254.08 \$0.00
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: SIGNING OF THIS FORM IS AN ACKNOWLEDGEMENT OF THE COUNTY TRAVEL POLICY WHICH AUTHORIZES THE SALARY OFFSET OF WAGES FOR NONCOMPLIANCE

EMPLOYEE SIGNATURE _____
 DEPT. HEADS SIGNATURE _____

C.C.O. DATE _____

DATE: 19-Jul-11

El Paso County Travel Justification Form

Employee: Eduardo A. Gamboa
Dept. Head: Eduardo A. Gamboa
Dept: Probate Court #2

Signature: [Signature] Date: 7/19/2011
Signature: [Signature] Date: 7/19/2011
Job Title: Judge

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: \$2,610.46

Purpose: (check one)

- Statutorily Required Training to Hold Elective Office**
Statue Refrence:
My effective office requires number of training hours annually.
I have already fulfilled of these hours for this time period.
Estimated hours to be obtained from this cours?
Please provide documentation for hours needed.

- Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)
My effective office requires number of training hours annually.
I have already fulfilled of these hours for this time period.
Estimated hours to be obtained from this cours?

- Additional Professional or Technical Training NOT Required to Maintain License/Certification**

- Travel for Lobbying/Advocating Before Federal/State Legislature, 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, TAG, Conference of Urban Counties, TBIC, etc.)
Organization Name: TCPJ 3-Day Annual Meeting

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

- Other: Educational updates on Probate & Guardianship Law**



Sign-In | Register | Support

Reservation Details

Your Reservation Is Confirmed

Pick-Up
Wednesday, September 7 3:30 PM
SAN ANTONIO ARPT (SAT)
8530 EASTERN ST
SAN ANTONIO, TX 78216

Drop-Off
Saturday, September 10 1:30 PM
SAN ANTONIO ARPT (SAT)
8530 EASTERN ST
SAN ANTONIO, TX 78216

Vendor **Enterprise**



Car Type **Standard**



Pontiac G6, Ford Fusion OR Similar

* image represents sample car - actual may differ

Features Automatic
 Air Conditioning
 Unlimited Mileage

Rate Information

3 Days @ \$35.06/day **\$105.18**
Estimated Taxes and Fees **\$34.77**
Total Price= \$139.95

THIS VEHICLE COMES WITH UNLIMITED MILEAGE.

[Local Policy Information](#)
[General Rental Rules](#)

Recommend **{2K}**

Please Print This Page. Bring It With You To The Rental Counter.

Detailed Information Has Also Been Sent To
BCASTILLO@EPCOUNTY.COM

Enterprise Confirmation # 984749132

[Have A Question About This Reservation?](#)

Toll Free Number Direct To Live Enterprise Representatives
1-800-736-8222

Make Sure To Give Confirmation Number **984749132**

Name EDUARDO GAMBOA
Email Address BCastillo@epcounty.com
Telephone Number 9152033807
Street
City
State
Postal Code
Country US

Thank You For Booking At CarRentals.com
You Can Reach Us Anytime Through Customer Care

Have A Great Trip!

Print This Page For Your Records

[Pickup Location Map](#)

[Dropoff Location Map](#)

[Car Rentals Home](#) | [Customer Care](#) | [Car Rentals FAQ](#) | [iPhone](#) | [Mobile FAQ](#) | [Travel Agents](#) | [Affiliate Program](#) | [Testimonials](#)
[Terms of Use](#) | [Privacy Policy](#) | [Media Room](#) | [RSS](#) | [Partners](#) | [Vendors](#) | [CarRentals.com On Your Website](#)



WYNDHAM

Hotels and Resorts

The St Anthony Riverwalk Wyndham Hotel

Hotel Reservation Confirmation

Eduardo Gamboa

Date: 05-24-11

We are pleased to confirm the following reservation for: **Eduardo Gamboa**

Reservation Information	
Confirmation No. 74651691	Property: The St Anthony Riverwalk Wyndham Hotel
Arrival Date: 09/07/11	Address: 300 EAST TRAVIS SAN ANTONIO, TX 78205
Departure Date: 09/10/11	Phone No. (210) 227-4392
Adults/Children: 1 / 0	Fax No. (210) 227-0915
No. of Rooms: 1	

Room Information	
Base Room Rate: 89.00	
Base Room Rates are subject to taxes and government fees not represented in this notice.	
Room Description:	King sized four poster beds with European Serta pillow top mattress, vintage door bell, wireless internet with Wyndham by request sign up, complimentary bottled water, in room coffee maker with complimentary coffee.
Rate Plan:	
Other Details:	Rates are quoted in USD Non Tax Exempt

(Additional fees imposed by the hotel may apply in addition to the charges shown above)

Cancellation Info: Reservation must be cancelled by 6PM (hotel local time) 09/06/11 to avoid a penalty of 103.91.

Other Information	
Guest Phone No.	9152033807
Email Address:	bcastillo@epcounty.com
Payment Info:	Visa

Thank you for making your reservation with us, we look forward to seeing you soon.

Total: \$ 311.⁷³ w/taxes

REGISTRATION FORM AND GENERAL INFORMATION QUESTIONNAIRE
Texas College of Probate Judges, San Antonio, September 2011, The St. Anthony

Please **type** or **print** clearly and answer all questions.

A separate registration form must be filled out by each person attending the conference.

Name Eduardo A. Gamba Phone (915) 546-8183

County El Paso Title Judge

Mailing Address 500 E. San Antonio, Rm. 422, El Paso, TX 79901

Email address egamba@epcounty.com

Is this your first Texas College of Probate Judges Conference attended? Yes No

Please check appropriate box(es):

- I am admitted to practice law
- I am not a lawyer
- I am a County Clerk or Deputy Clerk
- I am a Probate Assistant/Court Staff

If you are a judge, please indicate years of service on the bench and check the appropriate box below:

I have 5 years of service on the bench.

- I am Judge of a Constitutional County Court
- I am Judge of a County Court at Law exercising probate jurisdiction
- I am Judge of a Statutory Probate Court
- I am Judge of a _____ Court

What subjects would you be interested in at future Probate Seminars?

I have enclosed a check in the amount of \$ 375.⁰⁰ for my registration [and for _____ other member(s) of my staff]. A separate registration form is enclosed for each person registering. (\$375.00 per person if received by **8/26/11**. \$425.00 per person if received **8/27/11 or after**.) Make check(s) payable to *Texas College of Probate Judges*. (Please note our cancellation policies: Cancellations made by 8/29/11 can get a full refund of the registration fee or can apply the fee to a future conference. Cancellations after 8/29/11 but before 5 p.m. on 9/2/11 are subject to a \$100 administration fee. No refunds will be made for cancellations made after 5 p.m. on Friday, 9/2/11.)

Signature _____ Date _____

Questions? For the quickest response, email tcpj@austin.rr.com. You August also call and leave a message on the answering machine at 512-480-0600. The fax number is 512-854-4418. Mail form(s) and check(s) to:

TEXAS COLLEGE OF PROBATE JUDGES
P. O. BOX 2025
AUSTIN, TEXAS 78768

Texas College of Probate Judges

Texas College of Probate Judges 3-Day Annual Meeting San Antonio, Texas

Wednesday, September 7, 2011

4:00 PM TO 6:00 PM **Registration**

Thursday, September 8, 2011

7:30 AM TO 8:10 AM **Registration: Coffee and Rolls**

8:10 AM TO 8:15 AM **Welcoming Remarks**
Guy Herman, TCPJ President

8:15 AM TO 10:00 AM **Mental Health Law**
The Hon. Guy Herman
Travis County Probate Court No.1

10:00 AM TO 10:15 AM **Coffee Break**

10:15 AM TO NOON **Recent Cases: Probate, Trust, and Mental Illness**
The Hon. Steve King
Tarrant County Probate Court No.1

NOON TO 1:15 PM **Lunch**

1:15 PM TO 2:15 PM **Dual Compensation Issues for Attorneys Serving as
Fiduciaries**
Stephen Jody Helman
Osborne, Helman, Kriebel & Deleery, LLP, Austin

2:15 PM TO 3:00 PM **Responsibilities of the Probate Clerk**
The Hon. Gladys Burwell
Galveston County Probate Court

3:00 PM TO 3:15 PM **Stretch Break**

3:15 PM TO 4:15 PM **Independent Administration**
Craig Hopper
Hopper & Associates, P.C., Austin, Texas

4:15 PM TO 5:00 PM **Problems of Judges and Clerks in Small Counties**
Gene Terry
Executive Director, Texas Association of Counties

Texas College of Probate Judges

Friday, September 9, 2011

- 7:30 AM TO 8:00 AM **Coffee and Rolls**
- 8:00 AM TO 8:45 AM **Practical Aspects of Guardianship Law**
Craig Hopper
Hopper & Associates, P.C., Austin, Texas
- 8:45 AM TO 10:00 AM **Partners in Public Safety, NICS Reporting**
(2009 HB 3352, Gun Bill Reporting)
Diana Jo Linn-Cook
FBI NICS Liaison Specialist
- 10:00 AM TO 10:15 AM **Coffee Break**
- 10:15 AM TO 11:00 AM **The Judge's Role in Actions Against a Probate Appointee**
Howard M Reiner
Howard M Reiner & Associates, Houston
- 11:00 AM TO NOON **Ethics for Judges and Clerks**
The Hon. Polly Jackson Spencer
Bexar County Probate Court No. 1
- NOON TO 1:15 PM **Lunch**
- 1:15 PM TO 2:00 PM **Notice and Citation in Probate Court**
The Hon. Beth Rothermel
Washington County Clerk
- 2:00 PM TO 2:45 PM **Dependent Administration**
Clint Alexander
Barnes Lipscomb & Stewart PLLC, Austin
- 2:45 PM TO 3:00 PM **Stretch Break**
- 3:00 PM TO 3:45 PM **Heirship Proceedings**
Clint Alexander
Barnes Lipscomb & Stewart PLLC, Austin
- 3:45 PM TO 4:45 PM **Bonds, Inventories, and Accountings**
The Hon. Steve King
Tarrant County Probate Court No.1

Saturday, September 10, 2011

- 8:00 AM TO 9:15 AM **Concurrent Workshops:***
- break to switch rooms
from 9:15-9:25 AM*
- 9:25 AM TO 10:40 AM Monitoring guardianships . . . no matter how much staff you have (or don't have)
- Probate clerk discussion and Q&A including Judicial Council Monthly Court Activity Reports
- Mental health paperwork and Q&A

**Each participant will be able to attend two of the three workshops – one from 8:00-9:15 and the second from 9:25-10:40.*



JUDGE

EDUARDO A. GAMBOA

EL PASO COUNTY STATUTORY PROBATE COURT NO. 2

EL PASO COUNTY COURTHOUSE
500 E. SAN ANTONIO AVENUE
4TH FLOOR, ROOM 422
EL PASO, TEXAS 79901
(915) 546-8183 • (915) 875-8530 FAX

July 19, 2011

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



Dear Ms. Briones:

