

**Click on Bookmarks  
To View Travel Detail**

```

1*****
FAM165TV
COUNTY OF EL PASO CNY
TRAVEL VOUCHERS
RUN DATE: 04/19/2012
PAGE NUM: 1
*****
ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE
SELECTION DATE: 99/99/9999 CHECK DATE: 04/19/2012 POSTING PERIOD: 07 2012
OVOUCHER NUMBER VENDOR NUMBER INDEX PROJECT USER CODE GROSS NET CLEARED FOR
DOC REFERENCE VENDOR NAME SUBOBJECT GRANT BALANCE DUE BALANCE DUE PAYMENT
DOING BUSINESS AS DESCRIPTION
0 TOTALS FOR TRANSACTION DATE : 03/15/2012 .00 .00 .00
1*****
*****
ORUN OPTION SELECTED: * - LIST ALL VOUCHERS PAYABLE
SELECTION DATE: 99/99/9999 CHECK DATE: 04/19/2012 POSTING PERIOD: 07 2012
OVOUCHER NUMBER VENDOR NUMBER INDEX PROJECT USER CODE GROSS NET CLEARED FOR
DOC REFERENCE VENDOR NAME SUBOBJECT GRANT BALANCE DUE BALANCE DUE PAYMENT
DOING BUSINESS AS DESCRIPTION
OTA1200080 01 EMP01351 01 GADMI NGF 26.40 26.40 26.40
DELIA BRIONES 6705
ROUND ROCK, TX4/25-4/27/12HTL/MTL TXES CNTY&DI ST
OTA1200081 01 EMP01704 01 GADMI NGF 39.60 39.60 39.60
MICHAEL FLORES 6705
C CHRISTI, TX4/30-5/03/12HTL/MTL TXES TX VET COMM
OTA1200082 01 EMP01920 01 BCMHC12 187.00 187.00 187.00
VICKI MAESTAS 6602 298 03
ORLANDO, FL7/24-7/29/12NAT SYS OF CARE CONF
OTA1200083 01 EMP02076 01 GADMI NGF 49.05 49.05 49.05
ANGELA BRINKLEY 6705
AUSTIN, TX4/30-5/02/12HTL/MTL TXES TAAO CTF CRS 2
OTA1200084 01 EMP02106 01 GADMI NGF 32.70 32.70 32.70
SYLVIA PACHECO 6705
AUSTIN, TX4/24-4/27/12HTL/MTL TXES CNTY&DI ST LGL
OTA1200085 01 EMP02345 01 SHERI FFLAW 396.00 396.00 396.00
ENRIQUE CORTEZ 6703
SAN ANTONIO, TX4/25-4/26/12PSI EXAM
OTA1200086 01 EMP02486 01 GADMI NGF 39.60 39.60 39.60
EFRAN MONTELONGO 6705
VETERANS ASSISTANCE C CHRISTI, TX4/30-5/03/12HTL/MTL TXES TX VET COMM
OTA1200087 01 EMP02585 01 SHERI FFLAW 243.00 243.00 243.00
WILLIAM ELLIS 6703
PHOENIX, AZ5/06-5/12/12IACP LEGAL ADVISOR CAMP
OTA1200088 01 VO05058 01 GADMI NGF 41.34 41.34 41.34
GARY ABOUD 6705
DALLAS, TX4/25-4/28/12HTL/MTL TXES MRRGE DI SOL CL
ASSOCFAMCRT1 TOTALS FOR TRANSACTION DATE : 04/20/2012 1,054.69 1,054.69 1,054.69
0 REPORT TOTAL 1,054.69 1,054.69 1,054.69
0

```

VP12 03369

**El Paso County Auditor's Office**  
**Voucher Payable Form**

Vendor No.: MISC01494-01  
Voucher Total: \$ 2,413.69  
No. of Lines: 1  
T/C Hash: 200  
Preparer's Initials: CU

Single Check (Y/N): NDate Entered: 4/19/12  
Entered by: VC

Vendor Name: Sexual Trauma & Assault Response Services (STARS)  
Training and Advocacy Services

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary
01	200	2,413.69	COMDESOLVW11	6602		
	<i>R Orndorf &amp; G Ortiz, EAW Conference, San Diego, CA 04/1-4/12.</i>					
02						
03						
04			<i>lv 04/19/12</i>			
05						
06						
07						
08						
09						
10						

Prepared by: *Lizeth Véliz* Lizeth VélizDate: 4/19/2012Approved by: *[Signature]*Date: 4/19/2012

# EL PASO COUNTY SHERIFF'S OFFICE

Richard D. Wiles, Sheriff  
Sylvia Aguilar, Chief Deputy  
3850 Justice Drive  
El Paso, Texas 79938  
Email: epsheriff@epcounty.com



***We Serve with Pride***

**Administration**  
3850 Justice Drive  
El Paso, Texas 79938  
915/538-2217  
915/5538-2028 fax

**Job Line** 915/538-2286

**Region VIII Training Academy**  
12501 Montana Avenue  
El Paso, Texas 79938  
915/856-4850  
915/856-4883 fax

**Criminal Investigations**  
3850 Justice Drive  
El Paso, Texas 79938  
915/538-2291  
915/5538-0948 fax

**Detention Division**  
**Downtown Detention Facility**  
601 East Overland  
El Paso, Texas 79901  
915/5538-2228  
915/538-3810 fax

**Jail Annex Facility**  
12501 Montana Avenue  
El Paso, Texas 79938  
915/856-4200  
915/856-4849 fax

**Patrol Division**  
**Central Station**  
3850 Justice Drive  
El Paso, Texas 79938  
915/538-2210  
915/538-3812 fax

**Montana Station**  
12501 Montana Avenue  
El Paso, Texas 79938  
915/856-4875  
915/856-4896 fax

**Vinton Station**  
436 East Vinton  
Vinton, Texas 79838  
915/886-2724  
915/886-3109 fax

**Special Operations**  
6825 Cielo Vista Drive, Box 4  
El Paso, Texas 79925

**Metro Narcotics Task Force**  
915/772-8865  
915/775-0369 fax

**HIDTA Enterprise Task Force**  
915/832-6011  
915/832-6356 fax

**Volunteer Program**  
3850 Justice Drive  
El Paso, Texas 79938  
915/538-8117  
915/538-2028 fax

**Emergency** 911  
**Non-Emergency** 538-2216

April 12, 2012



Mr. Edward A. Dion  
County Auditor  
County of El Paso  
800 E. Overland, Rm. 406  
El Paso, Texas 79901

**RE: Request for Payment from the El Paso County Sheriff's Office on behalf of STARS**

Dear Mr. Dion:

The El Paso County Sheriff's Office is requesting a travel reimbursement in the amount of \$2,413.69 to the Sexual Trauma & Assault Response Services (STARS) for a required training at the EAW Conference in San Diego, California from April 1-12, 2012.

Funds exist in account COMDESOLVW11. Please make check payable to STARS.

Thank you for your assistance.

Sincerely,

Isabel Hernandez  
El Paso County Sheriff's Office  
Grant/Contract Specialist



First Nationally Accredited Sheriff's Office in Texas  
First Two Nationally Accredited County Jails in Texas





County of El Paso  
Travel Expenditure Voucher

C.C.O.

Name: Sexual Trauma & Assault Response, Inc. Department: 4/1/2012  
Date of Trip: Departure 04/01/12 Arrival Date: 04/01/12 Destination: San Diego, California  
Purpose of Trip: EVAW Conference  
Department Index: COMDESOLVW11 Sub-Object: 6602

Section 1: Guidelines for Determining Meal Rates Allowance

Please Check One (Departure meal rate)

☒  
☐

on Date of Departure by  
on Date of Departure by

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

Half Rate \$ 18.00  
Full Rate \$ 27.00

Please Check One (Return meal rate)

☒  
☐

on Date of Return by  
on Date of Return by

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

Half Rate \$ 18.00  
Full Rate \$ 36.00

\* \$36.00 per diem no receipts required

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

Section 2: Travel Expenditure Breakdown

Airfare - 2 persons ✓ \$754.80  
Auto Rental \_\_\_\_\_  
Mileage (.40 mile) \_\_\_\_\_  
Gas \_\_\_\_\_  
\* Meal rate on Departure date \_\_\_\_\_  
Meal per diem (\$36.00) \_\_\_\_\_  
\* Meal rate on Return date \_\_\_\_\_  
Lodging - 2 persons ✓ 449.13  
Other - Registration - 2 persons ✓ 990.00  
Other - Parking-Tolls \_\_\_\_\_  
Other - Taxi ✓ 18.10  
Other - Meals entire conference - 2 people ✓ 201.66  
Other - \_\_\_\_\_  
TOTAL \$2,413.69

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: \_\_\_\_\_

REFUND TO THE EMPLOYEE \_\_\_\_\_

\$2,413.69

(\$2,413.69)

SIGNATURE

DATE: 9 Apr-12

# El Paso County Travel Justification Form

Sexual Trauma & Assault  
Employee: Response Services, Inc. Signature: [Signature] Date:             
Dept. Head:                                      Signature:                                      Date:             
Dept:                                      Job Title:                                     

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 Reference:

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 course?                                     

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 course?                                     

### ☐ 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, TAC, Conference of Urban Counties, TBIC, etc.)

Organization Name:   

### ☐ Human Resources/Management/Personal Development Training

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

### ☒ Other: EVAW Conference

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

SHERATON SAN DIEGO HOTEL & MARINA  
1380 Harbor Island Drive  
San Diego, CA 92101  
United States  
Tel: 619-291-2900 Fax: 619-692-2337

Mrs Rebecca Orndorf  
10553 Brisbane Way  
El Paso, TX 79924  
Email: REBECCAO@STARS-ELPASO.ORG  
EVD01A - Evawi

Page Number : 1  
Guest Number: 3672865  
Folio ID : EX-A  
No. Of Guest: 2  
Room Number : 857  
Room Rate : 133.00  
Club Account:

Invoice Nbr: 195247  
Arrive Date: 01-APR-12 14:28  
Depart Date: 04-APR-12

Information Invoice

SHERATON SAN DIEGO 04-APR-12 02:55 MHH

Date	Reference	Description	Charges	Credits
01-APR-12	DEPOSIT	Deposit Applied		-149.71
01-APR-12	19397900	Quinn's	31.94	
01-APR-12	RT857	Room Charge	133.00	
01-APR-12	RT857	SD Tourism Mktg Dist Assmt	2.66	
01-APR-12	RT857	Occupancy/Tourism Tax	14.05	
02-APR-12	RT857	Room Charge	133.00	
02-APR-12	RT857	SD Tourism Mktg Dist Assmt	2.66	
02-APR-12	RT857	Occupancy/Tourism Tax	14.05	
02-APR-12	RT857	Parking	<del>11.00</del>	
03-APR-12	RT857	Room Charge	133.00	
03-APR-12	RT857	SD Tourism Mktg Dist Assmt	2.66	
03-APR-12	RT857	Occupancy/Tourism Tax	14.05	
03-APR-12	RT857	Parking	<del>11.00</del>	
04-APR-12	VM	Visa/Mastercard	-353.36	
	** Total		503.07	-503.07
	*** Balance		0.00	

Continued on the next page

Robert,  
Parking fees were  
charged in error. I've  
deducted it from the  
reimbursement request.  
Total should be  
\$449.31.

Thx,  
Rebecca

SHERATON SAN DIEGO HOTEL & MARINA  
1380 Harbor Island Drive  
San Diego, CA 92101  
United States  
Tel: 619-291-2900 Fax: 619-692-2337

Mrs Rebecca Orndorf	Page Number : 3	Invoice Nbr: 195247
10553 Brisbane Way	Guest Number: 3672865	Arrive Date: 01-APR-12 14:28
El Paso, TX 79924	Folio ID : EX-A	Depart Date: 04-APR-12
	No. Of Guest: 2	
Email: REBECCAO@STARS-ELPASO.ORG	Room Number : 857	
EVD01A - Evawi	Room Rate : 133.00	
	Club Account:	

---

EXPENSE SUMMARY REPORT (Continued)

Date	Payment
01-APR-12	0.00
02-APR-12	0.00
03-APR-12	0.00
-----	
Total	0.00



SHERATON SAN DIEGO HOTEL & MARINA  
1380 Harbor Island Drive  
San Diego, CA 92101  
United States  
Tel: 619-291-2900 Fax: 619-692-2337

Mrs Rebecca Orndorf  
10553 Brisbane Way  
El Paso, TX 79924  
Email: REBECCAO@STARS-ELPASO.ORG  
EVD01A - Evawi

Page Number : 2  
Guest Number: 3672865  
Folio ID : EX-A  
No. Of Guest: 2  
Room Number : 857  
Room Rate : 133.00  
Club Account:

Invoice Nbr: 195247  
Arrive Date: 01-APR-12 14:28  
Depart Date: 04-APR-12

---

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Enjoy Sheraton's healthy menu options on your next stay. Brighten your diet with Color Your Plate, our healthier menu options that include at least three colorful fresh food items, as recommended by nutrition experts at Core Performance(TM). Learn more at [www.sheraton.com/fitness](http://www.sheraton.com/fitness)

---

As a Starwood Preferred Guest, you could have earned 848 Starpoints for this visit. Please provide your member number or enroll today.