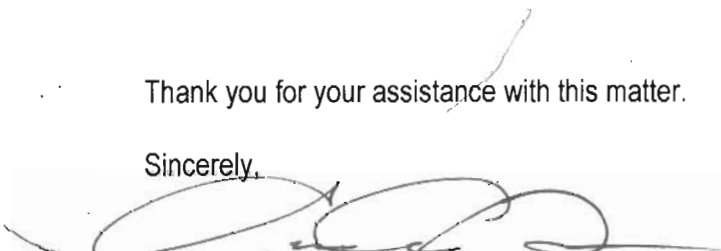
Please place the following item on Commissioner's Court agenda for Monday, July 25, 2011:

Approve and authorize the amount of \$1,254.08 for Judge Eduardo A. Gamboa to attend the Texas College of Probate Judges Annual Meeting in San Antonio, Texas on September 7-10, 2011 to obtain continuing legal education credit hours. Funds are available in account PROBJUDSUP2-6705. The following is an itemization of the expenses:

Texas College of Probate Judges (seminar fee)	\$ 375.00
Southwest Airlines	251.40
Wyndham Hotel	311.73
Enterprise Rent A Car & Gasoline	189.95
Meals (1 day @ \$18.00 & 3 days @ \$36.00)	<u>126.00</u>
Total	\$1,254.08

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



County of El Paso Travel Request Form

103

Travel

Type: **REIMBURSEMENT**

Name: EDUARDO A. GAMBOA Department: PROBATE COURT #2
 Date of Trip: Departure Date: 07/14/11 Return Date: 07/17/11 Destination: LAS VEGAS, NV
 * Event: GUEST SPEAKER AT CCAA SUMMER CLE
 County Related Purpose: _____

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

Department Index: PROBJUDSUP2 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 \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$36.0 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date

* (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	\$385.40	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	18.00	_____
Meal per diem (\$36.00)	36.00	_____
Meal rate on Return date	36.00	_____
Lodging	50.40	_____
Other - Registration	_____	_____
Other - Parking/Tolls	20.00	_____
Other - Taxi	_____	_____
Other - Shuttle	_____	_____
Other -	_____	_____
TOTAL	\$545.80	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: 1006742
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE NO Y/N

Section 3: Signature and List of Names:

REIMBURSEMENT AMOUNT \$545.80 \$0.00
 CC

NOTATION: SIGNING OF THIS FORM IS AN
 ACKNOWLEDGEMENT OF THE COUNTY
 TRAVEL POLICY WHICH AUTHORIZES THE
 SALARY OFFSET OF WAGES FOR NONCOMPLIANCE

EMPLOYEE [Signature]
 SIGNATURE _____
 DEPT. HEADS [Signature]
 SIGNATURE _____
 DATE: 18-Jul-11

C.C.O. DATE _____

El Paso County Travel Justification Form

Employee: Eduardo A. Gamboa Signature [Signature] Date: 7/18/2011
Dept. Head: Eduardo A. Gamboa Signature [Signature] Date: 7/18/2011
Dept: Probate Court #2 Job Title: JUDGE

Travel Funding Source: County Grant Other
Will any funds be reimbursed by another entity? NO
Travel Account No: Projudsup 2-6705 Balance Remaining for FY: \$3,156.26

Purpose: (check one)

- Statutorily Required Training to Hold Elective Office**
Statue Refrence:
My effective office requires _____ number of training hours annually.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this cours? _____
Please provide documentation for hours needed.
- Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)
My effective office requires _____ number of training hours annually.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this cours? _____
- Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- Travel for Lobbying/Advocating Before Federal/State Legislature, 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: Updates on Family & Guardianship Law
- Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAG, 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: Judge is guest speaker on guardianship & probate of wills**



Thank you for your purchase!

El Paso, TX - ELP to Las Vegas, NV - LAS

Air

Confirmation: WB75WK

El Paso, TX - ELP to Las Vegas, NV - LAS
 Thursday, July 14, 2011

Air Total: \$202.70

Amount Paid
\$202.70

Trip Total
\$202.70

JUL 14 07/14/11 - Las Vegas

AIR

El Paso, TX - ELP to Las Vegas, NV - LAS
 07/14/2011
 Confirmation # WB75WK

Adult Passenger(s) Eduardo Gamboa
 Rapid Rewards #

DEPART JUL 14 4:35 PM El Paso, TX (ELP) to 5:25 PM Las Vegas, NV (LAS) Flight #1799 Thursday, July 14, 2011 Travel Time 1 h 50 m (Nonstop)

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	ELP-LAS	Wanna Get Away	\$178.60	\$24.10	1	\$202.70
Please read the fare rules associated with this purchase.				\$178.60	\$24.10	1	\$202.70

Rapid Rewards points will be deposited into the Member's account once the entire ticket has been flown, exchanged, or refunded (if applicable).

Air Total: \$202.70

Purchaser Name Eduardo Gamboa Billing Address 5732 Maurice Bell Dr. El Paso, TX 79932

Form of Payment	Amount Applied
Original Balance	\$97.70
Applied	\$97.70
Remaining	\$0.00
Amount Applied	\$105.00
Travel Funds - XCKL9A - 8028	\$97.70

Amount Paid
\$202.70

Trip Total
\$202.70

CCAA - SUMMER CLE

Flamingo Hilton
3555 Las Vegas Boulevard
Las Vegas, Nevada

THURSDAY, JULY 14, 2011

4:00-7:00 p.m. Late Registration and
Welcome Reception
73 Ways to Win:
Litigation Tactics
ABA DVD

FRIDAY, JULY 15, 2011

8:30 a.m. Continental Breakfast
Late Registration
Welcome

8:30-9:30 a.m. Protective Orders
Denise Martinez, Esq.
Bexar County, Texas

9:30 – 10:30 a.m. Veteran's Court
Hon. Wayne Christian,
County Court at Law 6
Bexar County, Texas

10:30-10:45 a.m. **BREAK**

10:45-12:15 p.m. Dependent and
Independent
Administration
Hon. Eduardo Gamboa
Probate Judge
El Paso, Texas

12:15-12:45 p.m. **LUNCH**

12:45 – 1:45 p.m. Summary Judgments
Hon. Raul Vasquez
Webb County, Texas

1:45-2:45 p.m. DWI & Misdemeanor
Law Updates
Hon. JoAnn DeHoyos
Bexar County, Texas

2:45-3:00 p.m. **BREAK**

3:00-4:00 p.m. Family Law UPATE
Shirley Erlich, Esq.
Bexar County, Texas

4:00-5:30 p.m. Search and Seizure
And UPDATES
Warren Weir, Esq.
Bexar County, Texas

SATURDAY, JULY 16, 2011

9:00-Noon Continental Breakfast
"Ethics Follies"
3 hours Ethics
State Bar of TX DVD

Noon Collect CLE cards
Review conference
Collect Evaluations

Because of travel arrangements, the live
speakers for Friday may be rearranged.



Thank you for your purchase!

Los Angeles, CA - LAX to El Paso, TX - ELP

Air

Confirmation: W7K5W4

Los Angeles, CA - LAX to El Paso, TX - ELP
Sunday, July 17, 2011

Air Total: \$182.70

Amount Paid
\$182.70

Trip Total
\$182.70

JUL 17 **07/17/11 - El Paso**

AIR
Los Angeles, CA - LAX to El Paso, TX - ELP
07/17/2011
Confirmation # W7K5W4

Adult Passenger(s) **Rapid Rewards #**
EDUARDO GAMBOA

DEPART 8:40 PM Los Angeles, CA (LAX) to **Flight** Sunday, July 17, 2011
JUL 11:35 PM El Paso, TX (ELP) **#356** Travel Time 1 h 55 m
17 (Nonstop)

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	LAX-ELP	Wanna Get Away	\$160.00	\$22.70	1	\$182.70
Please read the fare rules associated with this purchase.				\$160.00	\$22.70	1	\$182.70

Rapid Rewards points will be deposited into the Member's account once the entire ticket has been flown, exchanged, or refunded (if applicable).

Air Total:
\$182.70

Purchaser Name Eduardo Gamboa **Billing Address** 5732 Maurice Bell Dr.
El Paso, TX 79932

Form of Payment Visa - XXXXXXXXXXXX-5029 **Amount Applied**
\$182.70

Amount Paid
\$182.70

Trip Total
\$182.70

CI: MSARULLO 7/14/11 11:42 PM

CO:

Arrival Date: 7/14/11

Departure Date: 7/15/11



Name: EDUARDO GAMBOA

Address: 500 E SAN ANTONIO AVE
EL PASO TX 79901-2419

3555 Las Vegas Blvd. South Las Vegas, NV 89109
FOR RESERVATIONS CALL 1-800-732-2111
702-733-3111

Group Code: FBEST11

Casino ID: 0928488

Resv ID: 407206670822

Room #: FL 12098

Folio ID: 407383319218

Page: 1

Date	Reference	Description	Charges	Credits	Balance
07/14/11	FL12098	ROOM CHARGE FL 12098	45.00		
		TAX2	5.40		50.40
07/15/11		VISA-LODGING *****5029		50.40	
<p>El Paso International Airport 6701 Convair Rd. El Paso, TX. 79925</p> <p>Fee Computer Number: 15 Cashier: JULIE ID #126 Transaction Number: 10767 Entered: 07/14/11 15:34 Exited: 07/18/11 01:21 Ticket #60699 Dispenser #10 Rate: Area 2 Total Fee: \$20.00 Cash: \$20.00</p> <p>Thank you for choosing Standard Parking Have a nice day</p>					
					.00

Thank You for Staying at the Flamingo Las Vegas Resort Hotel & Casino



JUDGE

EDUARDO A. GAMBOA

EL PASO COUNTY STATUTORY PROBATE COURT NO. 2

EL PASO COUNTY COURTHOUSE
500 E. SAN ANTONIO AVENUE
4TH FLOOR, ROOM 422
EL PASO, TEXAS 79901
(915) 546-8183 · (915) 875-8530 FAX

July 19, 2011

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, July 25, 2011:

Approve and authorize reimbursement in the amount of \$545.80 to Judge Eduardo A. Gamboa for travel to the CCAA Summer CLE Conference in Las Vegas, Nevada from July 14 thru 16, 2011. Funds are available in account PROBJUDSUP2-6705.

Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Eduardo A. Gamboa".