---

EXPENSE SUMMARY REPORT

Date	Room & Tax	Food/Bev	Telephone	Parking	Other	Total
01-APR-12	147.05	31.94	0.00	0.00	-147.05	31.94
02-APR-12	147.05	0.00	0.00	11.00	2.66	160.71
03-APR-12	147.05	0.00	0.00	11.00	2.66	160.71
<hr/>						
Total	441.15	31.94	0.00	22.00	-141.73	353.36

*lunch*

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Continued on the next page

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SHERATON SAN DIEGO HOTEL & MARINA  
1380 Harbor Island Drive  
San Diego, CA 92101  
United States  
Tel: 619-291-2900 Fax: 619-692-2337

Mrs Rebecca Orndorf  
10553 Brisbane Way  
El Paso, TX 79924  
Email: REBECCAO@STARS-ELPASO.ORG  
EVD01A - Evawi

Page Number : 1  
Guest Number: 3672865  
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Room Number : 857  
Room Rate : 133.00  
Club Account:

Invoice Nbr: 195247  
Arrive Date: 01-APR-12 14:28  
Depart Date: 04-APR-12

Information Invoice

SHERATON SAN DIEGO 04-APR-12 02:55 MHH

Date	Reference	Description	Charges	Credits
01-APR-12	DEPOSIT	Deposit Applied		-149.71
01-APR-12	19397900	Quinn's	31.94	<i>lunch me &amp; hupc</i>
01-APR-12	RT857	Room Charge	133.00	
01-APR-12	RT857	SD Tourism Mktg Dist Assmt	2.66	
01-APR-12	RT857	Occupancy/Tourism Tax	14.05	
02-APR-12	RT857	Room Charge	133.00	
02-APR-12	RT857	SD Tourism Mktg Dist Assmt	2.66	
02-APR-12	RT857	Occupancy/Tourism Tax	14.05	
02-APR-12	RT857	Parking	11.00	
03-APR-12	RT857	Room Charge	133.00	
03-APR-12	RT857	SD Tourism Mktg Dist Assmt	2.66	
03-APR-12	RT857	Occupancy/Tourism Tax	14.05	
03-APR-12	RT857	Parking	11.00	
04-APR-12	VM	Visa/Mastercard	-353.36	
		** Total	503.07	-503.07
		*** Balance	0.00	

Continued on the next page

Rebecca / Dinner

0217 TABLE # 113 #Party 3  
DAVOR P SvrCk: 3 6:15p 04/01/12  
MISSION RM  
SERVER MIDDLE

2 LIGHTHOUSE SANGRIA	16.00
1 ICED TEA	3.00
1 JERK HALIBUT	22.00
1 SEA BASS PAPIOTE	26.00
1 DIVER SCALLOPS	24.00

Sub Total: 91.00

Tax: 7.05

Sub Total: 98.05

04/01 7:34p TOTAL: 98.05

THANK YOU!

CHECK #: 17

22.00
3.00
<hr/>
25.00
1.90 tax
<hr/>
26.90

0217 TABLE # 113 #Party 3  
DAVOR P SvrCk: 3 6:15p 04/01/12  
MISSION RM  
SERVER MIDDLE

2 LIGHTHOUSE SANGRIA	16.00
1 ICED TEA	3.00
1 JERK HALIBUT	22.00
1 SEA BASS PAPIOTE	26.00
1 DIVER SCALLOPS	24.00

Sub Total: 91.00

Tax: 7.05

Sub Total: 98.05

7:34p TOTAL: 98.05

THANK YOU!

CHECK #: 17

SHERATON SAN DIEGO

QUINN'S  
1380 HARBOR ISLAND DRIVE  
SAN DIEGO, CA 92101  
619-291-2900

CHANDA M 441201.1  
Mon 04/02/12 9:19 PM Table 305  
Guests 3

1 ICED TEA 4.00  
1 MESQUITE SALAD 16.50  
1 SIDE FRIES 6.00

SubTotal 26.50  
Sales Tax 2.06

Please pay this amount  
**Total 28.56**

TIP \_\_\_\_\_

TOTAL \_\_\_\_\_

ROOM NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Print Name \_\_\_\_\_

\*\*\*\*\* Thank You \*\*\*\*\*  
Please visit us at Tapatini Bar  
for our new invigorated  
martini list and tapas.

Rebecca - ~~Chanda~~ Dinner

SHERATON SAN DIEGO

QUINN'S  
1380 HARBOR ISLAND DRIVE  
SAN DIEGO, CA 92101  
619-291-2900

CHANDA M 441201.1  
Mon 04/02/12 9:19 PM Table 305  
Guests 3

1 ICED TEA 4.00  
1 MESQUITE SALAD 16.50  
1 SIDE FRIES 6.00

SubTotal 26.50  
Sales Tax 2.06

Please pay this amount  
**Total 28.56**

TIP \_\_\_\_\_

TOTAL \_\_\_\_\_

ROOM NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Print Name \_\_\_\_\_

\*\*\*\*\* Thank You \*\*\*\*\*  
Please visit us at Tapatini Bar

Rebecca/Dinner

San Diego on the Bay

0416a Table 244 #Party 3

ADOLF U Svrck: 10 19:00 04/03/12

1 SHRIMP TRIO	22.95
1 SHRIMP/ONE LOBTAIL, grill/broil	22.95
1 MAHI MAHI FILLET, salad	24.95
2 ICE TEA	5.00
1 RASPBERRY ICED TEA	2.50
2 COFFEE	5.00

Sub Total: 83.35

Tax: 6.46

Sub Total: 89.81

04/03 20:06 TOTAL: 89.81

For your convenience...

Gratuities:

15%: 12.50

18%: 15.00

20%: 16.67

Like us on Facebook:

[www.facebook.com/GoFishAnthonys](http://www.facebook.com/GoFishAnthonys)

24.95

2.50

2.50

29.95

+ 2.65 tax

32.60 total

San Diego on the Bay

0416a Table 244 #Party 3

ADOLF U Svrck: 10 19:00 04/03/12

4P TRIO	22.95
4P/ONE LOBTAIL, grill/broil	22.95
MAHI FILLET, salad	24.95
TEA	5.00
RERRY ICED TEA	2.50
2C	5.00

Sub Total: 83.35

Tax: 6.46

Sub Total: 89.81

04/03 20:06 TOTAL: 89.81

For your convenience...

Gratuities:

15%: 12.50

18%: 15.00

20%: 16.67

Like us on Facebook:

[www.facebook.com/GoFishAnthonys](http://www.facebook.com/GoFishAnthonys)

Rebecca-Dinner

HMSHOST  
T4 CHILI'S  
SKY HARBOR INTERNATIONAL AIRPORT

231376 Michael

151/1 GST 2

3521

APR04'12 7:35PM

DINE IN

\*\*\*\* SEAT 1 \*\*\*\*

1 SODA BAR M 3.19

FIRST RND SFTBEV

ICD TEA

1 SODA BAR M 3.19

FIRST RND SFTBEV

ICD TEA

1 GRL SALMON 14.49

1 BURG OLD TMR CHS 9.48

MED WELL

FRIES

TAX 2.82 AMOUNT D 33.17

\*\*\*\*\*

SUBTOTAL 30.35

TAX 2.82

AMOUNT DUE \$33.17

THANK YOU FOR YOUR BUSINESS!

TELL US ABOUT YOUR EXPERIENCE

DEREK BOETTCHER

602-275-1721

DEREK.BOETTCHER@HMSHOST.COM

~~YOUR OPINION MATTERS~~

9.48

3.19

12.67

1.13 tax

13.80 total

HMSHOST  
T4 CHILI'S  
SKY HARBOR INTERNATIONAL AIRPORT

231376 Michael

151/1 GST 2

3521

APR04'12 7:35PM

DINE IN

\*\*\*\* SEAT 1 \*\*\*\*

1 SODA BAR M 3.19

FIRST RND SFTBEV

ICD TEA

1 SODA BAR M 3.19

FIRST RND SFTBEV

ICD TEA

1 GRL SALMON 14.49

1 BURG OLD TMR CHS 9.48

MED WELL

FRIES

TAX 2.82 AMOUNT D 33.17

\*\*\*\*\*

SUBTOTAL 30.35

TAX 2.82

AMOUNT DUE \$33.17

THANK YOU FOR YOUR BUSINESS!

TELL US ABOUT YOUR EXPERIENCE

DEREK BOETTCHER

602-275-1721

DEREK.BOETTCHER@HMSHOST.COM

~~YOUR OPINION MATTERS~~

# EVAW International Conference Registration Confirmation - 2012 International Conference on Sexual Assault, Domestic Violence and Stalking

1 message

info@evawintl.org <info@evawintl.org>

Tue, Mar 6, 2012 at 4:25 PM

To: rebecca@stars-elpaso.org

## Conference Information/Invoice

-----  
EVAW International's EIN Number Is: 75-3095110  
-----

### Conference Information:

-----  
Registration ID: 3019  
Registration Date: 3/6/2012  
Conference Name: 2012 International Conference on Sexual Assault, Domestic Violence and Stalking  
Conference Dates: 2 - 4 April 2012  
Conference Location: San Diego, CA

**Refunds:** No refunds will be given after 3/2/2012. Refunds, less \$100.00 administration fee will be mailed 30-60 days following your request.

**Cancellations:** Cancellation requests must be made in writing to EVAW International and must be e-mailed or faxed by 3/2/2012. Email to: [info@evawintl.org](mailto:info@evawintl.org) or fax to (509) 684-9801.

### Attendees:

-----  
Registration Date: 3/6/2012

First Name	Last Name	Address	Email Address	Attendee #	Paid
Rebecca	Orndorf	710 N. Campbell St. El Paso, TX 79902	<a href="mailto:rebecca@stars-elpaso.org">rebecca@stars-elpaso.org</a>	4972	Yes

### Payment Information:

-----  
Total: \$495.00 *ds*  
Payment Contact Name: Guadalupe Ortiz  
Payment Contact Phone: (915)533-7700  
Payment Contact Email: [gortiz@stars-elpaso.org](mailto:gortiz@stars-elpaso.org)  
Payment Method: Visa  
Transaction ID: 4225621225  
Name On Card: Guadalupe Ortiz  
CC Last Four: 6040  
CC Expiration: 05/14

-----  
EVAW International's EIN Number Is: 75-3095110  
-----

Please visit <http://www.evawintl.org> for more information.



Thank you for your purchase!

El Paso, TX - ELP to San Diego, CA - SAN

Air

Confirmation #I4CNR3

El Paso, TX - ELP to San Diego, CA - SAN

Sunday, April 1, 2012 - Wednesday, April 4, 2012

Air Total: \$377.40

Amount Paid

\$377.40

Trip Total

\$377.40

APR 1

SUN

04/01/12 - San Diego

AIR

El Paso, TX - ELP to San Diego, CA - SAN

04/01/2012 - 04/04/2012

Confirmation # I4CNR3

Adult Passenger(s)

GUADALUPE ORTIZ

Subscribe to Flight Status Messaging

Rapid Rewards #

DEPART

APR 1

SUN

RETURN

APR 4

WED

12:55 PM El Paso, TX (ELP) to

01:50 PM San Diego, CA (SAN)

Flight #1932

Sunday, April 1, 2012

Travel Time 1 h 55 m

(Nonstop)

06:00 PM San Diego, CA (SAN) to

07:15 PM Arrive in Phoenix, AZ (PHX)

Flight #901

Wednesday, April 4, 2012

Travel Time 3 h 10 m

(1 stop, includes 1 plane change)

08:05 PM Change ✈ in Phoenix, AZ (PHX)

Flight #497

10:10 PM El Paso, TX (ELP)

PRICE ADULT					
Trip	Routing	Fare Type   View Fare Rules	Fare Details	Quantity	Total
Depart	ELP-SAN	<b>Wanna Get Away</b> Excellent Value	<div>• 100% refundable</div> <div>• 2 free checked bags</div> <div>• 1 free carry-on bag</div>	1	\$214.80
Return	SAN-PHX-ELP	<b>Wanna Get Away</b> Excellent Value	<div>• 100% refundable</div> <div>• 2 free checked bags</div> <div>• 1 free carry-on bag</div>	1	\$162.60

Enroll in Rapid Rewards and earn at least 2070 Points per person for this trip. Already a Member? Log in to ensure you are getting the

Subtotal

\$377.40

Fare Breakdown



points you deserve.

Carry-on Items: 1 bag + 1 small personal item are free, see full details.  
Checked Items: First and second bags are free, size and weight limits apply.

Bag Charge

\$0.00

Air Total:

\$377.40

Gov't taxes & fees now included

Purchaser Name

Guadalupe Ortiz

Billing Address

1564 South Kenazo  
Horizon City, TX 79928

Form of Payment	Amount Applied
Visa - XXXXXXXXXXXX-6040	\$377.40

Amount Paid

\$377.40

Trip Total

\$377.40

**STARS VENDOR LOG SHEET**  
**2011/2012**

VENDOR NAME: Guadalupe Ortiz

AMOUNT OF BILL \$ 495.00      DATE PAID: \_\_\_\_\_

ONLINE TRANSACTION #: \_\_\_\_\_

CHECK #: \_\_\_\_\_      MONTH BILLED: \_\_\_\_\_

POST TO ACCOUNT: Reimbursement – EVAWI Conference Registration Fee

ADMIN    01 \_\_\_\_\_

CITY        82 \_\_\_\_\_

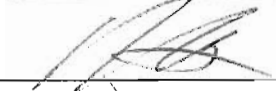
OAG-F     83 \_\_\_\_\_

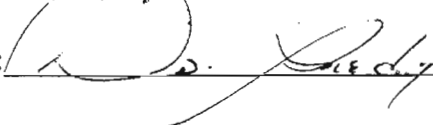
OAG-S     84 \_\_\_\_\_

OVAG      85 \_\_\_\_\_

**TOTAL \$** 495.00

Prepared By:       Date: March 6, 2012

Reviewed By:       Date: 3/7/12

Approved:       Date: 03/12/12

Posted By: \_\_\_\_\_      Date: \_\_\_\_\_

**STARS VENDOR LOG SHEET**  
**2011/2012**

VENDOR NAME: Guadalupe Ortiz

AMOUNT OF BILL \$ 377.40      DATE PAID: \_\_\_\_\_

ONLINE TRANSACTION #: \_\_\_\_\_

CHECK #: \_\_\_\_\_      MONTH BILLED: \_\_\_\_\_

POST TO ACCOUNT: Reimbursement – EVAWI Conference Travel Expenses

ADMIN    01 \_\_\_\_\_

CITY      82 \_\_\_\_\_


OAG-F    83 \_\_\_\_\_

OAG-S    84 \_\_\_\_\_

OVAG     85 \_\_\_\_\_

**TOTAL \$ 377.40**

Prepared By:       Date: March 6, 2012

Reviewed By:       Date: 3/12/12

Approved:       Date: 03/12/2012

Posted By: \_\_\_\_\_      Date: \_\_\_\_\_

SEXUAL TRAUMA AND ASSAULT

20044

Guadalupe Ortiz

Check Number: 20044

Check Date: Mar 7, 2012

Check Amount: \$872.40

Invoice	Date	Discount Taken	Amount Paid	Quantity	Description
	3/7/12		495.00	1.00	EWAWI Conference Registration Fee
	3/7/12		377.40	1.00	EWAWI Conference Travel Expense

LMP98 M/P CHECK

HMSHOST  
T4 CHILI'S  
SKY HARBOR INTERNATIONAL AIRPORT

231376 Michael

151/1 GST 2

3521

APR04'12 7:35PM

DINE IN

\*\*\*\* SEAT 1 \*\*\*\*

1 SODA BAR M 3.19

FIRST RND SFTBEV

ICD TEA

1 SODA BAR M 3.19

FIRST RND SFTBEV

ICD TEA

1 GRL SALMON 14.49

1 BURG OLD TMR CHS 9.48

MED WELL

FRIES

TAX 2.82 AMOUNT D 33.17

\*\*\*\*\*

SUBTOTAL 30.35

TAX 2.82

AMOUNT DUE \$33.17

THANK YOU FOR YOUR BUSINESS!

TELL US ABOUT YOUR EXPERIENCE

DEREK BOETTCHER

602-275-1721

DEREK.BOETTCHER@HMSHOST.COM

VOID OPTION MATTERS

3.19  
14.49  
17.68  
1.69 tax  
19.37 total

*Lupe Dinner*

HMSHOST  
T4 CHILI'S  
SKY HARBOR INTERNATIONAL AIRPORT

231376 Michael

151/1 GST 2

3521

APR04'12 7:35PM

DINE IN

\*\*\*\* SEAT 1 \*\*\*\*

1 SODA BAR M 3.19

FIRST RND SFTBEV

ICD TEA

1 SODA BAR M 3.19

FIRST RND SFTBEV

ICD TEA

1 GRL SALMON 14.49

1 BURG OLD TMR CHS 9.48

MED WELL

FRIES

TAX 2.82 AMOUNT D 33.17

\*\*\*\*\*

SUBTOTAL 30.35

TAX 2.82

AMOUNT DUE \$33.17

THANK YOU FOR YOUR BUSINESS!

TELL US ABOUT YOUR EXPERIENCE

DEREK BOETTCHER

602-275-1721

DEREK.BOETTCHER@HMSHOST.COM

VOID OPTION MATTERS

SHERATON SAN DIEGO

QUINN'S

1380 HARBOR ISLAND DRIVE

SAN DIEGO, CA 92101

619-291-2900

CHANDA M 441201.1  
Mon 04/02/12 9:26 PM Table 305  
Guests 3

2 ICED TEA 8.00  
2 RIBS 37.00

857 SubTotal 45.00  
Y ORNDORF, REBEC  
Sales Tax 3.49

Please pay this amount  
Total 48.49

TIP \_\_\_\_\_

TOTAL \_\_\_\_\_

ROOM NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Print Name \_\_\_\_\_

\*\*\*\*\* Thank You \*\*\*\*\*

Please visit us at Tapatini Bar  
for our new invigorated  
martini list and tapas.

\*\*\*\*\*

04

SHERATON SAN DIEGO

1380 HARBOR ISLAND DRIVE

SAN DIEGO, CA 92101

619-291-2900

CHANDA M 441201.1  
Mon 04/02/12 9:26 PM Table 305  
Guests 3

2 ICED TEA 8.00  
2 RIBS 37.00

857 SubTotal 45.00  
Y ORNDORF, REBEC  
Sales Tax 3.49

Please pay this amount  
Total 48.49

TIP \_\_\_\_\_

TOTAL \_\_\_\_\_

ROOM NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Print Name \_\_\_\_\_

\*\*\*\*\* Thank You \*\*\*\*\*

Please visit us at Tapatini Bar  
for our new invigorated  
martini list and tapas.

\*\*\*\*\*

04

# EVAW International Conference Registration Confirmation - 2012 International Conference on Sexual Assault, Domestic Violence and Stalking

1 message

info@evawintl.org <info@evawintl.org>

Tue, Mar 6, 2012 at 4:25 PM

To: rebecca@stars-elpaso.org

## Conference Information/Invoice

-----  
EVAW International's EIN Number Is: 75-3095110  
-----

### Conference Information:

-----  
Registration ID: 3018  
Registration Date: 3/6/2012  
Conference Name: 2012 International Conference on Sexual Assault, Domestic Violence and Stalking  
Conference Dates: 2 - 4 April 2012  
Conference Location: San Diego, CA

**Refunds:** No refunds will be given after 3/2/2012. Refunds, less \$100.00 administration fee will be mailed 30-60 days following your request.

**Cancellations:** Cancellation requests must be made in writing to EVAW International and must be e-mailed or faxed by 3/2/2012. Email to: [info@evawintl.org](mailto:info@evawintl.org) or fax to (509) 684-9801.

### Attendees:

-----  
Registration Date: 3/6/2012

First Name	Last Name	Address	Email Address	Attendee #	Paid
Rebecca	Orndorf	710 N. Campbell St. El Paso, TX 79902	<a href="mailto:rebecca@stars-elpaso.org">rebecca@stars-elpaso.org</a>	4971	Yes

### Payment Information:

-----  
Total: \$495.00 *ds*

Payment Contact Name: Rebecca Orndorf

Payment Contact Phone: (915)533-7700

Payment Contact Email: [rebecca@stars-elpaso.org](mailto:rebecca@stars-elpaso.org)

Payment Method: Visa

Transaction ID: 4225612158

Name On Card: Rebecca Orndorf

CC Last Four: 4423

CC Expiration: 05/14

-----  
EVAW International's EIN Number Is: 75-3095110  
-----

Please visit <http://www.evawintl.org> for more information.



Rebecca Orndorf &lt;rebecca@stars-el Paso.org&gt;

# Southwest Airlines Confirmation-ORNDORF/REBECCA-Confirmation: I2XNRD

1 message

Southwest Airlines &lt;SouthwestAirlines@luv.southwest.com&gt;

Tue, Mar 6, 2012 at 3:52 PM

Reply-To: Southwest Airlines &lt;no-reply@luv.southwest.com&gt;

To: REBECCAO@stars-el Paso.org

You're all set for your trip!


[My Account](#) | [View My Itinerary Online](#)
[Check In Online](#)
[Check Flight Status](#)
[Change Flight](#)
[Special Offers](#)
[Hotels Deals](#)
[Car Deals](#)

## 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: I2XNRD

Confirmation Date: 03/6/2012

Passenger(s)	Rapid Rewards #	Ticket #	Expiration	Est. Points Earned
ORNDORF/REBECCA	00000091305476	5262426249519	Mar 6, 2013	2070

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.

Date	Flight	Departure/Arrival
Sun Apr 1	1982	Depart <b>EL PASO TX (ELP)</b> at 12:55 PM Arrive in <b>SAN DIEGO CA (SAN)</b> at 1:50 PM Travel Time 1 hrs 55 mins
Wed Apr 4	901	Depart <b>SAN DIEGO CA (SAN)</b> at 6:00 PM Arrive in <b>PHOENIX AZ (PHX)</b> at 7:15 PM
	497	Change planes in <b>PHOENIX AZ (PHX)</b> at 8:05 PM Arrive in <b>EL PASO TX (ELP)</b> at 10:10 PM Travel Time 3 hrs 10 mins

**Air Cost: 377.40**

Carry-on Items: 1 Bag + small personal item are free see full details. Checked Items: First and second bags are free, size and weight limits apply.

Fare Rule(s): 5262426249519: NONREF/NONTRANSFERABLE/STANDBY REQ UPGRADE TO YL

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

### UP TO 30% OFF

Plus, earn up to 1,800  
Rapid Rewards® points!

GO



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care of  
Check-in  
for you

Just  
**\$10**  
One-Way

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rates for over 40,000 hotels.

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fare increase.

ELP WN SAN189.77WLNUPNR WN X/PHX WN ELP131.16OBUNNR 320.93 END  
ZPELPSANPHX XFELP4.5SAN4.5PHX4.5 AY7.50\$ELP2.50 SAN2.50 PHX2.50

## Important Check-In Reminder

Be sure to arrive at the departure gate with your boarding pass at least 10 minutes before your 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 - I2XNRD

Base Fare	\$ 320.93
Excise Taxes	\$ 24.07
Segment Fee	\$ 11.40
Passenger Facility Charge	\$ 13.50
September 11th Security Fee	\$ 7.50
<b>Total Air Cost</b>	<b>\$ 377.40</b>

### Payment Information

Payment Type: Visa XXXXXXXXXXXXXXX4423  
Date: Mar 6, 2012  
Payment Amount: \$377.40



### Rent Some Wheels

Explore your destination on the perfect set of wheels.

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## CLICK 'N SAVE

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## Flight Status Alerts

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### Useful Tools

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[Early Bird Check-In](#)  
[View/Share Itinerary](#)  
[Change Air Reservation](#)  
[Cancel Air Reservation](#)  
[Check Flight Status](#)  
[Flight Status Notification](#)  
[Book a Car](#)  
[Book a Hotel](#)

### Know Before You Go

[In the Airport](#)  
[Baggage Policies](#)  
[Suggested Airport Arrival Times](#)  
[Security Procedures](#)  
[Customers of Size](#)  
[In the Air](#)  
[Purchasing and Refunds](#)

### Special Travel Needs

[Traveling with Children](#)  
[Traveling with Pets](#)  
[Unaccompanied Minors](#)  
[Baby on Board](#)  
[Customers with Disabilities](#)

### Legal Policies & Helpful Information

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This is a postcard mailed from Southwest Airlines. Please do not

7/6/12

STARS El Paso Mail - Southwest Airlines Confirmation-ORNDORF/REBECCA-Confirmation: I2XNRD

This is a post-only mailing from Southwest Airlines. Please do not attempt to respond to this message. Your privacy is important to us. Please read our [Privacy Policy](#).



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

<sup>2</sup> 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](#)

Copyright 2011 Southwest Airlines Co. All Rights Reserved.

**STARS VENDOR LOG SHEET**  
**2011/2012**

VENDOR NAME: Rebecca Orndorf

AMOUNT OF BILL \$ 495.00      DATE PAID: \_\_\_\_\_

ONLINE TRANSACTION #: \_\_\_\_\_

CHECK #: \_\_\_\_\_      MONTH BILLED: \_\_\_\_\_

POST TO ACCOUNT: Reimbursement – EVAWI Conference Registration Fee

ADMIN    01 \_\_\_\_\_

CITY       82 \_\_\_\_\_


OAG-F     83 \_\_\_\_\_


OAG-S     84 \_\_\_\_\_

OVAG      85 \_\_\_\_\_

**TOTAL \$ 495.00**

Prepared By:       Date: March 6, 2012

Reviewed By:       Date: 3/7/12

Approved:       Date: 03/07/12

Posted By: \_\_\_\_\_      Date: \_\_\_\_\_

**STARS VENDOR LOG SHEET**  
**2011/2012**

VENDOR NAME: Rebecca Orndorf

AMOUNT OF BILL \$ 377.40      DATE PAID: \_\_\_\_\_

ONLINE TRANSACTION #: \_\_\_\_\_

CHECK #: \_\_\_\_\_      MONTH BILLED: \_\_\_\_\_

POST TO ACCOUNT: Reimbursement – EVAWI Conference Travel Expenses

ADMIN    01 \_\_\_\_\_

CITY       82 \_\_\_\_\_

OAG-F    83 \_\_\_\_\_

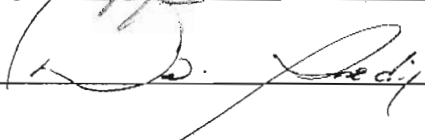
OAG-S    84 \_\_\_\_\_

OVAG     85 \_\_\_\_\_

**TOTAL \$ 377.40**

Prepared By:       Date: March 6, 2012

Reviewed By:       Date: 3/7/12

Approved:       Date: 03/12/2012

Posted By: \_\_\_\_\_      Date: \_\_\_\_\_

Rebecca Omdorf

Check Number: 20043

Check Date: Mar 7, 2012

Check Amount: \$872.40

nvoice	Date	Discount Taken	Amount Paid	Quantity	Description
	3/7/12		495.00	1.00	EVAWI Conference Registration Fee
	3/7/12		377.40	1.00	EVAWI Conference Travel Expense

LMP98 M/P CHECK

# ORANGE CAB

Radio Service

Lic.# MTSTA-000008

Company: \_\_\_\_\_

Date: \_\_\_\_\_ Meter \$: 18.10 Tip\$ \_\_\_\_\_

Driver: AVI Cab#: \_\_\_\_\_

From/To: \_\_\_\_\_

4250 Pacific Hwy. Ste. 207, San Diego, CA 92110

**(619)223-5555**

**Customer • Verify Cab Number**

# ORANGE CAB

Radio Service

Lic.# MTSTA-000008

Company: \_\_\_\_\_

Date: \_\_\_\_\_ Meter \$: 18.10 Tip\$ \_\_\_\_\_

Driver: AVI Cab#: \_\_\_\_\_

From/To: \_\_\_\_\_

4250 Pacific Hwy. Ste. 207, San Diego, CA 92110

**(619)223-5555**

**Customer • Verify Cab Number**

# El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01351 01  
 Voucher Total: \$26.40  
 No. of Lines: 1  
 T/C Hash : 208

Single Check (Y/N): \_\_\_\_\_

Date Entered: 04/19/2012

Entered by: AN

Preparer's Initials: AN

Amount Spelled: TWENTY SIX DOLLARS AND FORTY CENTS

Vendor Name: DELIA BRIONES

Street: 4209 O'KEEFE DR.  
 COUNTY CLERK

City, State, Zip: EL PASO TX 79902

Subject: ROUND ROCK, TX 4/25-4/27/12 HTL/MTL TXES CNTY&amp;DIST

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	26.40	GADMINGF	6705	145	CCL007		
	Desc:	ROUND ROCK, TX 4/25-4/27/12 HTL/MTL TXES CNTY&DIST						
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: 04/19/2012

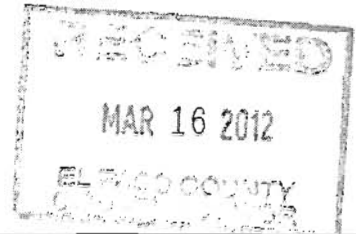
Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



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

## County of El Paso Travel Request Form



Travel

Type: **ADVANCE**

Name: **DELIA BRIONES** Department: **COUNTY CLERK**  
Date of Trip: Departure Date: **04/24/12** Return Date: **04/27/12** Destination: **ROUND ROCK TX**  
\* Event: **4/25/12 2012 COUNTY AND DISTRICT CLERKS' LEGAL EDUCATION PROGRAM**  
County Related Purpose: **STATUTORILY REQUIRED TRAINING TO HOLD ELECTIVE OFFICE**

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

Department Index: **COUNTY CLERK - 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

\* \$36.00 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

Airfare **6/229.00** \* CC **\$527.00**  
Auto Rental **215.28**  
Mileage (.40 /mile)  
Gas  
Meal rate on Departure date **27**  
Meal per diem (\$36.00) **108.00**  
Meal rate on Return date **27**  
Lodging **298.32**  
Other - Registration **210.00**  
Other - Parking/Tolls  
Other - Taxi **87.96**  
Other - Shuttle  
Other -  
TOTAL **\$1,359.20**

### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
Index: \_\_\_\_\_  
Sub-Object: \_\_\_\_\_  
Vendor: **Emp 01351**  
Subsidiary: \_\_\_\_\_  
Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE ☐ NO ☐ Y/N

### Section 3: Signature and List of Names:

CC

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

ADVANCE FROM COUNTY

**\$1,359.20** **\$0.00**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

EMPLOYEE  
SIGNATURE

DEPT. HEADS  
SIGNATURE

**Delia Briones**  
**Delia Briones**

C.C.O. DATE

DATE: **15-Mar-12**



- **Your hotel:** SpringHill Suites Austin Round Rock
- **Check-in:** Tuesday, April 24, 2012 (03:00 PM)
- **Check-out:** Friday, April 27, 2012 (12:00 PM)
- **Room type:** Suite, 1 King, Sofabed
- **Number of rooms:** 1
- **Guests per room:** 1
- **Guest name:** DELIA BRIONES
- **Reservation confirmed:** Monday, March 12, 2012 (21:46:00 GMT)
- **Guarantee method:** Credit card guarantee, Visa

#### Special request(s):

- Early Check-In, Request Noted

Summary of Room Charges		Cost per night per room (USD)
Tuesday, April 24, 2012 - Friday, April 27, 2012 ( 3 nights )		88.00
Government-state rate, state government ID required		
Estimated government taxes and fees	1%	11.44
<b>Total for stay (for all rooms)</b>		<b>298.32</b>
<ul style="list-style-type: none"> <li>• Complimentary on-site parking</li> <li>• Changes in taxes or fees implemented after booking will affect the total room price.</li> </ul>		

139.20  
= 1342  
26.40

You may modify or cancel your reservation online (see details below), or call 1-888-287-9400 in the US and Canada. Elsewhere, call our worldwide telephone numbers.