Eduardo A. Gamboa, Probate Judge

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

EG/bc

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO2536 01
 Voucher Total: \$1,057.23
 No. of Lines: 1
 T/C Hash: 238

Single Check (Y/N): _____

Date Entered: 07/21/2011
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: ONE THOUSAND,
 FIFTY SEVEN DOLLARS AND TWENTY THREE CENTS

Vendor Name: ELIZABETH PARSONS
 PROBATE # 1
 Street: 500 EAST SAN ANTONIO

City, State, Zip: EL PASO TX 79901

Subject: CHICAGO, IL6/30-7/09/11RMB'11 NAMI NAT'L CONVENTI

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	1,057.23	PROBTRVLSR1	6705				
	Desc:	CHICAGO, IL6/30-7/09/11RMB'11 NAMI NAT'L CONVENTI						
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: 07/21/2011

Approved by: _____ Date: _____



4445 2161

County of El Paso Travel Request Form

Travel

Type: **REIMBURSEMENT**

Name: Elizabeth Parsons Department: Probate Court No. 1
 Date of Trip: Departure Date: 06/30/11 Return Date: # 07/09/11 Destination: Chicago, Illinois
 * Event: 7/6/11 2011 NAMI Convention
 County Related Purpose:

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

Department Index: PROBTRVLSR PROBTRVLSR1 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 \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$36.0 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date

* (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 (\$36.00)	_____
Meal rate on Return date	_____
Lodging	821.31
Other - Registration	_____
Other - Parking/Tolls	32.35
Other - Taxi	_____
Other - Shuttle	53.00
Other - Professional credit fee	15.00
TOTAL	\$931.66

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: Emp02536
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

REIMBURSEMENT AMOUNT \$931.66 \$0.00
 CC

NOTATION: SIGNING OF THIS FORM IS AN ACKNOWLEDGEMENT OF THE COUNTY TRAVEL POLICY WHICH AUTHORIZES THE SALARY OFFSET OF WAGES FOR NONCOMPLIANCE

EMPLOYEE [Signature]
SIGNATURE

DEPT. HEADS [Signature]
SIGNATURE

DATE: 18-Jul-11

C.C.O. DATE

**COUNTY OF EL PASO, TEXAS
COMMISSIONERS COURT TRAVEL EXPENSE POLICY
APPROVED NOVEMBER 8, 2010**

The following are some commissioners court guidelines to be used in conjunction with travel advances and expenses.

All travel vouchers and receipts must be submitted to the county treasury on or before the 10th working day from your last authorized travel date. If a refund is due to the County of El Paso, travel vouchers must be submitted to the county treasury along with any unused funds that were advanced and all supporting documentation. In regards to documentation, any lost receipts are the responsibility of the person receiving a county advance. Your evidence of such a refund will be a pink deposit warrant copy issued by the county treasury.

All travel expenses require adequate supporting documentation or justification. Failure to provide adequate documentation or justification may cause your travel expenses to be disallowed by commissioners court and a refund to the county will be required. Personal expenses must be separated from county business expenses. Failure to adhere to this policy will result in salary offset of wages for any unallowable expenses or unreturned travel vouchers and receipts.

Instructions to Complete Travel Expense Vouchers

Purpose of Travel

Please record a brief description of the purpose of your trip (to attend a conference, seminar, school, et cetera).

Date(s) of Trip

Please show the date(s) of your authorized travel. Expenses must be maintained on a day-by-day basis which will facilitate identifying travel costs to be accounted for. All travel advances from current year funds must be approved by September 30. Travel advances for dates subsequent to fiscal year end utilizing current year funds must relate to travel that will be taken no later than November 15, of the new fiscal year.

Travel (Mode of Transportation)

Please report all expenses incurred for air fare, bus fare, car rental , shuttle and mileage reimbursement.

Lodging

Please attach a receipt for all lodging charges showing actual charges, name of the establishment, mailing address and date(s).

Mileage Reimbursement

The County's mileage rate is 40 cents per mile, when an employee's personal vehicle is used for county related travel.

Meals

A \$36.00 meal per diem with **no** receipts required for documentation. For out-of-town travel of a half day or less (ie: day of departure and/or day of return) the per diem rate is \$9.00 breakfast, \$9.00 lunch, \$18.00 dinner. If meals are included as program cost then the per diem must be adjusted accordingly. No per diem expense for travel where departure and return are on the same date.

Other

All other expenditures should be recorded, described and supported by receipts to the greatest extent possible.

Prohibited County Travel Expenses

Prohibited expenses include but are not necessarily limited to the following:

No Alcoholic drinks

No Nonbusiness related long distance and local telephone calls

No Supplies, books or other items which must be processed by the purchasing agent

No Movies, door prizes, gratuities (Tips)

No Utilization of travel agency



720 South Michigan Avenue • Chicago, IL 60605
 Phone (312) 922-4400 • Fax (312) 922-5240
 Billing Inquiries: (312) 431-6961
 Reservations: www.hilton.com or 1 800 HILTONS

Name & Address

PARSONS, ELIZABETH
 708 welllesley road
 el paso, TX 79902
 US

Room 2016/K1DL
 Arrival Date 7/6/2011 4:13:00PM
 Departure Date 7/9/2011
 Adult/Child 1/0
 Room Rate 227.00

RATE PLAN L-Y2
 HH#
 AL
 BONUS AL CAR

Confirmation Number : 3427224584

7/9/2011 PAGE 1

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
7/6/2011	GUEST ROOM	SBART	12195346	\$227.00		
7/6/2011	HOTEL CITY TAX	SBART	12195346	\$7.95		
7/6/2011	HOTEL STATE TAX	SBART	12195346	\$27.01		
7/7/2011	*LAKESIDE GREEN	LINTR	12197753	\$38.43	?	
7/7/2011	GUEST ROOM	MRUAC	12199028	\$227.00)	
7/7/2011	HOTEL CITY TAX	MRUAC	12199028	\$7.95)	
7/7/2011	HOTEL STATE TAX	MRUAC	12199028	\$27.01)	
7/8/2011	*LAKESIDE GREEN	LINTR	12201172	\$7.00	?	
7/8/2011	GUEST ROOM	SBART	12203537	\$227.00)	
7/8/2011	HOTEL CITY TAX	SBART	12203537	\$7.95)	
7/8/2011	HOTEL STATE TAX	SBART	12203537	\$27.01)	
WILL BE SETTLED TO VS *0172						\$831.31
EFFECTIVE BALANCE OF						\$0.00

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K
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U

Zip-Out Check-Out®

Good Morning ! We hope you enjoyed your stay. With Zip-Out Check-Out® there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
 - + pay at the time of purchase.
 - + charge purchases to your account, then stop by the Front Desk for an updated statement.
 - + or request an updated statement be mailed to you within two business days.

Simply dial 4794 and tell us when you are ready to depart. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you have any questions about your account.

DATE OF CHARGE	FOLIO NO./CHECK NO. 1899603 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

SHELTER VALET PARKING LP
6440 AIRPORT ROAD
EL PASO TX, 79925
915-778-2020
27020084101205

Merchant ID: 27020084101205
Record Num.: 0018

Sale

xxxxxxxxxxxx0172
VISA Entry Method: Swiped
Total: \$ 64.73
07/09/11 20:37:17
Inv#: 000018 Appr Code: 01569C
Apprvd: Online Batch#: 000147
TRN Ref #: 161191058373775
Validation Code: 05B6
Rewards Program: 309110

THANK YOU!
PLEASE COME AGAIN!
CARDHOLDER COPY

SHELTER VALET PARKING LP
6440 AIRPORT ROAD
EL PASO TX, 79925
915-778-2020
27020084101205

Merchant ID: 27020084101205
Record Num.: 0018

Sale

xxxxxxxxxxxx0172
VISA Entry Method: Swiped
Total: \$ 64.73
07/09/11 20:37:17
Inv#: 000018 Appr Code: 01569C
Apprvd: Online Batch#: 000147
TRN Ref #: 161191058373775
Validation Code: 05B6
Rewards Program: 309110

THANK YOU!
PLEASE COME AGAIN!
CARDHOLDER COPY

$\$64.73 \div 10 \text{ days} = \6.47 per day

July 5-9th is 5 days
 $6.47 \times 5 \text{ days} = \underline{\underline{\$32.35}}$

total for parking at El Paso airport

AIRPORT EXPRESS-O'HARE
18000 WEST OHARE
CHICAGO, IL 60666

CREDIT I.D. : 00917137001004
DEBIT I.D. : 000000+DEBIT+01

VISA TLR: 505
XXXXXXXXXXXXXXXX0172
SALE
BATCH: 000623 INVOICE: 496227
DATE: JUL 06, 11 TIME: 12:06
RRN: 9271068 AUTH NO: 03283C

TOTAL \$53.00

BETH PARSONS

X-----

THANK YOU & HAVE A NICE DAY

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

AIRPORT EXPRESS-O'HARE
18000 WEST OHARE
CHICAGO, IL 60666

CREDIT I.D. : 00917137001004
DEBIT I.D. : 000000+DEBIT+01

VISA TLR: 505
XXXXXXXXXXXXXXXX0172
SALE
BATCH: 000623 INVOICE: 496227
DATE: JUL 06, 11 TIME: 12:06
RRN: 9271068 AUTH NO: 03283C

TOTAL \$53.00

BETH PARSONS

X-----

THANK YOU & HAVE A NICE DAY

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Returning to the Airport?



AIRPORT EXPRESS

Call 800-654-7871

www.airportexpress.com

24-hour notice
recommended

Returning to the Airport?



AIRPORT EXPRESS

Call 800-654-7871

www.airportexpress.com

24-hour notice
recommended

Nami Office
3803 N Fairfax Dr#100
Arlington, VA 22203
703-524-7600

TERMINAL ID.:
MERCHANT #: 55552066600

UISA
*****0172 EXP:XX/XX SWIPED
SALE
BATCH: 000004 INU: 000003
Jul 09, 11 11:19
RRN: 119015200298 AUTH:07697C
TRAN SEQ #: 000162

APPROVAL 07697C

TOTAL \$15.00

BETH PARSONS

THANK YOU!

CUSTOMER COPY

Nami Office
3803 N Fairfax Dr#100
Arlington, VA 22203
703-524-7600

TERMINAL ID.:
MERCHANT #: 55552066600

UISA
*****0172 EXP:XX/XX SWIPED
SALE
BATCH: 000004 INU: 000003
Jul 09, 11 11:19
RRN: 119015200298 AUTH:07697C
TRAN SEQ #: 000162

APPROVAL 07697C

TOTAL \$15.00

BETH PARSONS

THANK YOU!

CUSTOMER COPY

*fee paid at the
conference to
obtain the
professional credits.*

El Paso County Travel Justification Form

Employee: Elizabeth Parsons Signature [Signature] Date: 7/18/2011
Dept. Head: Gloria Lopez Signature [Signature] Date: 7/18/2011
Dept: Probate Court 1 Job Title: Adm./Auditor

Travel Funding Source: County Grant Other
Will any funds be reimbursed by another entity? No
Travel Account No: Probtvlsr Balance Remaining for FY: 4,500.00

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

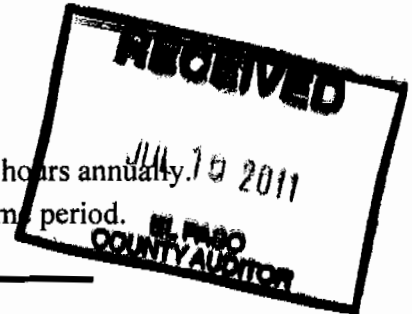
Statue Refrence:

My effective office requires _____ number of training hours annually.

I have already fulfilled _____ of these hours for this time period.

Estimated hours to be obtained from this cours? _____

Please provide documentation for hours needed. _____



Professional or Technical Training to Maintain License/Certification

(peace officers, attorneys, CPAs, technical certifications, etc.)

My effective office requires 15 number of training hours annually.

I have already fulfilled 5 of these hours for this time period.

Estimated hours to be obtained from this course? 10

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, 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, TAG, 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: _____

NAMI

NATIONAL CONVENTION



CHICAGO • JULY 6-9 • 2011



Schedule

TUESDAY, JULY 5

6 p.m. – 8 p.m. REGISTRATION OPEN

WEDNESDAY, JULY 6

8 a.m. – 6 p.m. CONNECTION CAFÉ OPEN

8:30 a.m. – 6 p.m. REGISTRATION OPEN

9 a.m. – 11 a.m. EDUCATION, TRAINING AND PEER SUPPORT CENTER PROGRAM DIRECTORS MEETING

9 a.m. – 11:30 a.m. COUNCIL MEETINGS

- State Presidents Council
- NAMI Consumer Council
- NAMI Veterans Council
- Executive Directors Group

9 a.m. – 11:30 a.m. NAMI AFFILIATE LEADERS NETWORKING

9 a.m. – 1:30 p.m. SPECIAL SEMINAR ON BORDERLINE PERSONALITY DISORDER

11:45 a.m. – 12:15 p.m. CANDIDATE SPEECHES

12 p.m. – 5 p.m. EXHIBIT HALL AND NAMILAND OPEN

1:30 p.m. – 5:30 p.m. VETERANS TRAINING SESSION

1:30 p.m. – 5:30 p.m. LEADERSHIP INSTITUTE

5 p.m. – 8 p.m. WELCOME CENTER OPEN

6:30 p.m. – 7:15 p.m. CONVENTION ORIENTATION

7 p.m. – 8:30 p.m. NAMI CONNECTION RECOVERY SUPPORT GROUP

7:30 p.m. – 9:30 p.m. SPECIAL SESSION WITH DR. THOMAS INSEL, DIRECTOR, NATIONAL INSTITUTE OF MENTAL HEALTH

THURSDAY, JULY 7

8 a.m. – 6 p.m. CONNECTION CAFÉ OPEN

8:30 a.m. – 9:30 a.m. OPEN MICROPHONE WITH NAMI BOARD OF DIRECTORS

8:30 a.m. – 1:30 p.m. EXHIBIT HALL AND NAMILAND OPEN

8:30 a.m. – 5 p.m. REGISTRATION OPEN

9:15 a.m. – 12 p.m. SPECIAL SESSION FOR STATE ADVOCACY NETWORK LEADERS

9:15 a.m. – 12 p.m. EDUCATION, TRAINING AND PEER SUPPORT CENTER INSTITUTE AND WORKSHOPS

9:15 a.m. – 12 p.m. ESTATE PLANNING GENERAL SESSION AND WORKSHOPS

10 a.m. – 8 p.m. WELCOME CENTER OPEN

12:15 p.m. – 1 p.m. EXERCISE CLASS

12:45 p.m. – 1:45 p.m. STATE CAUCUSES

2 p.m. – 3:30 p.m. CONVENTION OPENING: BUILDING BETTER LIVES

3:30 p.m. – 6:30 p.m. EXHIBIT HALL AND NAMILAND OPEN

3:45 p.m. – 5 p.m. SPECIAL INTEREST NETWORKING SESSIONS

- Children, Youth and Young Adults
- Borderline Personality Disorder
- Artists as Advocates
- CIT
- NAMI FaithNet
- Seclusion and Restraint
- National Minority Mental Health Month Town Hall
- Federal Legislative Briefing

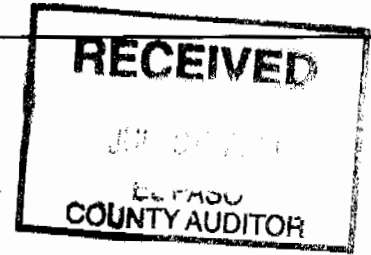
5:30 p.m. – 6:30 p.m. STATE CAUCUSES

5:30 p.m. – 7 p.m. NAMI ILLINOIS ANNUAL MEMBERSHIP MEETING

7 p.m. – 9 p.m. HOMECOMING PARTY

8 p.m. – 9 p.m. POETRY SLAM

Approved will have approx. 13.5 hr carry over for FY12



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: Anna Perez Department: Commissioner Court
 Date of Trip: Departure Date: 08/24/11 Return Date: # 08/26/11 Destination: AUSTIN, TEXAS
 * Event: Post-Legislative Conference
 County Related Purpose: Conference will provide overview of legislative session and discuss how it will affect TX counties direct

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

Department Index: GADMINGF 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 \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$36.0 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date
 * (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	\$231.40 <i>f</i>	
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date		
Meal per diem (\$36.00)	72.00	
Meal rate on Return date		
Lodging	239.20 <i>P</i>	
Other - Registration	230.00	
Other - Parking/Tolls		
Other - Taxi		
Other - Shuttle		
Other -		
TOTAL	\$772.60	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Sub-Object: _____
 Vendor: Emp 02431
 Subsidiary: _____
 Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$772.60 \$0.00
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____
 Name: _____ Name: _____

NOTATION: SIGNING OF THIS FORM IS AN ACKNOWLEDGEMENT OF THE COUNTY TRAVEL POLICY WHICH AUTHORIZES THE SALARY OFFSET OF WAGES FOR NONCOMPLIANCE

EMPLOYEE SIGNATURE [Signature]
 DEPT. HEADS SIGNATURE _____
 DATE: 7-Jul-11

C.C.O. DATE



County of El Paso Travel Expenditure Voucher

C.C.O.

Name: Anna Perez Department: Commissioner Court
 Date of Trip: Departure 08/24/11 Arrival Date: 08/24/11 Destination: AUSTIN, TEXAS
 Purpose of Trip: Conf will provide overview of legislative session and discuss how it will affect TX counties direct
 Department Index: GADMINI Sub-Object: 6705

Section 1: Guidelines for Determining Meal Rates Allowance

Please Check One (Departure meal rate)

<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate \$ 18.00
<input checked="" type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate \$ 27.00

Please Check One (Return meal rate)

<input checked="" type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate \$ 18.00
<input type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate \$ 36.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Expenditure Breakdown

Airfare	\$231.40
Auto Rental	_____
Mileage (.40 /mile)	_____
Gas	_____
* Meal rate on Departure date	_____
Meal per diem (\$36.00)	72.00
* Meal rate on Return date	_____
Lodging	239.20
Other - Registration	230.00
Other - Parking/Tolls	_____
Other - Taxi	_____
Other -	_____
Other -	_____
Other -	_____
TOTAL	\$772.60

FOR AUDITOR'S USE ONLY

Trans. Code: _____
 Index: _____
 Vendor: _____
 Subsidiary: _____
 Amount: _____
 Date Entered: _____

Section 3: Check(s) Made Payable to:

1114 County Check No.

_____ Deposit Warrant No.

ADVANCE FROM COUNTY: _____

TOTAL EXPENDITURES: \$772.60

REFUND TO THE EMPLOYEE (\$772.60)

SIGNATURE _____

DATE: 7-Jul-11

**COUNTY OF EL PASO, TEXAS
COMMISSIONERS COURT TRAVEL EXPENSE POLICY
APPROVED NOVEMBER 8, 2010**

The following are some commissioners court guidelines to be used in conjunction with travel advances and expenses.

All travel vouchers and receipts must be submitted to the county treasury on or before the 10th working day from your last authorized travel date. If a refund is due to the County of El Paso, travel vouchers must be submitted to the county treasury along with any unused funds that were advanced and all supporting documentation. In regards to documentation, any lost receipts are the responsibility of the person receiving a county advance. Your evidence of such a refund will be a pink deposit warrant copy issued by the county treasury.

All travel expenses require adequate supporting documentation or justification. Failure to provide adequate documentation or justification may cause your travel expenses to be disallowed by commissioners court and a refund to the county will be required. Personal expenses must be separated from county business expenses. Failure to adhere to this policy will result in salary offset of wages for any unallowable expenses or unreturned travel vouchers and receipts.

Instructions to Complete Travel Expense Vouchers

Purpose of Travel

Please record a brief description of the purpose of your trip (to attend a conference, seminar, school, et cetera).

Date(s) of Trip

Please show the date(s) of your authorized travel. Expenses must be maintained on a day-by-day basis which will facilitate identifying travel costs to be accounted for. All travel advances from current year funds must be approved by September 30. Travel advances for dates subsequent to fiscal year end utilizing current year funds must relate to travel that will be taken no later than November 15, of the new fiscal year.

Travel (Mode of Transportation)

Please report all expenses incurred for air fare, bus fare, car rental, shuttle and mileage reimbursement.

Lodging

Please attach a receipt for all lodging charges showing actual charges, name of the establishment, mailing address and date(s).

Mileage Reimbursement

The County's mileage rate is 40 cents per mile, when an employee's personal vehicle is used for county related travel.

Meals

A \$36.00 meal per diem with **no** receipts required for documentation. For out-of-town travel of a half day or less (ie: day of departure and/or day of return) the per diem rate is \$9.00 breakfast, \$9.00 lunch, \$18.00 dinner. If meals are included as program cost then the per diem must be adjusted accordingly. No per diem expense for travel where departure and return are on the same date.

Other

All other expenditures should be recorded, described and supported by receipts to the greatest extent possible.

Prohibited County Travel Expenses

Prohibited expenses include but are not necessarily limited to the following:

No Alcoholic drinks

No Nonbusiness related long distance and local telephone calls

No Supplies, books or other items which must be processed by the purchasing agent

No Movies, door prizes, gratuities (Tips)

No Utilization of travel agency

El Paso County Travel Justification Form

Employee: Anna Perez
Dept. Head:
Dept: Commissioner Crt.

Signature [Handwritten Signature] Date: 7/7/2011
Signature
Job Title: Commissioner

Travel Funding Source: X County Grant Other
Will any funds be reimbursed by another entity?
Travel Account No: Balance Remaining for FY:

Purpose: (check one)

[X] Statutorily Required Training to Hold Elective Office For 2012.
Statue Refrence: 15
My effective office requires 15 number of training hours annually.
I have already fulfilled of these hours for this time period.
Estimated hours to be obtained from this cours?
Please provide documentation for hours needed.

[] Professional or Technical Training to Maintain License/Certification
(peace officers, attorneys, CPAs, technical certifications, etc.)
My effective office requires number of training hours annually.
I have already fulfilled of these hours for this time period.
Estimated hours to be obtained from this cours?