Contact us if you have questions about your reservation.

#### Canceling Your Reservation

- You may cancel your reservation for no charge until Monday, April 23, 2012 (1 day[s] before arrival).
- Please note that we will assess a fee of 99.44 USD if you must cancel after this deadline.

If you have made a prepayment, we will retain all or part of your prepayment. If not, we will charge your credit card.

#### Modifying Your Reservation

- Please note that a change in the length or dates of your reservation may result in a rate change.



#### New! Up to 6 Free Nights

Earn 30,000 Bonus Points and 2 Free Night Stays - enough for up to 6 Free Nights - with the Marriott Rewards Credit Card. Reward yourself.

[Learn More](#)

## Travel Alerts

- All rates at this hotel include complimentary breakfast and in-room high speed internet access
- Introducing the NEW, FREE Marriott Mobile App. Download Today!
- Please Note: All Marriott hotels in the USA and Canada, are committed to a smoke-free policy. [Learn more](#)
- The Responsible Tourist and Traveler  
A practical guide to help you make your trip an enriching experience

# El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01704 01  
 Voucher Total: \$39.60  
 No. of Lines: 1  
 T/C Hash: 208  
 Preparer's Initials: AN  
 Amount Spelled: THIRTY NINE DOLLARS AND SIXTY CENTS

Single Check (Y/N): \_\_\_\_\_  
 Date Entered: 04/19/2012  
 Entered by: AN

Vendor Name: MICHAEL FLORES

Street: 500 EAST SAN ANTONIO  
 VETERANS  
 City, State, Zip: EL PASO TX 79901

Subject: C CHRISTI, TX4/30-5/03/12HTL/MTL TXES TX VET COMM

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	39.60	GADMINGF	6705	145	VAS007		
	Desc:	C CHRISTI, TX4/30-5/03/12HTL/MTL TXES TX VET COMM						
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: 04/19/2012

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



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

## County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: MICHAEL FLORES Department: FAMILY & COMMUNITY SERVICES  
Date of Trip: Departure Date: 4-30-12 Return Date: 5-3-12 Destination: CORPUS CHRISTI, TX  
\* Event: TEXAS VETERANS COMMISSION - 2012 SPRING CONFERENCE  
County Related Purpose: ANNUAL CERTIFICATION

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

Department Index: EXPENSE 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

Airfare	<u>418.50</u> ✓	* CC
Auto Rental	<u>0</u>	
Mileage (.40 /mile)	<u>0</u>	
Gas	<u>0</u>	
Meal rate on Departure date	<u>27.00</u> ✓	
Meal per diem (\$36.00)	<u>72.00</u> ✓	
Meal rate on Return date	<u>36.00</u> ✓	
Lodging	<u>303.60</u> ✓	
Other - Registration	<u>0</u>	
Other - Parking/Tolls	<u>0</u>	
Other - Taxi	<u>40.00</u> shuttle	
Other - Shuttle	<u>0</u>	
Other -	<u>0</u>	
TOTAL	<u>\$817.50</u>	

\$396.60 897-00 \$0.00 \$0.00

### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
Index: \_\_\_\_\_  
Sub-Object: \_\_\_\_\_  
Vendor: 80001704  
Subsidiary: \_\_\_\_\_  
Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE ☒ Y ☐ N

### Section 3: Signature and List of Names:

CC

ADVANCE FROM COUNTY

\$0.00 \$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 Michael Flores  
SIGNATURE \_\_\_\_\_  
DEPT. HEADS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

C.C.O. DATE 3-APR-12

DATE: 3-Apr-12

## Michael Flores (GA/VA)

From: reservations@omnihotels.com  
Sent: Wednesday, March 07, 2012 1:50 PM  
To: Michael Flores (GA/VA)  
Subject: Omni Corpus Christi Hotel Reservation Confirmation 40008137161

# OMNI HOTELS & RESORTS

[HOTEL HOME](#) | [LOCAL INFORMATION](#) | [MODIFY RESERVATIONS](#) | [UPDATE PROFILE](#)

Your Reservation of the  
Omni Corpus Christi Hotel

*is Confirmed*

**CONFIRMATION #40008137161**

**Omni Corpus Christi Hotel**  
900 North Shoreline Blvd  
Corpus Christi TX US 78401  
Phone: 361-887-1600  
Fax: 361-887-6715  
[Driving Directions to the Hotel >](#)

**GUEST**  
**Select Guest 21136932**  
**Michael Flores**  
3308 Tierra Sara Lane  
El Paso TX US 79938

**ARRIVING:** 04/30/2012  
**DEPARTING:** 05/03/2012

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

### ROOM RATE

Two 2012 Spring	
Training Conf (b	
3 nights	88.00 USD
Subtotal (3 nights)	264.00 USD
Taxes	39.60 USD
Fees	0.00 USD
<b>Grand Total:</b>	<b>303.60 USD</b>

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

### ACCOMMODATIONS

384 sq ft, 25" standard TV, balcony  
over bay or USS Lexington or city view

#### Bayfront Tower - Classic Deluxe Room with Double Beds

*Texas hospitality meets coastal charm  
in Corpus Christi's downtown Marina  
District.*

#### Features:

- 384 sq. ft. room with high ceilings, dark woods and plush furnishings
- WiFi access / high-speed internet available
- 25" standard television
- Luxurious bathroom with make-up mirror and hair dryer
- Tranquil view of the Corpus Christi Bay or the USS Lexington or Corpus Christi Downtown

# El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP02076 01

Single Check (Y/N): \_\_\_\_\_

Voucher Total: \$49.05

No. of Lines: 1

Date Entered: 04/19/2012

T/C Hash : 208

Entered by: AN

Preparer's Initials: AN

Amount Spelled: FORTY NINE DOLLARS AND FIVE CENTS

Vendor Name: ANGELA BRINKLEY

Street: PROBATE

500 E. SAN ANTONIO

City, State, Zip: EL PASO TX 79901

Subject: AUSTIN, TX4/30-5/02/12HTL/MTL TXES TAAO CTF CRS 2

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	49.05	GADMINGF	6705	145	TAX007		
	Desc:	AUSTIN, TX4/30-5/02/12HTL/MTL TXES TAAO CTF CRS 2						
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 : 04/19/2012

Approved by: \_\_\_\_\_

Date : \_\_\_\_\_



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

## County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: Angela Brinkley Department: El Paso County Tax Office  
Date of Trip: Departure Date: 04/30/12 Return Date: 05/02/12 Destination: Austin, TX  
\* Event: TAAO 2011 State Certification Course #28: Truth in Taxation  
County Related Purpose: \_\_\_\_\_

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

Department Index: GADMINGF Sub-Object: 6205  
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

Airfare	\$229.60	✓	* CC
Auto Rental	0.00		
Mileage (.40 /mlc)	0.00		
Gas	0.00		
Meal rate on Departure date	18.00	✓	
Meal per diem (\$36.00)	72.00	✓	
Meal rate on Return date	36.00	✓	
Lodging <u>49.05</u>	49.05	✓	
Other - Registration <u>327</u>	190.00	✓	
Other - Parking/Tolls	0.00		
Other - Taxi	0.00		
Other - Shuttle	0.00		
Other -	0.00		
TOTAL	\$1,005.34		\$0.00

### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_

Index: \_\_\_\_\_

Sub-Object: \_\_\_\_\_

Vendor: Emp 202076

Subsidiary: \_\_\_\_\_

Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE ☐ Y/N

### Section 3: Signature and List of Names:

CC

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

ADVANCE FROM COUNTY

\$1,005.34 \$0.00

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

EMPLOYEE

SIGNATURE

DEPT. HEADS

SIGNATURE

C.C.O. DATE

DATE: 20 Mar-12

- **Your hotel:** Austin Marriott South
- **Check-in:** Sunday, April 29, 2012 (03:00 PM)
- **Check-out:** Wednesday, May 2, 2012 (12:00 PM)
- **Room type:** Guest room, 1 King or 2 Double
- **Number of rooms:** 1
- **Guests per room:** 1
- **Guest name:** ANGELA BRINKLEY
- **Reservation confirmed:** Monday, March 19, 2012 (21:37:00 GMT)
- **Guarantee method:** Credit card guarantee, Master Card

**Special request(s):**

- 1 King Bed, Guaranteed

Summary of Room Charges	Cost per night per room (USD)
Sunday, April 29, 2012 - Tuesday, May 1, 2012 ( 2 nights )	109.00
28 TRUTH & TAX	
Tuesday, May 1, 2012 - Wednesday, May 2, 2012 ( 1 night )	199.95
Best Available rate	
Estimated government taxes and fees (exempt)	- 20.90
<b>Total for stay (for all rooms)</b>	<b>480.64</b>
<ul style="list-style-type: none"> <li>• Complimentary on-site parking</li> <li>• Changes in taxes or fees implemented after booking will affect the total room price.</li> </ul>	

499.95

322

327 x 152

499

05

# El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP02106 01  
 Voucher Total: \$32.70  
 No. of Lines: 1  
 T/C Hash : 208

Single Check (Y/N): \_\_\_\_\_

Date Entered: 04/19/2012

Entered by: AN

Preparer's Initials: AN

Amount Spelled: THIRTY TWO DOLLARS AND SEVENTY CENTS

Vendor Name: SYLVIA PACHECO

Street: AUDITORS  
 500 E. SAN ANTONIO  
 City, State, Zip: EL PASO TX 79901

Subject: AUSTIN, TX4/24-4/27/12HTL/MTL TXES CNTY&DIST LGL

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	32.70	GADMINGF	6705	145	DCL007		
	Desc:	AUSTIN, TX4/24-4/27/12HTL/MTL TXES CNTY&DIST LGL						
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: 04/19/2012

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_





Approved  
04/12/12

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: Sylvia Pacheco Department: District Clerk's Office  
Date of Trip: Departure Date: 04/24/12 Return Date: # 04/27/12 Destination: Austin, Texas  
\* Event: 2012 County and District Clerk's Legal Education Conference  
County Related Purpose: \_\_\_\_\_

\* 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

Airfare	\$347.60	*CC
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date	18.00	27
Meal per diem (\$36.00)	72.00	27
Meal rate on Return date	18.00	20
Lodging	379.05	218
Other - Registration	260.00	
Other - Parking/Tolls		
Other - Taxi		
Other - Shuttle		
Other -		
TOTAL	\$1,094.65	\$0.00

432 20 181.60

### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_

Index: \_\_\_\_\_

Sub-Object: \_\_\_\_\_

Vendor: Emp 02/06

Subsidiary: \_\_\_\_\_

Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE ☐ Y/N

### Section 3: Signature and List of Names:

CC

ADVANCE FROM COUNTY	\$1,094.65	\$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 S Pacheco

SIGNATURE \_\_\_\_\_

DEPT. HEADS \_\_\_\_\_

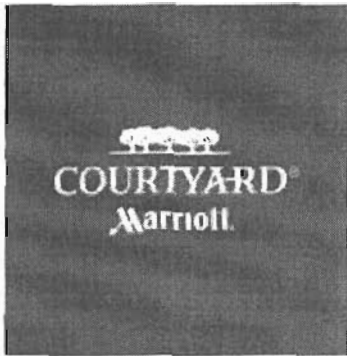
SIGNATURE \_\_\_\_\_

C.C.O. DATE \_\_\_\_\_

DATE: 9-Apr-12

	TRAVEL REQUEST		EXCLUDED
	REQUESTED	APPROVED	FROM ADVNCE
Airfare	347.60	231.60	116.00
Auto Rental	-	-	-
Mileage (.40 /mile)			-
Gas			-
<i>Meal rate on Departure date</i>	18.00	27.00	(9.00)
Meal per diem (\$36.00)	72.00	27.00	45.00
<i>Meal rate on Return date</i>	18.00	18.00	-
Lodging	379.05	218.00	161.05
Other - Registration	260.00	260.00	-
Other - Parking/Tolls			-
Other - Taxi			-
Other - Shuttle	-	-	-
Other -			-
Other -			-
<b>TOTAL</b>	<b>1,094.65</b>	<b>781.60</b>	<b>313.05</b>

152 161.05 3270



Reservation in progress

Check-in /check-out dates:

Tuesday, April 24, 2012 to Friday, April 27, 2012

Number of rooms: 1

Guests per room: 1

Larger Guest room, 1 King, Whirlpool

Room details

Preferences Summary

This hotel has a smoke-free policy

No room preferences were selected.

Regular rate

Rate rules

3 nights at 144.00 USD per night

Total for stay

(including estimated taxes):

496.80 (USD)

UTCC rate  
\$ 109.00 a night

# El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO2345 01

Single Check (Y/N): \_\_\_\_\_

Voucher Total: \$396.00No. of Lines: 1Date Entered: 04/19/2012T/C Hash : 208Entered by: ANPreparer's Initials: ANAmount Spelled: THREE HUNDRED NINETY SIX DOLLARS AND NO CENTSVendor Name: ENRIQUE CORTEZStreet: 500 EAS SAN ANTONIO  
SHERIFF DEPT.City, State, Zip: EL PASO TX 79901Subject: SAN ANTONIO, TX4/25-4/26/12PSI EXAM

Line	Trans	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	396.00	SHERIFFLAW	6703	145	SHE007		
	Desc:	SAN ANTONIO, TX4/25-4/26/12PSI EXAM						
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 : 04/19/2012

Approved by: \_\_\_\_\_ Date : \_\_\_\_\_



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

County of El Paso  
Travel Request Form

TJ

Travel

Type: **REGISTRATION**

Name: Enrique Cortez Department: EPSO  
Date of Trip: Departure Date: 04/25/12 Return Date: 04/26/12 Destination: San Antonio, TX  
\* Event: PSI Exam  
County Related Purpose:

\* Use of GADMINGF Funds requires legislative impact explanation

Department Index: Sub-Object: 6703

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

Airfare \$300.00  
Auto Rental 63.00 Pay separate  
Mileage (.40 /mile)  
Gas  
Meal rate on Departure date 18.00  
Meal per diem (\$36.00)  
Meal rate on Return date 18.00  
Lodging 60.00  
Other - Registration  
Other - Parking/Tolls  
Other - Taxi  
Other - Shuttle  
Other -  
TOTAL \$459.00 \$0.00

\$356.00

FOR AUDITOR'S USE ONLY

Trans. Code:

Index:

Sub-Object:

Vendor: EMP 09345

Subsidiary:

Amount:

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE ☒ YES ☐ NO

Section 3: Signature and List of Names:

CC

REGISTRATION AMOUNT: \$0.00 \$0.00

Name: Enrique Cortez 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

*[Signature]*

C.C.O. DATE

DATE: 27-Mar-12

*[Signature]*  
3-28-12



## INTER-OFFICE MEMORANDUM

Tuesday, 27 March 2012

To: Chief Deputy Campa *[Handwritten signature]*

Thru: Commander Colorado *[Handwritten signature]*

Thru: Lieutenant Waite *[Handwritten signature]*

From: Elizabeth A. Tabarani

Subject: PSI Exam

Respectfully, requesting the approval for Deputy Enrique Cortez to attend and the PSI Exam in San Antonio, Texas. Deputy Cortez has previously attended the PSI Course. Upon completion of the exam Deputy Cortez will be a licensed polygrapher.

For more information please contact Deputy Enrique Cortez ext. 2188.

# EL PASO COUNTY SHERIFF'S OFFICE

## Travel Expense Estimate Report

Name Enrique Cortez Title Deputy Date 4/25/2012

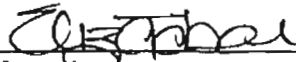
Date Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Totals
				25-Apr	26-Apr			
Airfare (Any re-scheduled charges)				\$300.00				\$300.00
Auto Rental				\$63.00				\$63.00
Fuel								
Taxi								
Shuttle								
Airport Parking								
Misc.								
<b>Sub-total Transportation</b>				\$363.00				\$363.00
Hotel				\$60.00				\$60.00
Meals				\$36.00				\$36.00
Misc.								
<b>Sub-total Hotel and Meals</b>				\$96.00				\$96.00
Supplies/Equipment								
Phone/Fax								
Registrations								
Other								
Misc.								
<b>Sub-total Misc.</b>								
<b>Total Per Day</b>				\$459.00				\$459.00

### PURPOSE OF TRIP

<b>Topic:</b>	TDLR TX Polygraph Examiner Written Exam
<b>Location:</b>	6800 Park Ten Blvd. Ste 174W
	San Antonio, TX 78213

### Summary of expense

Total of Expense Estimate  
Less Direct Payments  
Cash Advance **\$459.00**

  
 Prepared by
 

27 March 2012  
 Date
 

  
 Division Commander
 

3-27-12  
 Date

## El Paso County Travel Justification Form

Employee: Enrique Cortez  
Dept. Head: Angel Colorado  
Dept: SSD

Signature [Signature] Date: 03-27-2012  
Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Job Title: Deputy/Polygrapher

Travel Funding Source: \_\_\_\_\_ County \_\_\_\_\_ Grant X 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 Reference:

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 course? \_\_\_\_\_

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 course? \_\_\_\_\_

☐ **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, TAC, Conference of Urban Counties, TBIC, etc.)

Organization Name: \_\_\_\_\_

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

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

☐ Other: \_\_\_\_\_



## Elizabeth Tabarani

---

**From:** Enrique Cortez  
**Sent:** Tuesday, March 27, 2012 12:54 PM  
**To:** Elizabeth Tabarani  
**Subject:** FW: PSI Examination Schedule

Liz, this is the test date information.....I would like to leave around noon on Wed, 25<sup>th</sup>, from here, Non-stop flight. I believe there is a Days Inn close to the site and then come back in the after on the 26th

---

**From:** [no-reply@psiexams.com](mailto:no-reply@psiexams.com) [<mailto:no-reply@psiexams.com>]  
**Sent:** Thursday, March 15, 2012 4:01 PM  
**To:** Enrique Cortez  
**Subject:** PSI Examination Schedule

Hi ENRIQUE CORTEZ,

You have been successfully scheduled for the TDLR TX Polygraph Examiner Written Exam

If you wish to cancel, modify your appointment or download the Candidate Information Bulletin, please visit our website at [www.psiexams.com](http://www.psiexams.com)

Your confirmation number is E4447938.

### Exam Details

Date: April 26, 2012

Start Time: 9:00 AM (hh:mm) Please arrive 30 minutes prior to your scheduled start time.

Test Center Address: 6800 Park Ten Blvd. Ste 174W  
San Antonio Texas 78213

Directions: From W I10 traveling east (to San Antonio) take exit 565B for Vance Jackson. Use the turnaround to go under the freeway). Proceed on the access road heading west to the One Park Ten Building (just past First Natl. Bank). After entering our parking lot driveway, turn left. Our office is in the West building. From W Loop 410 or W Loop 1604 exit to I10 heading East to San Antonio then follow the above directions. From W I10 traveling west take exit 565A for Crossroads Blvd/Balconies Hgts. Stay on the access road to the One Park Ten Building. After entering our parking lot driveway, turn left. Our office is in the West Building.

### Required Documentation :

Identification

Please be advised that children, cell phones, pagers, cameras, programmable electronic devices and recording devices of any kind are NOT allowed to enter PSI testing centers. Additionally, NO personal items are to enter the testing centers. PSI will not be responsible for any personal items, and suggests that you leave such items in another safe place, of your choosing.

[You may click here to take a Customer Satisfaction Survey!](#)

Sincerely,

PSI Customer Service

Practice tests are available for many exams. To purchase a practice exam, click here:  
[http://candidate.psiexams.com/practicetest/practicetest\\_selectindustry.jsp](http://candidate.psiexams.com/practicetest/practicetest_selectindustry.jsp)

For Books, Reference Material and more, click the link below to visit the PSI Online Store:  
<http://www.psionlinestore.com/>

Search Flights

Select Flights

Price

Purchase

Confirmed

## El Paso, TX to San Antonio, TX

Air

Total Price: \$220.60

## ITINERARY

DEPART  
APR 25  
WED12:30PM El Paso, TX (ELP) to  
02:55PM San Antonio, TX (SAT)Flight  
#390Wednesday, April 25, 2012  
Travel Time 1 h 25 m  
(Nonstop)  
Wanna Get AwayRETURN  
APR 26  
THU02:45PM San Antonio, TX (SAT) to  
03:20PM El Paso, TX (ELP)Flight  
#1622Thursday, April 26, 2012  
Travel Time 1 h 35 m  
(Nonstop)  
Wanna Get Away

## PRICE ADULT

Trip	Routing	Fare Type   View Fare Rules	Fare Details	Quantity	Total
Depart	ELP-SAT	<b>Wanna Get Away</b> Excellent Value	<ul style="list-style-type: none"> <li>No Change Fees</li> <li>Travel Insurance offered by optional</li> <li>Upgrades to Business Select available</li> <li>No carrier-imposed penalties for cancellations</li> </ul>	1	\$120.80
Return	SAT-ELP	<b>Wanna Get Away</b> Excellent Value	<ul style="list-style-type: none"> <li>No Change Fees</li> <li>Travel Insurance offered by optional</li> <li>Upgrades to Business Select available</li> <li>No carrier-imposed penalties for cancellations</li> </ul>	1	\$99.80

Enroll in Rapid Rewards and earn at least 1194 Points per person for this trip. Already a Member? Log in to ensure you are getting the points you deserve.

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

**1st and 2nd Checked Bags Fly Free.**  
Weight and size limits apply.

Subtotal **\$220.60**  
Fare Breakdown

Bag Charge \$0.00

**Air Total:**  
**\$220.60**



**GET \$100 Plus get 10,000 points toward FREE FLIGHTS**  
after first purchase.

Apply Instantly

September 11th Security Fee applies.

Modify Trip

**Purchase your shopping cart...**  
By clicking 'Continue', you agree to accept the fare 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.



**Drury Plaza Hotel San Antonio Riverwalk**  
**\$180/night**

4 Star Rating

View Details

Search for hotels in San Antonio (04/25/2012 - 04/26/2012)

Close To (optional)

Center of destination  within 30 miles ☐

Show Only (optional)

Hotel Chains  Shop All Hotel Chains

Find Hotels

## Quick Air Links

Check In  
Change Flight  
Check Flight St

## Account Login

Account Number or I

Password (Case Sens

☐ Remember Me

Need help logging

Manage T

Shopping

## Air

APR 25 Depart  
WED ELP  
12:30 P

Adult Air fare per per  
Wanna Get Away fai

APR 26 Return  
THU SAT  
2:45 PM

Adult Air fare per per  
Wanna Get Away fai

## Cost Breakdown

Adult \$220.60 x 1  
Govt. Taxes & Fees  
We'll reserve the  
purchase complet

## Trip Total

Not ready to book  
this trip and boo

Save Flight

Rapid Rev

Travel Gu

## Add a Car

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



Type in any city or airport in the U.S., Canada or Mexico

**Pickup Location**

San Antonio, TX - SAT

**Pickup Date**

04/25/2012

**Dropoff Date**

04/26/2012

[Advanced Search](#)

[Find Cars](#)

**Trip Total**

**\$220.60**

[Modify Trip](#)

**Purchase your shopping cart...**

[Continue](#)

By clicking 'Continue', you agree to accept the fare rules and want to continue with this purchase

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[Search Southwest](#)[The Southwest Travel Experience](#) | [Sign Up 'n Save](#) | [Help](#)[Search Cars](#)[Select Car](#)[Price](#)[Purchase](#)[Confirmed](#)

## Your Trip Information

**Air**Total Price: **\$220.60****Car**Total Price: **\$61.29**

	Pickup	Dollar	Car Description
APR <b>25</b>	San Antonio, TX - SAT Wednesday, April 25, 2012 3:30 PM	Rental Counter and Car are both at the Airport Terminal.	Mid-size car; Dodge Avenger or similar
APR <b>26</b>	San Antonio, TX - SAT Thursday, April 26, 2012 3:00 PM		

Rate Breakdown	Base Rate	Mileage	Taxes & Fees
Daily Rate: 1 day(s) @ \$41.94	\$41.94	Unlimited	\$19.35

**Car Total**  
**\$61.29**

Includes approximate taxes and fees

The minimum rental age is 25 years old on most rentals.

All drivers must have a major credit card and a valid driver's license in the driver's name.

Additional taxes, surcharges or fees may apply.

[View vendor terms and conditions](#)[Southwest Airlines limit of liability](#)**Purchase your shopping cart...**[Continue](#)

By clicking 'Continue', you agree to accept the fare rules and want to continue with this purchase.

## Add a Hotel

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

**Drury Plaza Hotel San Antonio Riverwalk****\$180/night**

4 Star Rating

**Search for hotels in San Antonio (04/25/2012 - 04/26/2012)**

Close To (optional)

Center of destination ☐ within 30 miles ☐**Show Only** (optional)**Quick Air Links**[Check In](#)  
[Change Flight](#)  
[Check Flight St](#)**Account Login**[Account Number or L](#)[Password \(Case Sens](#)☐ Remember Me[Need help logging](#)[Manage T](#)[Shopping](#)**Air****Depart - Apr. 2**

ELP SAT

**Return - Apr. 2**

SAT ELP

**Total**We'll reserve the  
purchase complet**Car****Dollar**APR  
**25****Pickup**  
3:30 PM  
San Antonio, TX  
- SAT**Mid-size**  
Car Cost  
Taxes & Fees  
Mileage**Total**You'll be charged  
upon rental car re  
[View Conditions o](#)**Trip Total****Total Due Now**Not ready to bo  
this trip and boo[Save Flight](#)

3/27/12

Southwest Airlines - Pricing and Restrictions

[View Details](#)

[Hotel Chains](#)



[Shop All Hotel Chains](#)

[Find Hotels](#)

[Rapid Re](#)

[Travel Gu](#)

**Trip Total**  
**Total Due Now**

**\$281.89**  
**\$220.60**

**Purchase your shopping cart...**

By clicking 'Continue', you agree to accept the fare rules and want to continue with this purchase

[Continue](#)

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First Street address line is required.



## RESERVE ROOM



### Room Information

1 King Bed Suite  
No smoking

1 King Bed Non-Smoking Suite with free Wi-Fi, iron, ironing board and continental breakfast

**Maximum occupancy:** 3 people

### Stay:

1 Rooms, 1 Nights

### Occupancy:

1 Adults, 0 Children 13-17,  
0 Children 0-12

### Check In:

Wednesday, 04/25/2012 After 3:00 PM

### Check Out:

Thursday, 04/26/2012  
Before 11:00 AM

**Advance Purchase:** Advance Purchase 15% Discount For Purchasing In Advance. This Rate Requires Full Pre-Payment.

**Cancellation Policy:** There will be no credit or refund for early departures, cancellations, no shows, or changes in your reservation for any reason. Guests will not receive any refund or credit.

Selected Room	# Rooms	# Nights	Advance Purchase		Tax	Total for Stay*
1 King Bed Suite	1	1	<b>15% Off</b>	59.99 USD 50.99 USD	7.52 USD	<b>58.51 USD</b>

Sign in for faster  
reservations

You may opt to join later if  
you aren't a rewards  
member.