[] Additional Professional or Technical Training NOT Required to Maintain License/Certification

[] Travel for Lobbying/Advocating Before Federal/State Legislature, 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:

[X] Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
Organization Name: Texas Association of Counties

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


[] Other:


August 24-26, 2011 [Hilton Austin Hotel](#)


Registration Information - [Sign up today and register online!](#) 

Hotel Information - [View hotel information for this event.](#) 

Scheduled Activities - [Interested in the schedule of activities?](#) 

Agenda - [View the agenda for this event.](#) 

Continuing Education - [Review the continuing education credits for this event.](#) 

Cancellation Policy - [Already registered and need to cancel?](#) 

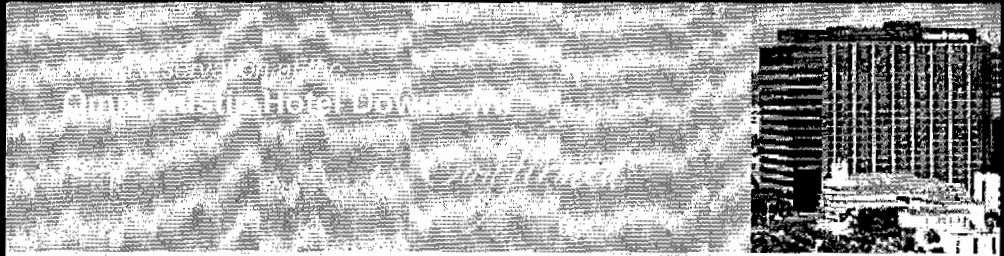
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Norma Head

From: reservations@omnihotels.com
Sent: Thursday, July 07, 2011 1:50 PM
To: Norma Head
Subject: Omni Austin Hotel Downtown Reservation Confirmation 40006357212

OMNI HOTELS & RESORTS

[HOTEL HOME](#) | [LOCAL INFORMATION](#) | [MODIFY RESERVATIONS](#) | [JOIN SELECT GUEST](#)



CONFIRMATION #40006357212

Omni Austin Hotel Downtown
700 San Jacinto Blvd
Austin TX US 78701
Phone: 512-476-3700
Fax: 512-397-4888
[Driving Directions to the Hotel >](#)

GUEST
Anna Perez
500 E San Antonio room 301
El Paso TX US 79901

ARRIVING: 08/24/2011
DEPARTING: 08/26/2011

CHECK IN TIME: 3:00 PM
CHECK OUT TIME: 12:00 PM

ROOM RATE	
Government Rate	
2 nights	104.00 USD
Subtotal (2 nights)	208.00 USD
Taxes	31.20 USD
Fees	0.00 USD
Total for Room:	239.20 USD

Additional fees may apply
[Read complete terms and conditions](#)

ACCOMMODATIONS
392 sq ft, 32" TV, granite vanity.

Classic Deluxe Room with King Bed
Texas hospitality meets cosmopolitan elegance in Austin's bustling downtown.

- Features:**
- 392 sq. ft. room with contemporary Texas décor, including dark woods and crown molding.
 - WiFi access / high-speed internet available.
 - 32" flat screen television.
 - Spacious bathroom with granite vanity and lighted make-up mirror.

NUMBER OF GUESTS
1 Adult(s) 0 Child(ren)

GUARANTEE
Visa *****16979
Deposit not mandatory

CANCELLATION: Cancel by 12PM on 08/23/2011 to avoid \$119.00 penalty

SIGN UP

To Receive Special Offers From Omni Hotels

Omni Amelia Island Plantation Resort

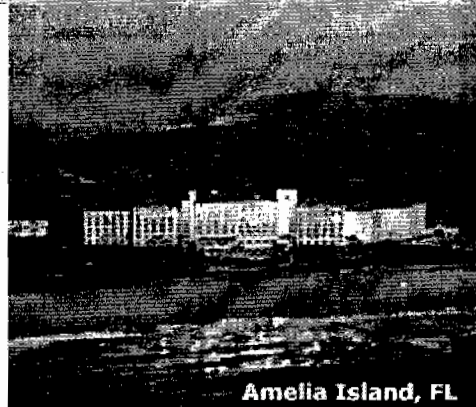
Omni Hotels is proud to introduce our newest resort, the Omni Amelia Island Plantation Resort, located on Florida's Atlantic coastline.

[Learn More >](#)

Apps for the "On The Go" Traveler

Omni Hotels offers you the convenience and ease of being connected with our iPhone and Blackberry mobile applications.

[Learn More >](#)



Amelia Island, FL

If you have a question about this reservation please contact us by phone 1-888-444-OMNI or send us email at reservations@omnihotels.com. You can obtain more information regarding Omni Hotels from [our website](#). We thank you for your patronage and wish you a pleasant stay at the **Omni Austin Hotel Downtown**. Other customer requests will be confirmed at check-in.

This is a post only email from Omni Hotels. Please do not reply to this message
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TEXAS ASSOCIATION of COUNTIES

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Member	Education	Online	About Texas	About
------------------------	---------------------------	------------------------	-----------------------------	-----------------------



EDUCATION CENTER

Registration Confirmation

Thank you for registering for the **2011 Post-Legislative Conference**. Please review the information below and print this form to keep as a copy for your records. If you need more information about the conference or have a question regarding your registration, email lauraw@county.org or call our toll-free number (800) 456-5974 for assistance.

You may reserve your room at the [Hilton Austin](#). Rooms are limited to one per attendee. Please note that the room block is reserved for registered attendees only. Reservations made without conference registration are subject to cancellation.

We look forward to seeing you at the 2011 Post-Legislative Conference & Expo.

Date Registered: **7/7/2011 3:05:18 PM**
 Conference: **2011 Post-Legislative Conference**
 Event Date/Location: **August 24-26, 2011 / Austin**
 Name: **Anna Perez**
 Title: **Commissioner Pct. 1**
 County: **El Paso County**
 Email Address: **Commissioner1@epcounty.com**
 Street Address: **500 E. San Antonio**
 City: **El Paso**
 State: **TX**
 Zip Code: **79901**
 Phone Number: **915-546-2014**
 Registration Fee: **\$230**
 Spouse Fee: **\$0**
 Golf Fee: **\$0**

[Print this page](#)

[Return to Events](#)

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01676 01
 Voucher Total: \$1,134.13
 No. of Lines: 1
 T/C Hash: 208

Single Check (Y/N): _____

Date Entered: 07/21/2011
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: ONE THOUSAND ONE HUNDRED,
 THIRTY FOUR DOLLARS AND THIRTEEN CENTS

Vendor Name: MARIA L. MARTINEZ
PROBATE#2
 Street: 3452 BARON PLACE

City, State, Zip: EL PASO, TX 79936

Subject: SANTONIO, TX9/07-9/17/11TCPCJ 3-DY ANNUAL MEETNG

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	1,134.13	PROBTRVLSR2	6705	145	PRO010		
	Desc:	SANTONIO, TX9/07-9/17/11TCPCJ 3-DY ANNUAL MEETNG						
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: 07/21/2011

Approved by: _____ Date: _____



300
546-8183 SS#
#1
Emp 01676

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: MARIA L. MARTINEZ Department: PROBATE COURT #2
Date of Trip: Departure Date: 09/07/11 Return Date: 09/10/11 Destination: SAN ANTONIO, TX
* Event: TEXAS COLLEGE OF PROBATE JUDGES ANNUAL MEETING
County Related Purpose: _____

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

Department Index: PROBJUDSUP2 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 \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$36.0 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date
* (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	\$339.40	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	18.00	_____
Meal per diem (\$36.00)	72.00	_____
Meal rate on Return date	18.00	_____
Lodging	311.73	_____
Other - Registration	375.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other - Shuttle	_____	_____
Other -	_____	_____
TOTAL	\$1,134.13	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
Index: _____
Sub-Object: _____
Vendor: Emp 01676
Subsidiary: _____
Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE NO Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$1,134.13 \$0.00
Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

NOTATION: SIGNING OF THIS FORM IS AN ACKNOWLEDGEMENT OF THE COUNTY TRAVEL POLICY WHICH AUTHORIZES THE SALARY OFFSET OF WAGES FOR NON-COMPLIANCE

EMPLOYEE Maria Martinez
SIGNATURE
DEPT. HEADS
SIGNATURE

C.C.O. DATE

DATE: 19-Jul-11

El Paso County Travel Justification Form

Employee: Maria L. Martínez
Dept. Head: Eduardo A. Gamboa
Dept: Probate Court #2

Signature [Signature] Date: 7/19/2011
Signature [Signature] Date: 7/19/2011
Job Title: Probate Assistant

Travel Funding Source: X County Grant Other

Will any funds be reimbursed by another entity? NO

Travel Account No: Probjudsup 2-6705 Balance Remaining for FY: \$1,356.38

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

Statue Refrence:

My effective office requires number of training hours annually.

I have already fulfilled of these hours for this time period.

Estimated hours to be obtained from this cours?

Please provide documentation for hours needed.

Professional or Technical Training to Maintain License/Certification

(peace officers, attorneys, CPAs, technical certifications, etc.)

My effective office requires number of training hours annually.

I have already fulfilled of these hours for this time period.

Estimated hours to be obtained from this cours?

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, 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, TAG, 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: Educational updates on Probate & Guardianship Law

From: Southwest Airlines <SouthwestAirlines@luv.southwest.com>
To: CHAMPSMM <CHAMPSMM@AOL.COM>
Subject: Southwest Airlines Confirmation
Date: Tue, Jul 19, 2011 10:01 am

You're all set for your trip!



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[Special Offers](#)

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Ready for takeoff!



Thanks for choosing Southwest for your trip! You'll find everything you need to know about your reservation below. Happy travels!



AIR Itinerary

AIR Confirmation: WXCBNQ

Confirmation Date: 07/19/2011

Passenger(s)	Rapid Rewards #	Ticket #	Expiration	Est. Points Earned
MARTINEZ/MARIA	- None Entered -	5262188305189	Jul 18, 2012	1907

Rapid Rewards points earned are only estimates. Not a member - visit <http://www.southwest.com/rapidrewards> and sign up today!

Date	Flight	Departure/Arrival
Wed Sep 7	1271	Depart EL PASO TX (ELP) at 1:10 PM Arrive in SAN ANTONIO TX (SAT) at 3:30 PM Travel Time 1 hrs 20 mins
Sat Sep 10	1879	Depart SAN ANTONIO TX (SAT) at 3:10 PM Arrive in EL PASO TX (ELP) at 3:40 PM Travel Time 1 hrs 30 mins

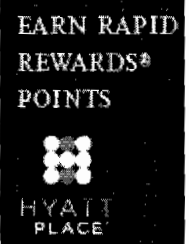
Air Cost: \$ 339.40

Fare Rule(s): Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. Unused travel funds may only be applied toward the purchase of future travel for the individual named on the ticket. Any changes to this itinerary may result in a fare increase.

ELP WN SAT147.91RYAVPNR WN ELP147.91RYAVPNR 295.82 END ZPELPSAT
 XFELP4.5SAT4.5 AY5.00\$ELP2.50 SAT2.50

Important Check-In Reminder

Be sure to arrive at the departure gate with your boarding pass at least 10 minutes before your



EARLY BIRD CHECK-IN™
 Let us take care of Check-in for you
 Just **\$10** One-Way
Get it Now



Find a Hotel
 See ratings, photos and rates for over 40,000 hotels.
Book a Hotel *



Rent Some Wheels
 Explore your destination on the perfect set of wheels.
Rent a Car *

scheduled departure time. Otherwise, your reserved space may be cancelled and you won't be eligible for denied booking compensation.



[Go to Boarding School](#)



[Get EarlyBird Check -In™ Details](#)

Cost and Payment Summary

AIR - WXCBNQ

Base Cost
 Base Fare \$ 295.82
 Excise Taxes \$ 22.18

Payment Information

Payment Type: Mastercard XXXXXXXXXXXX2268
 Date: Jul 19, 2011
 Payment Amount: \$339.40

Additional Taxes & Fees

Segment Fee \$ 7.40
 Passenger Facility Charge \$ 9.00
 Security Fee \$ 5.00
Total Air Cost \$ 339.40

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Get exclusive travel deals straight to your desktop or iPhone.

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- [Check-In Online](#)
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- [Baggage Policies](#)
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attempt to respond to this message. Your privacy is important to us, Please read our [Privacy Policy](#).



- ¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.
- ² Security Fee is the government-imposed September 11th Security Fee.

See [Southwest Airlines Co. Notice of Incorporation](#)
See [Southwest Airlines Limit of Liability](#)

Southwest Airlines
P.O. Box 36647-1CR
Dallas, TX 75235

[Contact Us](#)

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The St. Anthony Hotel
300 East Travis St.
San Antonio, TX 78205
Tel: (210) 227-4392 Fax: (210) 227-0915

Maria Martinez
US

May 25, 2011

Thank you for choosing to stay at **Wyndham St. Anthony Hotel**. We are pleased to confirm the following:

Arrival Day, Date	Departure Date	Daily Rate	Confirmation
Thursday, September 8 2011	Saturday, September 10 2011	\$9.00	2138651

Cancellation Policy: The cancellation policy is 24 hours prior to arrival to avoid one night's room charge to the credit card holding your reservation.

Payment: We accept most major credit cards.

Check-In: Our check-in time is 04:00 PM. We'll be happy to register you earlier if rooms are available or store your luggage until your room is prepared.

Departure: Check-out time is 12:00 PM with luggage storage available for departures after noon. Early Departure will result in a charge of one nights room and tax.

For more information on Wyndham St. Anthony Hotel, visit our web site:

www.Wyndham.com/hotels/SATST/main.wnt

Again, thank you for selecting Wyndham St. Anthony Hotel; we look forward to having you as our guest.

Sincerely,

Reservations Office
Wyndham St. Anthony Hotel

Total: \$311.⁷³ w/taxes

REGISTRATION FORM AND GENERAL INFORMATION QUESTIONNAIRE

Texas College of Probate Judges, San Antonio, September 2011, The St. Anthony

Please type or print clearly and answer all questions.

A separate registration form must be filled out by each person attending the conference.

Name María L. Martínez Phone (915) 546-8183

County El Paso Title Probate Assistant

Mailing Address 500 E. San Antonio, Rm. 422, El Paso, TX 79901

Email address _____

Is this your first Texas College of Probate Judges Conference attended? Yes No

Please check appropriate box(es):

- I am admitted to practice law
- I am not a lawyer
- I am a County Clerk or Deputy Clerk
- I am a Probate Assistant/Court Staff

If you are a judge, please indicate years of service on the bench and check the appropriate box below:

I have _____ years of service on the bench.

- I am Judge of a Constitutional County Court
- I am Judge of a County Court at Law exercising probate jurisdiction
- I am Judge of a Statutory Probate Court
- I am Judge of a _____ Court

What subjects would you be interested in at future Probate Seminars?

I have enclosed a check in the amount of \$ 375.⁰⁰ for my registration [and for _____ other member(s) of my staff]. A separate registration form is enclosed for each person registering. (\$375.00 per person if received by 8/26/11. \$425.00 per person if received 8/27/11 or after.) Make check(s) payable to Texas College of Probate Judges. (Please note our cancellation policies: Cancellations made by 8/29/11 can get a full refund of the registration fee or can apply the fee to a future conference. Cancellations after 8/29/11 but before 5 p.m. on 9/2/11 are subject to a \$100 administration fee. No refunds will be made for cancellations made after 5 p.m. on Friday, 9/2/11.)

Signature _____ Date _____

Questions? For the quickest response, email tcpj@austin.rr.com. You August also call and leave a message on the answering machine at 512-480-0600. The fax number is 512-854-4418.

Mail form(s) and check(s) to:

TEXAS COLLEGE OF PROBATE JUDGES
P. O. BOX 2025
AUSTIN, TEXAS 78768

Texas College of Probate Judges

Texas College of Probate Judges 3-Day Annual Meeting San Antonio, Texas

Wednesday, September 7, 2011

4:00 PM TO 6:00 PM **Registration**

Thursday, September 8, 2011

7:30 AM TO 8:10 AM **Registration: Coffee and Rolls**

8:10 AM TO 8:15 AM **Welcoming Remarks**
Guy Herman, TCPJ President

8:15 AM TO 10:00 AM **Mental Health Law**
The Hon. Guy Herman
Travis County Probate Court No.1

10:00 AM TO 10:15 AM **Coffee Break**

10:15 AM TO NOON **Recent Cases: Probate, Trust, and Mental Illness**
The Hon. Steve King
Tarrant County Probate Court No.1

NOON TO 1:15 PM **Lunch**

1:15 PM TO 2:15 PM **Dual Compensation Issues for Attorneys Serving as
Fiduciaries**
Stephen Jody Helman
Osborne, Helman, Knebel & Deleery, LLP, Austin

2:15 PM TO 3:00 PM **Responsibilities of the Probate Clerk**
The Hon. Gladys Burwell
Galveston County Probate Court

3:00 PM TO 3:15 PM **Stretch Break**

3:15 PM TO 4:15 PM **Independent Administration**
Craig Hopper
Hopper & Associates, P.C., Austin, Texas

4:15 PM TO 5:00 PM **Problems of Judges and Clerks in Small Counties**
Gene Terry
Executive Director, Texas Association of Counties

Texas College of Probate Judges

Friday, September 9, 2011

- 7:30 AM TO 8:00 AM **Coffee and Rolls**
- 8:00 AM TO 8:45 AM **Practical Aspects of Guardianship Law**
Craig Hopper
Hopper & Associates, P.C., Austin, Texas
- 8:45 AM TO 10:00 AM **Partners in Public Safety, NICS Reporting**
(2009 HB 3352, Gun Bill Reporting)
Diana Jo Linn-Cook
FBI NICS Liaison Specialist
- 10:00 AM TO 10:15 AM **Coffee Break**
- 10:15 AM TO 11:00 AM **The Judge's Role in Actions Against a Probate Appointee**
Howard M Reiner
Howard M Reiner & Associates, Houston
- 11:00 AM TO NOON **Ethics for Judges and Clerks**
The Hon. Polly Jackson Spencer
Bexar County Probate Court No. 1
- NOON TO 1:15 PM **Lunch**
- 1:15 PM TO 2:00 PM **Notice and Citation in Probate Court**
The Hon. Beth Rothermel
Washington County Clerk
- 2:00 PM TO 2:45 PM **Dependent Administration**
Clint Alexander
Barnes Lipscomb & Stewart PLLC, Austin
- 2:45 PM TO 3:00 PM **Stretch Break**
- 3:00 PM TO 3:45 PM **Heirship Proceedings**
Clint Alexander
Barnes Lipscomb & Stewart PLLC, Austin
- 3:45 PM TO 4:45 PM **Bonds, Inventories, and Accountings**
The Hon. Steve King
Tarrant County Probate Court No.1

Saturday, September 10, 2011

8:00 AM TO 9:15 AM

*break to switch rooms
from 9:15-9:25 AM*

9:25 AM TO 10:40 AM

Concurrent Workshops:*

- Monitoring guardianships . . . no matter how much staff you have (or don't have)
- Probate clerk discussion and Q&A including Judicial Council Monthly Court Activity Reports
- Mental health paperwork and Q&A

**Each participant will be able to attend two of the three workshops - one from 8:00-9:15 and the second from 9:25-10:40.*



JUDGE

EDUARDO A. GAMBOA

EL PASO COUNTY STATUTORY PROBATE COURT NO. 2

EL PASO COUNTY COURTHOUSE
500 E. SAN ANTONIO AVENUE
4TH FLOOR, ROOM 422
EL PASO, TEXAS 79901
(915) 546-8183 · (915) 875-8530 FAX

July 19, 2011

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

Dear Ms. Briones:

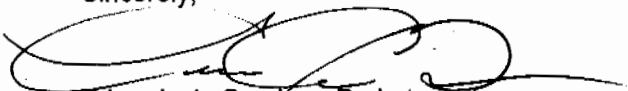
Please place the following item on Commissioner's Court agenda for Monday, July 25, 2011:

Approve and authorize the amount of \$1,134.13 for Maria L. Martinez, Probate Assistant, to attend the Texas College of Probate Judges Annual Meeting in San Antonio, Texas on September 7-10, 2011. Funds are available in account PROBJUDSUP2-6705. The following is an itemization of the expenses:

Texas College of Probate Judges (seminar fee)	\$ 375.00
Southwest Airlines	339.40
Wyndham Hotel	311.73
Meals (2 days @ \$18.00 & 2 days @ \$36.00)	<u>108.00</u>
Total	\$1,134.13

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

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP00197 01
 Voucher Total: \$209.25
 No. of Lines: 1
 T/C Hash : 238

Single Check (Y/N): _____
 Date Entered: 07/21/2011
 Entered by: AN

Preparer's Initials: AN
 Amount Spelled: TWO HUNDRED NINE DOLLARS AND TWENTY FIVE CENTS

Vendor Name: ERNESTO CARRIZAL

Street: ROAD & BRIDGE DEPARTMENT
 500 E. SAN ANTONIO
 City, State, Zip: EL PASO TX 79901

Subject: AUSTIN, TX6/22-6/22/11RBM TACERA BOARD MEETING

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	209.25	GADMINRB	6705				
	Desc:	AUSTIN, TX6/22-6/22/11RBM TACERA BOARD MEETING						
02	Desc:							
03	Desc:							
04	Desc:							
05	Desc:							
06	Desc:							
07	Desc:							
08	Desc:							
09	Desc:							
10	Desc:							

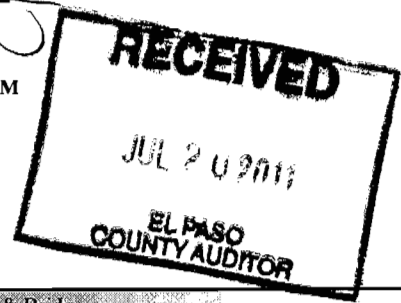
Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 07/21/2011

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: Reimbursement

Name: Ernesto Carrizal III Department: Road & Bridge
Date of Trip: Departure Date: 06/22/11 Return Date: 06/22/11 Destination: Austin, Texas
* Event: TACERA Board Meeting
County Related Purpose: _____

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

Department Index: GADMINRB 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 \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$36.00 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date
(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	\$189.40	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	9.85	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$36.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	_____	_____
Other - Parking/Tolls	10.00	_____
Other - Taxi	_____	_____
Other - Shuttle	_____	_____
Other -	_____	_____
TOTAL	\$209.25	\$0.00

FOR AUDITOR'S USE ONLY

Trans. Code: _____
Index: _____
Sub-Object: _____
Vendor: Emp 00197
Subsidiary: _____
Amount: _____

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

ADVANCE FROM COUNTY	\$209.25	\$0.00
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	

NOTATION: SIGNING OF THIS FORM IS AN ACKNOWLEDGEMENT OF THE COUNTY TRAVEL POLICY WHICH AUTHORIZES THE SALARY OFFSET OF WAGES FOR NONCOMPLIANCE

EMPLOYEE [Signature]
SIGNATURE
DEPT. HEADS
SIGNATURE _____

C.C.O. DATE _____

DATE: 13-Jul-11



**County of El Paso
Travel Expenditure Voucher**

C.C.O.