Username Password

First time signing in? [Sign In](#)  
[Help](#)

## Billing Contact Information

Please complete the required fields to submit your reservation.  
All fields with \* are required

- First Name\*
- Last Name\*
- Street\*
- City\*
- State / Province Select a State / Province
- Postal Code\*
- Country\* Select a Country
- Contact Phone\*

- Special requests /  
65 of 65 characters remaining
- Enter Wyndham Rewards #(optional)

Or

Join Wyndham Rewards FREE Simply check this box and you'll be automatically enrolled [Learn more](#)

It's so simple, you can earn points in your sleep.

Join Wyndham Rewards today for *free* and enjoy:

- 6,500+ locations in over 20 countries
- Many reward options, including: free nights, gift cards, airline miles, and more
- Exclusive member offers
- 10 points for every U.S. dollar spent
- Email\* [Your privacy is assured](#)
- Confirm Email\*
- Confirmation Email Format
 

☐ HTML
 ☐ Plain  
☐ Text
- Yes, I would like to receive special offers and discounts from HoJo.
- Yes, I would like to receive promotional offers and discounts from Brand partners.
- Opt out of all of the above

We require a valid credit card to confirm your reservation and guarantee your room. Any required deposit or pre-payment will be charged to this card in advance of your arrival. Otherwise, your card will not be charged until you check-out.

Your Reservation Total\*:  
58.51 USD



- Credit Card Type Select a Card Type
- Card Number
- Expiration Date

Month  Year 2012

## Book at HoJo.com

When you book at HoJo.com you can enjoy these benefits:

- Get the lowest rates guaranteed
- Safe and Secure transactions
- The only place to earn Wyndham Rewards points for free hotel rooms, airline tickets, car rentals and more
- The only place to get a personalized stay with WyndhamByRequest

Travel Agent? Enter your ARC/IATA/TIDS/TRUE number here.

ARC/IATA/TIDS/TRUE number

I understand by selecting this checkbox, I have read and accepted the terms and conditions stated on this page

**Jorge Lopez**

---

**From:** Lucille Samuel  
**Sent:** Monday, April 16, 2012 4:14 PM  
**To:** Jorge Lopez  
**Subject:** FW: Travel  
**Attachments:** Untitled.PDF - Adobe Acrobat Pro.pdf

**This is it.**

*R. Lucille Samuel  
El Paso County Sheriff's Office  
Budget Operations Manager  
(915) 538-2286 Ext 2793/2791  
Work Cell (915) 479-1517  
Fax (915) 538-2246*

**From:** Lucille Samuel  
**Sent:** Tuesday, April 03, 2012 10:33 AM  
**To:** Victor Perez; Jorge Lopez  
**Subject:** Travel

**Cortez**

## Jorge Lopez

---

**From:** Lucille Samuel  
**Sent:** Tuesday, April 17, 2012 2:11 PM  
**To:** Jorge Lopez  
**Subject:** FW: Confirmed: Enterprise Rent-A-Car Reservation

Here you go Jorge.

R. Lucille Samuel  
El Paso County Sheriff's Office  
Budget Operations Manager  
(915) 538-2286 Ext 2793/2791  
Work Cell (915) 479-1517  
Fax (915) 538-2246

-----Original Message-----

From: Joe Lopez  
Sent: Tuesday, April 17, 2012 1:24 PM  
To: Lucille Samuel  
Subject: FW: Confirmed: Enterprise Rent-A-Car Reservation

Lucille,

Here is Mr. Cortez's reservation, I went ahead and booked the car because they seem to be going fast these days; so if there's a problem let me know and I'll cancel it. The quote I received from the State contract was a little cheaper, and my quote includes insurance for Mr. Cortez.

Joe

-----Original Message-----

From: Enterprise Rent-A-Car Reservations [<mailto:onlinereservations@enterprise.com>]  
Sent: Tuesday, April 17, 2012 1:19 PM  
To: Joe Lopez  
Subject: Confirmed: Enterprise Rent-A-Car Reservation

Dear Enrique Cortez,

Thank you for choosing Enterprise. We look forward to seeing you at 3:00 pm on Wednesday, April 25, 2012. This message is to confirm you have updated your reservation. Following are the details for the updated reservation:

P.S. Remember us when you're renting in town. Enterprise is always nearby at more than 6,500 neighborhood locations.

-----  
RESERVATION INFORMATION  
-----

Confirmation Number: 766139989

Name: Cortez, Enrique

Pick Up Date: Wednesday, April 25, 2012 at 3:00 pm

Drop Off Date: Thursday, April 26, 2012 at 3:00 pm

Pick Up Location Address and Phone Number :

SAN ANTONIO INTL ARPT

8530 EASTERN ST

SAN ANTONIO, TX 78216-6002

Tel.: (210) 348-6806

Pick Up Location Hours for the week of : April 23, 2012

Monday	5:30 am	11:00 pm
Tuesday	5:30 am	11:00 pm
Wednesday	5:30 am	11:00 pm
Thursday	5:30 am	11:00 pm
Friday	5:30 am	11:00 pm
Saturday	6:00 am	11:00 pm
Sunday	6:00 am	11:00 pm

Car and Rate Information for COUNTY OF EL PASO:

Standard

Ford Fusion or similar

35.50 USD (1 Day @ 35.50)

0.00 USD (Drop Charge)

0.00 USD (COLLISION DAMAGE WAIVER FULL)

0.00 USD (SUPPLEMENTAL LIABILITY PROTECTION)

4.50 USD (CUSTOMER FACILITY CHARGE 4.50/DAY)

4.09 USD (CONCESSION RECOUP FEE 11.11 PCT)

2.27 USD (BEXAR SPORTS VENUE TAX 5 PCT)

1.35 USD (TEXAS REIMBURSEMENT 1.35/DAY)

4.54 USD (MOTOR VEH RENTAL TAX)

Total Charges 52.25 USD

Additional surcharges, local taxes, etc. may apply.

-----  
ENTERPRISE PICK-UP POLICY  
-----

FROM THE BAGGAGE CLAIM AREA OF EACH TERMINAL PROCEED OUTSIDE AND WAIT AT THE CURB SIDE FOR THE SHUTTLE BUS. THE ENTERPRISE SHUTTLE WILL MEET YOU THERE AND RUNS EVERY 5 MINUTES.

-----  
ENTERPRISE MILEAGE POLICY  
-----

This vehicle comes with unlimited mileage.

-----  
ENTERPRISE AGE POLICY  
-----

ALL DRIVERS MUST BE 21 YEARS OF AGE OR OLDER. DRIVERS MUST BE AT LEAST 25 YEARS OF AGE OR OLDER TO RENT LUXURY CARS, 15 PASSENGER VANS, SUVS AND TRUCKS. DRIVERS 21-24 YEARS OF AGE MAY RENT ECONOMY THROUGH FULL SIZE CARS, MINIVANS, AND CARGO VANS ONLY.

-----  
ENTERPRISE ADDITIONAL DRIVER POLICY  
-----

THERE WILL BE AN ADDITIONAL CHARGE OF \$10.00 PER DAY FOR EACH ADDITIONAL AUTHORIZED DRIVER OTHER THAN A SPOUSE OR DOMESTIC PARTNER.

-----  
ENTERPRISE AFTER HOURS POLICY  
-----

PLEASE RETURN VEHICLE TO 8530 EASTERN STREET, SAN ANTONIO, TX 78216, CONSOLIDATED RENTAL RETURN LOCATION FOR ENTERPRISE, NATIONAL AND ALAMO. PULL FORWARD IN THE ENTERPRISE RETURN AREA. LEAVE KEYS IN THE VEHICLE. NOTE MILEAGE AND FUEL LEVEL. PROCEED TO CUSTOMER SERVICE LOBBY AREA. AIRPORT SHUTTLE OPERATES 24 HOURS.

-----  
TOLL ROAD USAGE PROGRAM  
-----

Click here for more information:

<http://www.htallc.com/enterprise>

-----  
TO MODIFY OR CANCEL THIS RESERVATION  
-----

Please click the link below to modify or cancel this reservation. (Note: Modifying your location, date, or time may result in changes to your rates, taxes, surcharges or underage fee).

<https://www.enterprise.com/car-rental/deeplinkmap.do?bid=001&confirmnum=766139989&firstname=enrique&lastname=cortez&cnty=US&language=EN>



# El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP02486 01

Voucher Total: \$39.60

No. of Lines: 1

T/C Hash: 208

Preparer's Initials: AN

Amount Spelled: THIRTY NINE DOLLARS AND SIXTY CENTS

Single Check (Y/N):

Date Entered: 04/19/2012

Entered by: AN

Vendor Name: EFRAN MONTELONGO  
VETERANS ASSISTANCE  
Street: 500 EAST SAN ANTONIO

City, State, Zip: EL PASO TX 79901

Subject: C CHRISTI, TX4/30-5/03/12HTL/MTL TXES TX VET COMM

Line	Trans	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	39.60	GADMINGF	6705	145	VAS007		
	Desc:	C CHRISTI, TX4/30-5/03/12HTL/MTL TXES TX VET COMM						
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: 04/19/2012

Approved by:

Date:



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

## County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: Efren Montelongo Department: FAMILY & Community Services  
Date of Trip: Departure Date: 4-30-12 Return Date: 5-3-12 Destination: CORPUS CHRISTI, TX  
\* Event: TEXAS VETERANS COMMISSION - 2012 SPRING CONFERENCE  
County Related Purpose: Annual Certification

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

Department Index: GADMINGF Sub-Object: 6205  
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	0
Auto Rental	0
Mileage (.40 /mile)	559.20 418.50
Gas	0
Meal rate on Departure date	27.00
Meal per diem (\$36.00)	72.00
Meal rate on Return date	18.00 36.00
Lodging	39 381.60 264
Other - Registration	0
Other - Parking/Tolls	0
Other - Taxi	0
Other - Shuttle	0
Other -	0
TOTAL	817.50 31.0523 0.00 0.00

### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_

Index: \_\_\_\_\_

Sub-Object: \_\_\_\_\_

Vendor: FW 002986

Subsidiary: \_\_\_\_\_

Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE ☒ Y/N

### Section 3: Signature and List of Names:

CC

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

ADVANCE FROM COUNTY

\$0.00 \$0.00

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

EMPLOYEE Efren Montelongo

SIGNATURE

DEPT. HEADS

SIGNATURE

C.C.O. DATE

DATE: 3 Apr 12



# El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP02585 01

Single Check (Y/N): \_\_\_\_\_

Voucher Total: \$243.00

No. of Lines: 1

Date Entered: 04/19/2012

T/C Hash: 238

Entered by: BO

Preparer's Initials: BO

Amount Spelled: TWO HUNDRED FORTY THREE DOLLARS AND NO CENTS

Vendor Name: WILLIAM ELLIS

Street: SHERIFF DEPARMENT  
3850 JUSTICE DRIVE

City, State, Zip: EL PASO, TX 79938

Subject: PHOENIX, AZ5/06-5/12/12IACP LEGAL ADVISOR CAMP

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	243.00	SHERIFFLAW	6703				
	Desc:	PHOENIX, AZ5/06-5/12/12IACP LEGAL ADVISOR CAMP						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: MAYRA C. HERNANDEZ TCAUD47-AUDITORS

Date: 04/19/2012

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



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

## County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: **William Ellis** Department: **6703**  
Date of Trip: Departure Date: **05/06/12** Return Date: **05/12/12** Destination: **Phoenix, AZ**  
\* Event: **IACP Legal Advisor Boot Camp**  
County Related Purpose:

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

Department Index: **SHERIFFLAW** Sub-Object: **6703**  
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	27.00
Meal per diem (\$36.00)	180.00
Meal rate on Return date	36.00
Lodging	874.52
Other - Registration	375.00
Other - Parking/Tolls	
Other - Taxi	
Other - Shuttle	
Other -	
TOTAL	\$243.00 \$1,249.52

### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_

Index: \_\_\_\_\_

Sub-Object: \_\_\_\_\_

Vendor: **EMP02585**

Subsidiary: \_\_\_\_\_

Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE ☐ Y/N

### Section 3: Signature and List of Names:

CC

ADVANCE FROM COUNTY **\$243.00** **\$1,249.52**

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 **W. J. Ellis**

DEPT. HEADS

SIGNATURE **D. W. Ellis**

C.C.O. DATE **12-Apr-12**

DATE: 12-Apr-12

# EL PASO COUNTY SHERIFF'S OFFICE

## Travel Expense Estimate Report

Name William Ellis Title Executive Administrative Officer Date 4/12/2012

Days of Travel	Sun 5/6/2012	Mon 5/7/2012	Tue 5/8/2012	Wed 5/9/2012	Thurs 5/10/2012	Fri 5/11/2012	Sat 5/12/2012	Totals
Airfare								
Auto Rental								
Fuel Other Fuel if Needed								
Taxi								
Shuttle								
Airport Parking								
Misc. Baggage Fee								
<b>Sub-total Transportation</b>								

Hotel	\$874.52							
Meals	27.00	36.00	36.00	36.00	36.00	36.00	36.00	
Misc.								
<b>Sub-total Hotel and Meals</b>	<b>\$901.52</b>	<b>\$36.00</b>	<b>\$36.00</b>	<b>\$36.00</b>	<b>\$36.00</b>	<b>\$36.00</b>	<b>\$36.00</b>	<b>\$1,117.52</b>

Supplies/Equipment								
Phone/Fax								
Registrations	\$375.00							
Other Emergency								
Misc. Membership Dues								
<b>Sub-total Misc.</b>	<b>375.00</b>							<b>375.00</b>

<b>Total Per Day</b>	<b>\$1,276.52</b>	<b>\$36.00</b>	<b>\$36.00</b>	<b>\$36.00</b>	<b>\$36.00</b>	<b>\$36.00</b>	<b>\$36.00</b>	<b>\$1,492.52</b>
----------------------	-------------------	----------------	----------------	----------------	----------------	----------------	----------------	-------------------

### PURPOSE OF TRIP

Topic: IACP Boot Camp For Legal Advisors

Location: Phoenix, Arizona

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Summary of expense

Total of Expense Estimate \$1,492.52

Less Direct Payments \_\_\_\_\_

Cash Advance \_\_\_\_\_

Amount of request \$1,492.52

R. Lucille Samuel Budget Operations Manager

4/12/2012

Prepared by


Date

Division Commander

Date

*William Ellis*

## El Paso County Travel Justification Form

Employee: William Ellis Signature  Date: 4/12/2012  
Dept. Head: Richard D. Wiles Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Dept: Admin Job Title: Executive Administrative Officer

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)

☐ **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 course? \_\_\_\_\_

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 course? \_\_\_\_\_

☒ **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, TAC, Conference of Urban Counties, TBIC, etc.)

Organization Name: \_\_\_\_\_

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

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

☐ **Other:** \_\_\_\_\_

**William Ellis**

---

**From:** membership@theiacp.org  
**Sent:** Wednesday, April 11, 2012 3:55 PM  
**To:** William Ellis  
**Subject:** IACP Payment Receipt



**International Association of Chiefs of Police HQ**

515 North Washington Street, Alexandria, VA 22314 USA  
Phone: (703) 836-6767  
Fax: (703) 836-4543  
Federal ID : 53-0227813

---

Dear William Ellis:

Thank you for your recent payment of \$375.00. Your payment has been applied to the following items:

Order #	Item	Amount	Receipt Type	Receipt Date
1001029213	TRAINING: LOS Legal Advisor Boot Camp 2012	\$375.00	MASTERCARD	11-Apr-2012

BILLING ADDRESS for Member/Customer Number 1735192

William J Ellis Executive Administrative Officer El Paso County Sheriff's Office  
3850 Justice Rd. El Paso, TX 79938915

Should you have any questions please feel free to contact our [membership department](#).

# INTERNATIONAL ASSOCIATION of CHIEFS of POLICE

global leadership in policing

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[William Ellis](#)

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 **William J Ellis**

IACP Customer Number: 1735192

Executive Administrative Officer  
El Paso County Sheriff's Office  
3850 Justice Rd.  
El Paso, TX 79938915  
IACP Member Type: CUSTOMER  
BUSINESS Phone: (915)  
BUSINESS Fax: (915)  
BUSINESS Email: wellis@epcounty.com  
It has been 0 week(s) since your last login.

**My Order Balance**

Your account shows no balance due at this time.

**My Meetings**

You have no upcoming meetings.

**My Subscription Info**

You have no active subscriptions.

**MyDonallionHistory**

BeginDate

**My Addresses**

**Business**

William J Ellis  
Executive Administrative Officer  
El Paso County Sheriff's Office  
3850 Justice Rd.  
El Paso, TX 79938915  
United States

[Edit](#)

 [Add a new address](#)

**Ordered Items**

Contains 0 Items  
Subtotal: \$0.00

**My Communication Methods**

 [Add new communication method](#)

Business Email: wellis@epcounty.com

  [edit](#)

Business Fax: (915)

  [edit](#)

Business Phone: (915)

  [edit](#)

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515 North Washington St Alexandria, VA, 22314 USA | phone: 703.836.6767 or 1.800.THE IACP | fax: 703.836.4543

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# **INTERNATIONAL ASSOCIATION of CHIEFS of POLICE**

## **global leadership in policing**

### **Legal Advisor Boot Camp May 7 -11, 2012**

**Glendale PD Training Academy, Phoenix AZ**

**\$375 Early Registration Through April 15- \$475 after April 15**

The LOS will be conducting an intensive one-week training program for police legal advisors from May 7-11, 2012 in the Phoenix, Arizona area. While it is a "must" for relatively new Legal Advisors, we have included advanced-track offerings for more experienced Legal Advisors, as well.

Subjects include nearly everything a Legal Advisor is likely to encounter or be asked by the Chief down to line officers. Employment Law and Collective Bargaining, Fourth and Fifth Amendment, Rules and Regulations, Policies and Procedures, Discipline, Internal Affairs Investigations, Ethics, Recruitment & Hiring, Homeland Security, and Accreditation are among the topics.

Breakfast and an evening reception included with the cost of registration.

#### **Register On-line Credit Card Payments**

<b>Existing IACP Members and Customers Login:</b> <i>Login using your email address and password.</i>
<div>Members/Customer Login</div> <div>Create New Account</div>
<b>One-Click check-out for new and existing customers:</b>
<div>Complete Order without Account</div>

#### **Accommodations**

Please contact Spring Hill Suites (Marriott) Phoenix Glendale/Peoria directly to make your reservations.

#### **Discounted King Rooms**

#### **Discounted Queen Rooms**

or call 888-236-2427.

#### **More Information**

Gene Voegtlin, LOS Section Liaison

[voegtlin@theiacp.org](mailto:voegtlin@theiacp.org)

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515 North Washington St Alexandria, VA, 22314 USA | phone: 703.836.6767 or 1.800.THE IACP | fax: 703.836.4543

Created by [Matrix Group International, Inc.](http://www.matrixgroupinternational.com)


[SpringHill Suites by Marriott](#) > [Hotel](#) > Reservation

## SpringHill Suites Phoenix Glendale Sports & Entertainment District

7370 N. Zanjero (Janjero) Boulevard • Glendale, AZ 85305 USA

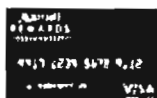
 MAPS & TRANSPORTA  
 FACT SHEET  
 PHONE NUMBERS

 1 Choose dates, rooms & rates   2 Enter guest information   3 **Review & complete reservation**   4 Receive confirmation

### COMPLETE RESERVATION

**Please Note** – All rates at this hotel include complimentary breakfast and in-room high speed internet access

<b>Dates</b> <a href="#">edit</a> <b>Check-in:</b> Sunday, May 6, 2012 <b>Check-out:</b> Saturday, May 12, 2012 <b>Number of rooms:</b> 1 <b>Guests per room:</b> 1	<b>Room(s)</b> <a href="#">edit</a> Suite, 1 King, Sofabed <a href="#">Room details</a>	<b>Guest Information</b> <a href="#">edit</a> William Ellis Email: <a href="mailto:wellis@epcounty.com">wellis@epcounty.com</a> Phone: (915)474.7755	<b>Billing Information</b> <a href="#">edit</a> Your reservation is guaranteed by: MasterCard *****
---	---	---	---


 Get the Marriott Rewards Premier Credit Card and receive a \$75 statement credit after first card use. [Learn more and apply now](#)

 \$ 874.52  
 - 75.00  
 \$ 799.52

<b>Preferences Summary</b> <a href="#">edit</a> This hotel has a smoke-free policy  <b>Guaranteed:</b> <ul style="list-style-type: none"> <li>Mobility Accessible Room with Roll-in Shower</li> </ul> <b>Not Guaranteed:</b> <ul style="list-style-type: none"> <li>I.D. Required</li> </ul>	<b>Summary of Charges</b>  No booking fees when you reserve on Marriott.com! <b>Summary of Room Charges</b>  Sunday, May 6, 2012 - Saturday, May 12, 2012 (6 nights)  Govt/military rate, federal government ID required  Estimated government taxes and fees  <b>Total for stay (per room)</b>	<b>COMPLETE RESERVATION</b>  Cost per night per room
---	---	--



**ADDITIONAL CHARGES**

- Complimentary on-site parking
- Changes in taxes or fees implemented after booking will affect the total room price.

**Rate Rules**

Gov/military rate, federal government ID required

**Additional Information****\*\*\*\* US Government Per Diem Rate \*\*\*\***

The rate for this reservation is based upon the current applicable federal government per diem rate and is subject to increase in the event that the U.S. General Services Administration increases the applicable federal government per diem rate before or on day of the guest's arrival at the hotel.

Please Refer Guests to [www.policyworks.gov/perdiem](http://www.policyworks.gov/perdiem) for details

\*\*\*\*\*

**\*\* US Federal Government or Active Duty Military Only \*\***

**\*\* Must Show Valid Federal Government/Military ID at Check-in \*\***

**\*\* If No Valid ID-Rate will be Increased to Best Available Rate**

**\*\* Government employees limited to two (2) rooms per stay \*\***

**\*\* Valid Identification consists of**

\* Federal Govt issued Visa, Mastercard or American Express

\* Federal Govt picture ID (CAC or Common Access Card)

\* Military picture ID

\* Travel Orders

\* Federally Funded Research Development Corp (FFRDC) ID

\* Canadian Government or Military issued ID

\* Canadian Government or Military issued Credit Card

\* Native American Tribal Government ID

**\*\* Government Contractors are not Eligible for the US Government Per Diem Rate \*\***

Note Government Contractors working on Government "Cost Reimbursable Contract" are not Eligible for the Govt Rate

**Holding Your Reservation**

- We will need a credit card number to reserve your room.

**Canceling Your Reservation**

- You may cancel your reservation for no charge until 6:00 PM hotel time on May 6, 2012.
- Please note that we will assess a fee of 145.75 USD if you must cancel after this deadline. If you have made a prepayment, we will retain all or part of your prepayment. If not, we will charge credit card.

This fee equals 1 night of your room charge plus tax (for the first night of your reservation).

**When You Check-in**

- Please be prepared to show proof of eligibility for your rate (such as a membership card, corporate government identification card, or proof of your age).

**Modifying Your Reservation**

- Please note that a change in the length or dates of your reservation may result in a rate change.

**COMPLETE RESERVATION**

---

# El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V005058 01

Single Check (Y/N):

Voucher Total: \$41.34

No. of Lines: 1

Date Entered: 04/19/2012

T/C Hash : 208

Entered by: AN

Preparer's Initials: AN

Amount Spelled: FORTY ONE DOLLARS AND THIRTY FOUR CENTS

Vendor Name: GARY ABOUD

ASSOCFAMCRT1

Street: 400 E OVERLAND

City, State, Zip: EL PASO,

TX 79901

Subject: DALLAS, TX 4/25-4/28/12 HTL/MTL TXES MRRGE DISOL CL

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	41.34	GADMINGF	6705	145	FM1007		
	Desc:	DALLAS, TX 4/25-4/28/12 HTL/MTL TXES MRRGE DISOL CL						
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: 04/19/2012

Approved by:

Date:



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

## County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: **GARY A. ABOUD** Department: **ASSOCFAMCRTI**  
Date of Trip: Departure Date: **04/25/12** Return Date: **04/28/12** Destination: **DALLAS, TEXAS**  
Event: **MARRIAGE DISSOLUTION**  
County Related Purpose: **CLE hours required for license**

\* Use of **GADMIINGF** Funds requires legislative impact explanation

Department Index: **ASSOCFAMCRTI** 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

Airfare **\$279.60**  
Auto Rental **\$259.60**  
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 **359.00**  
Other - Registration  
Other - Parking/Tolls  
Other - Taxi  
Other - Shuttle  
Other -  
TOTAL **\$926.61**

### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
Index: \_\_\_\_\_  
Sub-Object: \_\_\_\_\_  
Vendor: **0005058**  
Subsidiary: \_\_\_\_\_  
Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE ☒ N ☐ Y/N

### Section 3: Signature and List of Names:

CC

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

ADVANCE FROM COUNTY

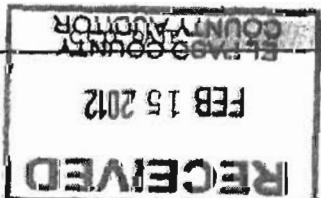
GARY A. ABOUD

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

EMPLOYEE  
SIGNATURE  
DEPT. HEADS  
SIGNATURE

DATE: 15-Feb-12



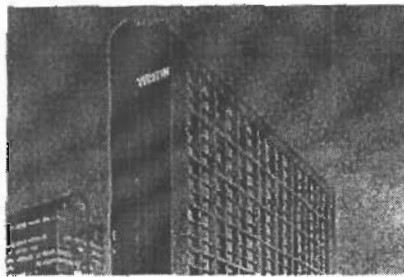
Rest easy. Your reservation has been confirmed (6352539)

"GARY.ABOUD@SBCGLOBAL.NET"

English, Français, Español, Deutsch, Português, Italiano. 6 x (11 1/2) x 11 1/2



The Winston Galleries Dallas  
13346 Dallas Parkway  
Dallas, Texas 75246 United States  
Phone: (214) 912-1641 or (214) 951-2815



- CONTACT US
- GUEST ROOMS
- FEATURES AND ACTIVITIES
- DINING OPTIONS
- LOCAL AREA
- DRIVING DIRECTIONS
- AREA MAP
- GALLERY SPACE

1. *Chlorophyll a* (Chl *a*)

As our valued guest, we'd like to offer you the opportunity to upgrade your stay to our Executive Club Level for only \$35 per night.

2005/06/02

*[Faint, illegible handwritten notes]*

1991, p. 107.



we consider your comments and the responses of the  
responsible who provided your letter is very  
important to us. We thank you for taking a  
step to help you and the other people who  
are interested in helping a better world  
become.

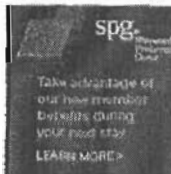
Morr.

C. 06: 026104; 634.53234

FOR THE  
MAY



A MESSAGE FROM  
STARWORLD  
PREFERRED GUEST



New benefits for SPA  
members & 100% more...

## YOUR RESERVATION

20-APR-2012 3:09 PM

72 APR-2012 12:00 PM

1. The first group of variables includes the following:

1. *Chlorophyll a* (Chl *a*)

$$f(x) = \frac{1}{\sqrt{\pi}} e^{-x^2} \quad \text{and} \quad g(x) = \frac{1}{\sqrt{\pi}} e^{-x^2/2}$$

YOUR ACCOMMODATIONS: ROOM 1 OF 1

CONFIDENTIAL GARY ABQUO

15,000,000 3

\* 04/03/2011 09:51:13

Room Description  
King Bed

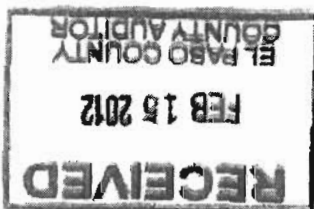
[illegible]

\* 12 月 25 日 19 時 30 分

\*  $\rho_{\text{eff}} = \frac{\rho}{1 + \beta}$ , where  $\beta = \frac{v^2}{c^2}$ .

 $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$ 

YOUR RATE: ROOM 1 OF 1



# El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01920 01

Single Check (Y/N): \_\_\_\_\_

Voucher Total: \$187.00

No. of Lines: 1

Date Entered: 04/19/2012

T/C Hash: 208

Entered by: CS

Preparer's Initials: CS

Amount Spelled: ONE HUNDRED EIGHTY SEVEN DOLLARS AND NO CENTS

Vendor Name: VICKI MAESTAS

Street: 10701 IRA WAY  
65TH FAM. DPT.