Name:	<u>Ernesto Carrizal</u>	Department:	<u>Road & Bridge</u>
Date of Trip: Departure	<u>06/22/11</u>	Arrival Date:	<u>06/22/11</u>
Purpose of Trip:	<u>Attend TACERA Board meeting</u>		
Destination:	<u>Austin, Texas</u>		
Department Index:	<u>GADMINRB</u>	Sub-Object:	<u>6750</u>

Section 1: Guidelines for Determining Meal Rates Allowance

Please Check One (Departure meal rate)

<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 18.00
<input checked="" type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 27.00

Please Check One (Return meal rate)

<input type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 18.00
<input checked="" type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 36.00

* \$35.00 per diem no receipts required
 * (Note: Please use the items checked above to fill out section 2 below)

Section 2: Travel Expenditure Breakdown

<table border="0"> <tr><td>Airfare</td><td align="right">_____</td><td align="right">\$189.40</td></tr> <tr><td>Auto Rental</td><td>_____</td><td></td></tr> <tr><td>Mileage (.40 /mile)</td><td>_____</td><td></td></tr> <tr><td>Gas</td><td align="right">_____</td><td align="right">9.85</td></tr> <tr><td>* Meal rate on Departure date</td><td>_____</td><td></td></tr> <tr><td>Meal per diem (\$36.00)</td><td>_____</td><td></td></tr> <tr><td>* Meal rate on Return date</td><td>_____</td><td></td></tr> <tr><td>Lodging</td><td>_____</td><td></td></tr> <tr><td>Other - Registration</td><td>_____</td><td></td></tr> <tr><td>Other - Parking/Tolls</td><td align="right">_____</td><td align="right">10.00</td></tr> <tr><td>Other - Taxi</td><td>_____</td><td></td></tr> <tr><td>Other -</td><td>_____</td><td></td></tr> <tr><td>Other -</td><td>_____</td><td></td></tr> <tr><td>Other -</td><td>_____</td><td></td></tr> <tr><td>TOTAL</td><td align="right">_____</td><td align="right">\$209.25</td></tr> </table>	Airfare	_____	\$189.40	Auto Rental	_____		Mileage (.40 /mile)	_____		Gas	_____	9.85	* Meal rate on Departure date	_____		Meal per diem (\$36.00)	_____		* Meal rate on Return date	_____		Lodging	_____		Other - Registration	_____		Other - Parking/Tolls	_____	10.00	Other - Taxi	_____		Other -	_____		Other -	_____		Other -	_____		TOTAL	_____	\$209.25	<p>FOR AUDITOR'S USE ONLY</p> <p>Trans. Code: _____</p> <p>Index: _____</p> <p>Vendor: _____</p> <p>Subsidiary: _____</p> <p>Amount: _____</p> <p>Date Entered: _____</p>
Airfare	_____	\$189.40																																												
Auto Rental	_____																																													
Mileage (.40 /mile)	_____																																													
Gas	_____	9.85																																												
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Other - Parking/Tolls	_____	10.00																																												
Other - Taxi	_____																																													
Other -	_____																																													
Other -	_____																																													
Other -	_____																																													
TOTAL	_____	\$209.25																																												

Section 3: Check(s) Made Payable to:

<u>1114</u>	County Check No.	
_____	Deposit Warrant No.	
ADVANCE FROM COUNTY:	_____	\$0.00
TOTAL EXPENDITURES:	_____	\$209.25
REFUND TO THE EMPLOYEE	_____	(\$209.25)

SIGNATURE _____

DATE: 11-Jul-11

El Paso County Travel Justification Form

Employee: Ernesto Carrizal Signature [Signature] Date: 7/11/2011
Dept. Head: Robert Rivera Signature [Signature] Date: 7/11/2011
Dept: Road & Bridge Job Title: Asst. Road & Bridge Administrator

Travel Funding Source: County Grant Other
Will any funds be reimbursed by another entity? No
Travel Account No: _____ Balance Remaining for FY: _____

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

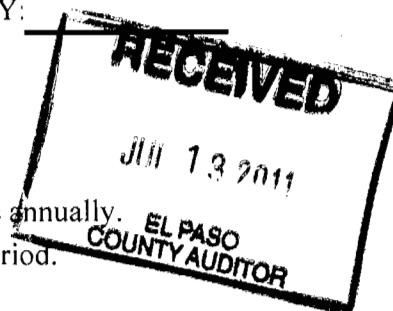
Statue Refrence:

My effective office requires _____ number of training hours annually.

I have already fulfilled _____ of these hours for this time period.

Estimated hours to be obtained from this cours? _____

Please provide documentation for hours needed.



Professional or Technical Training to Maintain License/Certification

(peace officers, attorneys, CPAs, technical certifications, etc.)

My effective office requires _____ number of training hours annually.

I have already fulfilled _____ of these hours for this time period.

Estimated hours to be obtained from this cours? _____

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, 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, TAG, Conference of Urban Counties, TBIC, etc.)

Organization Name: TACERA Board Meeting

Human Resources/Management/Personal Development Training

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

Other: _____

Texas Association of County Engineers and Road Administrators

Summer Board Meeting
11:00 A.M., June 22, 2011
TAC Building - Austin, Texas

Tentative Meeting Agenda

- Call to Order
- Review of Minutes from Spring Meeting – March 23, 2011

- 1. Continuation of discussions concerning TACERA records and audit

- 2. TACERA web page update

- 3. Fall TACERA Conference in San Antonio.
 - a. Selection of subjects
 - b. Selection of speakers
 - c. Vendors
 - d. Golf tournament
 - e. Hotel Arrangements - 2013-

- 4. NACE update ✓

- 5. Other old business

- 6. New Business

- Adjourn

Ernie Carrizal

From: Southwest Airlines [SouthwestAirlines@luv.southwest.com]
Sent: Tuesday, May 10, 2011 3:08 PM
To: Ernie Carrizal
Subject: Air Confirmation CARRIZAL/ERNESTO III - WCW6LK



CARRIZAL/ERNESTO III Confirmation Date: May 10, 2011 Confirmation Number: WCW6LK

Passenger Information

Passenger(s)	Account Number	Ticket #	Expiration ¹	Estimated Points Earned
CARRIZAL/ERNESTO III	00000032106443	5262173243587	May 9, 2012	1008

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Rapid Rewards points earned are only estimates. Visit your (MySouthwest, Southwest.com or Rapid Rewards) account for the most accurate totals - including A-List & A-List Preferred bonus points.

Itinerary

Depart: EL PASO TX TO AUSTIN TX (Travel time: 1 hrs 30 mins)

Date	Flight	Flight Information
Wed Jun 22	446	Depart EL PASO TX (ELP) at 06:00 AM Arrive in AUSTIN TX (AUS) at 08:30 AM

Return: AUSTIN TX TO EL PASO TX (Travel Time: 1 hrs 30 mins)

Date	Flight	Flight Information
Wed Jun 22	1224	Depart AUSTIN TX (AUS) at 7:00 PM Arrive in EL PASO TX (ELP) at 7:30 PM

Cost and Payment Summary

Base Fare	\$156.28
+ Excise Taxes	\$11.72
Advertised Fare	\$168.00
+ Segment Fee	\$7.40
+ Passenger Facility Charge	\$9.00
+ Security Fee ²	\$5.00
Total Payment	\$189.40

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- For now, it's business as usual!

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Only \$10 ONE-WAY

Purchase EarlyBird

Need A Car?

Browse All Cars

Current Payment(s):

May 10, 2011 Visa XXXXXX XXXXXX1635 \$189.40

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

Fare Rule(s)

Valid only on Southwest Airlines. All travel involving funds from this Confirmation Number must be completed by the expiration date. 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.

Important Checkin Requirement

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 denied boarding compensation.

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.

[Notice of Incorporated Terms](#)

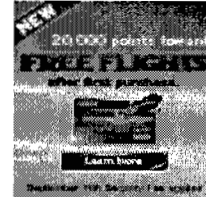
Where to Stay



What To Do



Weekly E-mail



El Paso International Airport
6701 Convair Rd.
El Paso, Texas 79925

Additional Information

[Page Allowance](#) | [Privacy](#)

[Travel Status](#) | [Use our](#)

[Book Hotel](#)

Fee Computer Number:	11
Cashier:	Castro Id #161
Transaction Number:	271406
Entered:	06/22/2011 05:05
Exited:	06/22/2011 20:25
Ticket #48480	Dispenser #2
Lot:	Lot 40
Area:	Area 1
Rate:	Short Term Var New
Parking Fee:	\$ 10.00
Total Fee:	\$ 10.00
Cash:	\$ 10.00
Total Paid:	\$ 10.00

Thank You for choosing
Standard Parking
Have a nice day

WELCOME
SALES RECEIPT
57 544-792401
SHELL
1700 CESAR CHEVEZ
AUSTIN
TX 78702

DATE 06/22/11 4:55PM
INVOICE# 360487
AUTH# 022215
SHELL
ACCOUNT NUMBER
XXX XX7 789

PUMP PRODUCT	\$/G	GALLONS	FUEL TOTAL
01 UNLD	\$3.459	2.849	\$ 9.85
TOTAL SALE			\$ 9.85

Thanks for using
your Shell Card
today!

THANK YOU
COME BACK SOON

Please hold
Check for HDTA

TA1100296

El Paso County Auditor's Office
Annual Voucher Form

Vendor No.: EMPO0189 01
Voucher Total: \$10.11
No. of Lines: 1
T/C Hash: 238

Single Check (Y/N): _____

Date Entered: 07/21/2011
Entered by: AT

Preparer's Initials: AT
Amount Spelled: TEN DOLLARS AND ELEVEN CENTS

Vendor Name: TOMAS CISNEROS
Street: 1400 ADOLPH CARSON
City, State, Zip: EL PASO TX 79936

Subject: IRVING, TX 6/27-7/01/11REIMB. TEXAS GANG CONF

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	10.11	HDTA INTEL 10	6602				
	Desc:	IRVING, TX 6/27-7/01/11REIMB. TEXAS GANG CONF						
02	Desc:							
03	Desc:							
04	Desc:							
05	Desc:							
06	Desc:							
07	Desc:							
08	Desc:							
09	Desc:							
10	Desc:							

REMIT FUNDS

RD 7-21-11

Prepared by: RAMONA DOMINGUEZ-AUDITORS

Date: 07/21/2011

Approved by: _____

Date: 7/21/11



GRANT FUNDS

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: Reimbursement

Name: Tomas Cisneros Department: SO-FSC
 Date of Trip: Departure Date: 6/27/11 Return Date: 7/1/11 Destination: Irving, TX
 * Event: Attend the Texas Gang Investigators Conference
 County Related Purpose: in Irving, TX
 * Use of GADMINGF Funds requires legislative impact explanation
 Department Index: HDFA Intel 10 Sub-Object: 16602
 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 \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$36.0 per diem no receipts required. **NOTE** there is no meal per diem if you departure and return are on the same date

* (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	_____
Other - Parking/Tolls	_____
Other - Taxi	_____
Other - Shuttle	_____
Other -	_____
TOTAL	<u>10.11</u>

FOR AUDITOR'S USE ONLY

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

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE Y/N

Section 3: Signature and List of Names:

CC

ADVANCE FROM COUNTY

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

NOTATION: SIGNING OF THIS FORM IS AN ACKNOWLEDGEMENT OF THE COUNTY TRAVEL POLICY WHICH AUTHORIZES THE GARNISHMENT OF WAGES FOR NONCOMPLIANCE

EMPLOYEE SIGNATURE [Signature]
 DEPT. HEADS SIGNATURE [Signature] 7/13/11
 DATE 7/13/11

C.C.O. DATE

RECEIVED
 JUL 15 2011
 EL PASO
 COUNTY AUDITOR



County of El Paso
 Travel Expenditure Voucher

C.C.O.