City, State, Zip: EL PASO TX 79935

Subject: ORLANDO, FL7/24-7/29/12NAT SYS OF CARE CONF

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	187.00	BCMHC12	6602	145	MHS010		
	Desc:	ORLANDO, FL7/24-7/29/12NAT SYS OF CARE CONF						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: DONNA TEAGUE-AUDITORS AUD09

Date: 04/19/2012

Approved by: \_\_\_\_\_

Date: 4/19/12



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**

EMPO1920 01

Name: Vicki Maestas Department: MHSS  
Date of Trip: Departure Date: 07/24/12 Return Date: 07/29/12 Destination: Orlando Florida  
\* Event: Improving Children's Mental Health Care in an Era of Change, Challenge, and Innovation: The Role of  
County Related Purpose: National Conference on the Systems of care

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

Department Index: BCMHC12 Sub-Object: 6602  
COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

### Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

☐ on Date of Departure by After 12:00 P.M. Half Rate \$ 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	\$0.00	\$546.20
Auto Rental	0.00	0.00
Mileage (.40 /mile)	0.00	
Gas	0.00	
Meal rate on Departure date <u>7/24</u>	27.00	
Meal per diem (\$36.00) <u>7/25-28</u>	<u>172.00</u>	<u>101.00</u>
Meal rate on Return date <u>7/27-28</u>	18.00	
Lodging	0.00	998.64
Other - Registration	0.00	795.00
Other - Parking/Tolls	0.00	
Other - Taxi	0.00	
Other - Shuttle	34.00	
Other -	0.00	
<b>TOTAL</b>	<b>\$151.00</b>	<b>\$2,339.84</b>

### 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

\$151.00 \$2,339.84

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

DATE: 28-Mar-12

C.C.O. DATE

# El Paso County Travel Justification Form

Employee: Vicki Maestas  
Dept. Head: Rita Ruelas  
Dept: BCMHC

Signature: [Signature] Date: 4-2-12  
Signature: [Signature] Date: 3-28-2012  
Job Title: Youth Services Manager

Travel Funding Source: X 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:
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☒ **Other:** Training Institutes 2012 Improving Children's Mental Health Care ...





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1. Select Dates → 2. View Rates → 3. Reserve Your Room → 4. Confirmation



**Book Your Experience**

Arrive:

2012 July 24

Nights: 05 Adults: 01 Children: 00

Preferred Room Type: Emerald Bay King

[Refresh Rates](#)

### Rates & Availability for the dates: Jul. 24, 2012 thru Jul. 29, 2012



**Emerald Bay King**

Upgraded guest rooms elegantly decorated in Caribbean blue and sunny gold accents with walnut finish and crown molding. Each guest room includes an elevated bed, ceiling fan, refrigerator, in-room safe, wireless internet access. Emerald Bay is centrally located, and is closest to the Convention Center. *(Pictured: Emerald Bay King)* [More >>](#)

Tue.24	Wed.25	Thu.26	Fri.27	Sat.28
\$215.00	\$215.00	\$215.00	\$215.00	\$215.00

**\$1,075.00** + charges and taxes

[BOOK NOW](#)



**Florida View King**

With easy access to our signature glass atriums, you'll find some of the most distinctive dining and recreation amenities all under one roof. Come walk through three uniquely-themed Florida environments on your way to your Florida-view room, which has been newly remodeled and stylishly redesigned, and has all the comfort and conveniences of home that help make staying at Gaylord Palms so relaxing, rewarding and memorable. [More >>](#)

Tue.24	Wed.25	Thu.26	Fri.27	Sat.28
\$175.00	\$175.00	\$175.00	\$175.00	\$175.00

**\$875.00** + charges and taxes

[BOOK NOW](#)



**Florida View Double Queen**

Walk through three uniquely-themed Florida environments on your way to your Florida-view room, where once inside, you'll discover a freshly redesigned, stylish décor with all the comfort and conveniences of home that help make staying at Gaylord Palms so relaxing, rewarding and memorable. All Florida-view rooms have the same easy access to our signature glass atriums, where you'll find some of the most distinctive dining and recreation amenities all under one roof. [More >>](#)

Tue.24	Wed.25	Thu.26	Fri.27	Sat.28
\$175.00	\$175.00	\$175.00	\$175.00	\$175.00

**\$875.00** + charges and taxes

[BOOK NOW](#)



**Emerald Bay Double Queen**

Upgraded guest rooms elegantly decorated in Caribbean blue and sunny gold accents with walnut finish and crown molding. Each guest room includes an elevated bed, ceiling fan, refrigerator, in-room safe, wireless internet access. Emerald Bay is centrally located, and is closest to the Convention Center. *(Image of Emerald Bay Double Queen)* [More >>](#)

Tue.24	Wed.25	Thu.26	Fri.27	Sat.28
\$215.00	\$215.00	\$215.00	\$215.00	\$215.00

**\$1,075.00** + charges and taxes

[BOOK NOW](#)



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[Purchase](#)
[Confirmed](#)

## El Paso, TX to Orlando, FL

Air

Total Price: **\$546.20**

## ITINERARY

DEPART JUL 24 TUE	<b>06:20AM El Paso, TX (ELP)</b> to 08:40 AM Arrive in San Antonio, TX (SAT)	<b>Flight #2059</b>	<b>Tuesday, July 24, 2012</b> Travel Time 5 h 05 m (1 stop, includes 1 plane change) Wanna Get Away
	09:35 AM Change ✈ in San Antonio, TX (SAT)	<b>Flight #1120</b>	
	<b>01:25PM Orlando, FL (MCO)</b>		
RETURN JUL 29 SUN	<b>06:20PM Orlando, FL (MCO)</b> to Stops in Houston, TX	<b>Flight #483</b>	<b>Sunday, July 29, 2012</b> Travel Time 4 h 40 m (1 stop, no plane change) Wanna Get Away
	<b>09:00PM El Paso, TX (ELP)</b>		

## PRICE: ADULT

Trip	Routing	Fare Type   View Fare Rules	Fare Details	Quantity	Total
Depart	ELP-SAT-MCO	<b>Wanna Get Away</b> Excellent Value	<ul style="list-style-type: none"> <li>No Change Fees (applicable fare difference applies)</li> <li>Reusable Funds (nontransferable - no name changes allowed)</li> <li>Nonrefundable</li> </ul>	1	\$236.60
Return	MCO-ELP	<b>Wanna Get Away</b> Excellent Value	<ul style="list-style-type: none"> <li>No Change Fees (applicable fare difference applies)</li> <li>Reusable Funds (nontransferable - no name changes allowed)</li> <li>Nonrefundable</li> </ul>	1	\$309.60

Enroll in Rapid Rewards and earn at least 3060 Points per person for this trip. Already a Member? Log in to ensure you are getting the points you deserve.

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

**1st and 2nd Checked Bags Fly Free.**  
Weight and size limits apply.

Subtotal **\$546.20**  
Fare Breakdown

Bag Charge \$0.00

**Air Total:**  
**\$546.20**



**GET \$100 Plus get 10,000 points toward FREE FLIGHTS after first purchase.**

[Apply Instantly](#)

September 11th Security Fee applies.

[Modify Trip](#)
[Purchase your shopping cart...](#)

By clicking 'Continue', you agree to accept the fare 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.



**The Point Orlando**  
Resort Universal Blvd

**\$102/night**

4 Star Rating

[View Details](#)

Search for hotels in Orlando (07/24/2012 - 07/29/2012)

Close To (optional)

Center of destination ☐ within 30 miles ☐

Show Only (optional)

Hotel Chains ☐ Shop All Hotel Chains

[Find Hotels](#)

## Add a Car

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

## Quick Air Links

[Check In](#)  
[Change Flight](#)  
[Check Flight Status](#)

## Account Login

[Enroll Now!](#)

Account Number or Username

Password (Case Sensitive)

☐ Remember Me

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[Shopping Cart](#)

Air

[Modify](#) | [Remove](#)

JUL 24 TUE	Depart Flt 2059/1120 ELP MCO 6:20 AM 1:25 PM
JUL 29 SUN	Return Flt 483 MCO ELP 6:20 PM 9:00 PM

Adult Air fare per person  
Wanna Get Away fare **\$236.60**

Adult Air fare per person  
Wanna Get Away fare **\$309.60**

## Cost Breakdown

Adult \$546.20 x 1 **\$546.20**

Govt. Taxes & Fees

We'll reserve the flight upon purchase completion.

**Trip Total \$546.20**

Not ready to book yet? [Save this trip and book later.](#)

[Save Flight](#)
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[Travel Guide](#)



Type in any city or airport in the U.S., Canada or Mexico

**Pickup Location**

Orlando, FL - MCO

**Pickup Date**

07/24/2012

**Dropoff Date**

07/29/2012

[Advanced Search](#)[Find Cars](#)**Trip Total****\$546.20****Purchase your shopping cart...**[Modify Trip](#)

By clicking 'Continue', you agree to accept the fare rules and want to continue with this purchase

[Continue](#)

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- ▶ Child Welfare
- ▶ Cultural and Linguistic Competence
- ▶ Early Childhood
- ▶ Family and Youth
- ▶ Financing
- ▶ Healthy Transitions Initiative
- ▶ Leadership and Workforce
- ▶ Mental Health and School
- ▶ Public Health Approach
- ▶ Research and Evaluation
- ▶ Rural Behavioral Health
- ▶ State and Local Systems of Care



## Registration Information

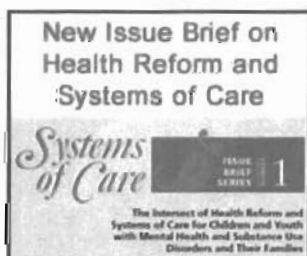
### Fees

The registration fee for the Training Institutes is \$795. This fee covers attendance at all Institutes, Workshops, Special Presentation, General Sessions, Poster Session and Dessert Reception, Welcome Banquet, Luncheon, Networking Lunch, attendance at a Targeted Institute, daily breakfast and refreshments, and all conference materials. Tickets for guests to attend the Welcome Banquet will be available for purchase online during registration and on site. **Attendance at a Pre-Institutes Training Program requires an additional registration fee of \$250.**

**REGISTER** for the Training Institutes

### Guidelines

- Early registration is strongly recommended to ensure your participation in the Training Institutes.
- All attendees must register online by clicking on the registration button.
- The Training Institutes encourages payment in advance. We accept MasterCard, Visa, American Express, checks, and purchase orders. All options are available during the online registration process.
- For payments by check, make checks payable to Georgetown University and mail to Training Institutes with a copy of the registration confirmation for each person(s) whose fee is included in the check.
- Purchase orders must be submitted with a copy of the registration confirmation for each person(s) included in the purchase order and the name, address, phone number, and email address of the person to be invoiced.
- You will receive an email confirmation of your registration. We encourage you to print a copy of your registration confirmation for your records.
- Registration cancellations must be submitted no later than July 6, 2012 via the online registration system or by submitting a completed cancellation form via mail, email, or fax to Training Institutes. No verbal requests will be granted before or after the event. A \$95 administrative fee will be applied to all refunds. **Persons canceling after July 6, 2012 and no-shows are responsible for the entire registration fee and are not eligible for refunds.** However, substitutions will be accepted by mail, email, or fax indicating the name of the person canceling and complete contact information for the person substituting. You should receive an email confirmation of your cancellation or substitution within 24 hours of receipt. If you do not receive confirmation follow up with us by calling 202-687-5278. Allow 4 weeks for refunds to be processed.



## Interpretation Services/Servicios de Interpretación

American Sign Language and Spanish interpretation services will be provided at the Training Institutes. Please indicate your need for either of these services when you register.

Durante los Institutos, se prestarán servicios de interpretación para sordomudos e interpretación al español. Por favor indique si usted necesitará estos servicios cuando se registra.

## Americans with Disabilities Act

If you require accommodations to ensure your full participation in the Georgetown University Training Institutes, please provide that information when you register online. If for any reason you do not provide this information at the time you register, you can email your requirements to [institutes2012@gmail.com](mailto:institutes2012@gmail.com). Please note: You must notify us of any accommodation requirements at least ten days prior to the conference so that appropriate arrangements can be made.

[Main Listing](#) || [Next](#)



- ▶ Child Welfare
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## Agenda at a Glance

### Monday, July 23

5:00 pm – 8:00 pm Registration

### Tuesday, July 24

7:30 am - 6:00 pm Registration

8:30 am - 5:30 pm Pre-Institutes Training Programs

8:30 am - 5:30 pm Meeting for the Children, Youth and Families Division, National Association of State Mental Health Program Directors

### Wednesday, July 25

7:30 am - 7:00 pm Registration

8:30 am - 5:30 pm Pre-Institutes Training Programs

8:30 am - 5:30 pm Meeting for the Children, Youth and Families Division, National Association of State Mental Health Program Directors

8:30 am - 5:30 pm Meeting for American Native, Alaska Native, and Urban Indian Community System of Care Grantees

8:30 am - 5:30 pm Meeting for the Early Childhood Community of Practice

1:30 pm - 3:30 pm Pre-Conference Orientation

1:30 pm - 3:30 pm Youth Leadership Track Orientation

1:30 pm - 4:30 pm Meeting for the National Wraparound Initiative

4:00 pm - 5:30 pm

### SPECIAL PRESENTATION

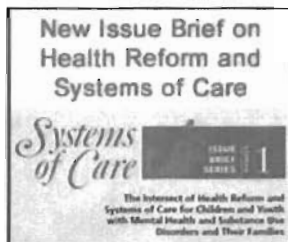
**The Trevor Project: Innovations in Youth Crisis Intervention and Suicide Prevention**

### Thursday, July 26

7:30 am - 6:00 pm Registration

7:30 am - 8:30 am Continental Breakfast

8:30 am - 11:45 am **OPENING SESSION**



**Welcome and Opening Remarks****Charting a Course for Children's Mental Health: Change Agents Required****The Challenge of Trauma: Innovations in Systems of Care**

11:45 am - 1:15 pm	Lunch On Your Own
1:30 pm - 5:00 pm	Institutes and Workshops
5:00 pm - 6:30 pm	Reception and Voting for Excellence in Communication and Outreach Recognition
6:30 pm - 9:30 pm	Welcome Banquet and Entertainment

**Friday, July 27**

7:30 am - 6:00 pm	Registration
7:30 am - 8:30 am	Continental Breakfast
8:30 am - 12:00 pm	Institutes and Workshops
12:15 pm - 3:15 pm	<b>LUNCHEON and GENERAL SESSION</b>
	<b>Health Reform: Implications and Opportunities for Children's Behavioral Health Care</b>
3:30 pm - 5:30 pm	Poster Session and Dessert Reception

**Saturday, July 28**

7:30 am - 6:00 pm	Registration
7:30 am - 8:30 am	Continental Breakfast
8:30 am - 12:00 pm	Institutes and Workshops
12:00 pm - 1:15 pm	Networking Luncheon
1:30 pm - 5:00 pm	Institutes and Workshops

**Sunday, July 29**

7:30 am - 12:30 pm	Registration
8:30 am - 9:30 am	Continental Breakfast
9:30 am - 12:30 pm	Targeted Institutes

[Main Listing](#) || [Next](#)