Name: James Cisneros Department: SO-ISC
 Date of Trip: Departure 7/11/11 Arrival Date: 7/11/11 Destination: IRVING, TX
 Purpose of Trip: Attend the TEXAS Gang Investigator's Conference
 Department Index: HDTA Intel 09 Sub-Object: 66602

Section 1: Guidelines for Determining Meal Rates Allowance

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 18.00
 on Date of Departure by Before 12:00 P.M. Full Rate \$ 27.00

Please Check One (Return meal rate)

on Date of Return by Before 5:00 P.M. Half Rate \$ 18.00
 on Date of Return by After 5:00 P.M. Full Rate \$ 36.00

* \$35.00 per diem no receipts required

* (Note: Please use the items checked above to fill out section 2 below)

+ C 1243372

Section 2: Travel Expenditure Breakdown

FOR AUDITOR'S USE ONLY

Airfare	<u>531.40</u> ✓
Auto Rental	<u>293.63</u> ✓
Mileage (.40 /mile)	_____
Gas	<u>71.00</u> ✓
* Meal rate on Departure date	<u>27.00</u> ✓
Meal per diem (\$36.00)	<u>108.00</u> ✓
* Meal rate on Return date	<u>18.00</u> ✓
Lodging	<u>420.00</u> ✓
Other - Registration	<u>2.00.00</u> ✓
Other - Parking/Tolls	<u>24.50</u> ✓
Other - Taxi	_____
Other -	_____
Other -	_____
Other -	_____
TOTAL	<u>1693.53</u> ✓

Trans. Code: 452
 Index: HDTA INTEL 09
 Vendor: EMPO0189-01
 Subsidiary: 145 SHE009
 Amount: 1683.42
 Date Entered: _____

Section 3: Check(s) Made Payable to:

III4 1243372 County Check No.

_____ Deposit Warrant No.

SIGNATURE [Signature]

ADVANCE FROM COUNTY: 1683.42

TOTAL EXPENDITURES: 1693.53

DATE: _____

REFUND 10.11

El Paso County Travel Justification Form

Employee: Tomas Cisneros
Dept. Head: Edward Ortega
Dept: SO-ISC

Signature [Signature]
Signature [Signature]
Job Title: Analyst

Date: 5/3/11
Date: _____

Travel Funding Source: _____ County Grant _____ Other _____

Will any funds be reimbursed by another entity? No

Travel Account No: HQTA Intel 09 #6602 Balance Remaining for FY \$ 2235⁰⁰

Purpose: (check one)

Statutorily Required Training to Hold Elective Office

Statue Refrence:

My effective office requires _____ number of training hours annually.

I have already fulfilled _____ of these hours for this time period.

Estimated hours to be obtained from this cours? _____

Please provide documentation for hours needed.

Professional or Technical Training to Maintain License/Certification

(peace officers, attorneys, CPAs, technical certifications, etc.)

My effective office requires _____ number of training hours annually.

I have already fulfilled _____ of these hours for this time period.

Estimated hours to be obtained from this cours? _____

Additional Professional or Technical Training NOT Required to Maintain License/Certification

Travel for Lobbying/Advocating Before Federal/State Legislature, 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, TAG, 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: Attend the Texas Coang Investigators Conference in Irving, TX June 27 - July 1, 2011.



El Paso, TX to Dallas (Love Field), TX

Air

Modify **\$531.40**

ITINERARY

DEPART JUN 27	El Paso, TX to Dallas, TX Monday, June 27, 2011 Travel Time 1 h 35 m (Nonstop)	#1068	Depart El Paso, TX (ELP) Arrive in Dallas (Love Field), TX (DAL)	8:35 AM 11:10 AM
RETURN JUL 1	Dallas, TX to El Paso, TX Friday, July 1, 2011 Travel Time 1 h 35 m (Nonstop)	#864	Depart Dallas (Love Field), TX (DAL) Arrive in El Paso, TX (ELP)	1:05 PM 1:40 PM

PRICE

Passenger Type	Trip	Routing	Fare Type	Base Fare	Govt. Taxes and Fees	Quantity	Total
Adult	Depart	ELP-DAL	<u>Anytime</u>	\$237.21	\$28.49	1	<u>\$265.70</u>
Adult	Return	DAL-ELP	<u>Anytime</u>	\$237.21	\$28.49	1	<u>\$265.70</u>
Please read the <u>fare rules</u> associated with this purchase.				\$474.42	\$56.98	1	<u>\$531.40</u>

Total Due \$531.40

You can't find this great fare on any other website. Southwest fares are only on southwest.com.

Bags Fly Free on Southwest!* **Bag Charge \$0.00**

*First and second checked bags. Weight and size limits apply.

Air Total: \$531.40

Enroll in Rapid Rewards and earn at least 5,100 Points per person for this trip. Already a Member? Log in.

Purchase your shopping cart...
I accept the rules and want to continue with this purchase

[Continue](#)

Add a Hotel

We'll keep an eye on your cart for you while you shop. Products not confirmed until purchase.

Search for hotels in Dallas (06/27/2011 - 07/01/2011)

Close To (optional)
Center of destination **within** 30 miles

Show Only (optional)
Hotel Chains Shop All Hotel Chains

[Find Hotels](#)

Add a Car

Trip Total

\$531.40

UTILITIES -
IN-MILLIMETERS
SETLP 7 0 2
CONTRAST 2
PRINT

ALAMO

RA 216265036 Inv 0
Rental 27-JUN-2011 11:46 AM
DALLAS LOVE FIELD ARPT
Return 01-JUL-2011 10:41 AM
DALLAS LOVE FIELD ARPT

TOMAS CISNEROS
Vehicle # AR237709
Model TAHO LS2W
Class Driven FRAR Class Charged FGAR
License# BV8P940 State/Province TX
M/Kms Driven 918
M/Kms Out 31238
M/Kms In 32156

CARRENTALS.COM
Contract ID 7011916
Billing Ref 10285057367
Charges No Unit Price Amount
T & M 4 Days 56.00 224.00*
UNLIM M/KM 0 M/Kms 0.00*
PROP. TAX LIC&TITLE FEE 25.53*
SPORTS VENUE TAX 5 PCT 12.77
VEH LIC RECOM 5.80*
VEH RENTAL 10.000 % 25.53

Total Charges USD 293.63

Deposit Visa 2217

Amount Due USD 293.63

* Taxable Items
Subject to Audit
Customer service Number 1(800) 445-6664



CHEVRON
102 S CENTRAL
ALLEN, TX, TX
STN 00163757

06/30/11 11:15:21

E/CHEVRON/GE
XXXXXXXXXXXX5234
Invoice# 5720186
Auth# 030485

Pump#: 2
20.291 G @ \$ 3.499
UNLE/Self \$ 71.00

Total \$ 71.00

See application
about how to EARN
REWARDS with a
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Personal
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THANK YOU
PLEASE COME AGAIN

El Paso International Airport
6701 Convair Rd.
El Paso, TX. 79925

Fee Comput. Number: 16
Cashier: Esperanza ID #140
Transaction Number: 161992
Entered: 06/27/11 06:55
Exited: 07/01/11 14:14
Ticket #49332 Dispenser #8
Rate: Area 2
Total Fee: \$24.50
Cash: \$24.50

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CISNEROS, TOMAS
 2011 ANNUAL CONFERENCE - TX GANG INVE
 660 S MESA HILLS DR
 EL PASO, TX 79912-5539

Room Number: 1014
Daily Rate: 105.00
Room Type: KN
No. of Guests: 1 / 0

ARRIVAL	DEPARTURE	CREDIT CARD	RATE PLAN	CATEGORY	ACCOUNT
06/27/11	07/01/11	XXXXXXXXXXXX6600	GSTAT	GSTAT	13700196525

DATE	ROOM NO.	DESCRIPTION	REFERENCE	AMOUNT
06/27/11	1014	ROOM CHARGE	#1014 CISNEROS, TOMAS	\$105.00
06/27/11	1014	CITY OCCUPANCY TAX - 9%	CITY OCCUPANCY TAX - 9%	\$9.45
06/27/11	1014	STATE OCCUPANCY - 6%	STATE OCCUPANCY - 6%	\$6.30
06/28/11	1014	ROOM CHARGE	#1014 CISNEROS, TOMAS	\$105.00
06/28/11	1014	CITY OCCUPANCY TAX - 9%	CITY OCCUPANCY TAX - 9%	\$9.45
06/28/11	1014	STATE OCCUPANCY - 6%	STATE OCCUPANCY - 6%	\$6.30
06/29/11	1014	ROOM CHARGE	#1014 CISNEROS, TOMAS	\$105.00
06/29/11	1014	CITY OCCUPANCY TAX - 9%	CITY OCCUPANCY TAX - 9%	\$9.45
06/29/11	1014	STATE OCCUPANCY - 6%	STATE OCCUPANCY - 6%	\$6.30
06/30/11	1014	CITY OCC TAX EXEMPT - 9%	CITY OCC TAX EXEMPT - 9%	(\$37.80)
06/30/11	1014	STATE OCC TAX EXEMPT - 6%	STATE OCC TAX EXEMPT - 6%	(\$25.20)
06/30/11	1014	ROOM CHARGE	#1014 CISNEROS, TOMAS	\$105.00
06/30/11	1014	CITY OCCUPANCY TAX - 9%	CITY OCCUPANCY TAX - 9%	\$9.45
06/30/11	1014	STATE OCCUPANCY - 6%	STATE OCCUPANCY - 6%	\$6.30
07/01/11	1014	MASTERCARD	MASTERCARD	(\$420.00)

TOTAL DUE: \$0.00

TERMS: DUE AND PAYABLE UPON PRESENTATION. I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.

Tommy Cisneros

From: service@paypal.com
Sent: Thursday, June 16, 2011 7:51 AM
To: Tommy Cisneros
Subject: Your payment to The Texas Gang Investigators Association



Jun 16, 2011 06:51:05 PDT
 Receipt No: 2750-0743-1599-5087

Hello Tomas Cisneros,

You sent a payment of \$200.00 USD to The Texas Gang Investigators Association.

This charge will appear on your credit card statement as payment to PAYPAL *TXGANGINV.

Merchant information

The Texas Gang Investigators Association
 Treasurer@tgia.net
 http://www.tgia.net

Instructions to merchant

Tomas Cisneros

Description	Unit price	Qty	Amount
2011 TGIA Annual Conference Fee Number of Attendees: 1 Person	\$200.00 USD	1	\$200.00 USD
Total:			\$200.00 USD

Receipt No: 2750-0743-1599-5087

Please keep this receipt number for future reference. You'll need it if you contact customer service at The Texas Gang Investigators Association or PayPal.

Use PayPal next time!

It looks as if you already have a PayPal account.

When you shop online, it's faster and easier to check out with PayPal. Your financial information is securely stored and never shared with merchants when you pay.

? Questions? Visit the Help Center at: www.paypal.com/help.

Thanks for using PayPal – the safer, easier way to pay and get paid online.

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PayPal Email ID PP1469