

VENDOR NAME	DOCUMENT	INVOICE	AMOUNT	ACCOUNT DESC
IRENE G. VALENZUELA	814877	TA1900028-1	96.00	GF-GADM-TRAVEL/PROF ED
ELIZABETH SANCHEZ	814862	TA1900024-1	100.00	GF-GADM-TRAVEL/PROF ED
ELIZABETH SANCHEZ	814863	TA1900024-2	450.10	GF-GADM-TRAVEL/PROF ED
ELIZABETH SANCHEZ	814864	TA1900024-3	70.00	GF-GADM-TRAVEL/PROF ED
ELIZABETH SANCHEZ	814865	TA1900024-4	192.00	GF-GADM-TRAVEL/PROF ED
ELIZABETH SANCHEZ	814866	TA1900024-5	519.25	GF-GADM-TRAVEL/PROF ED
ARTHUR SEELIG	814800	TA1900008-1	200.50	GF-GADM-TRAVEL/PROF ED
ARTHUR SEELIG	814801	TA1900008-2	506.00	GF-GADM-TRAVEL/PROF ED
ARTHUR SEELIG	814802	TA1900008-3	28.00	GF-GADM-TRAVEL/PROF ED
EDWIN E. DAVILA	814804	TA1900009-1	200.50	GF-GADM-TRAVEL/PROF ED
EDWIN E. DAVILA	814805	TA1900009-2	506.00	GF-GADM-TRAVEL/PROF ED
EDWIN E. DAVILA	814806	TA1900009-3	28.00	GF-GADM-TRAVEL/PROF ED
RODRIGO ROBERTO GARC	814812	TA1900011-1	150.00	GF-GADM-TRAVEL/PROF ED
RODRIGO ROBERTO GARC	814813	TA1900011-2	231.28	GF-GADM-TRAVEL/PROF ED
RODRIGO ROBERTO GARC	814814	TA1900011-3	20.00	GF-GADM-TRAVEL/PROF ED
RODRIGO ROBERTO GARC	814815	TA1900011-4	97.50	GF-GADM-TRAVEL/PROF ED
RODRIGO ROBERTO GARC	814816	TA1900011-5	138.85	GF-GADM-TRAVEL/PROF ED
SAMUEL TRUJILLO	814850	TA1900021-1	380.00	GF-GADM-TRAVEL/PROF ED
SAMUEL TRUJILLO	814851	TA1900021-2	169.00	GF-GADM-TRAVEL/PROF ED
SAMUEL TRUJILLO	814852	TA1900021-3	462.00	GF-GADM-TRAVEL/PROF ED
MARGARITA KALNAS	814878	TA1900029-1	150.00	GF-GADM-TRAVEL/PROF ED
MARGARITA KALNAS	814879	TA1900029-2	231.28	GF-GADM-TRAVEL/PROF ED
MARGARITA KALNAS	814880	TA1900029-3	60.00	GF-GADM-TRAVEL/PROF ED
MARGARITA KALNAS	814881	TA1900029-4	97.50	GF-GADM-TRAVEL/PROF ED
MARGARITA KALNAS	814882	TA1900029-5	136.86	GF-GADM-TRAVEL/PROF ED
MICHAEL MARTINEZ	814884	TA1900031-1	380.00	GF-GADM-TRAVEL/PROF ED
MICHAEL MARTINEZ	814885	TA1900031-2	169.00	GF-GADM-TRAVEL/PROF ED
MARK SERRANO	814842	TA1900019-1	397.96	GF-GADM-TRAVEL/PROF ED
MARK SERRANO	814843	TA1900019-2	75.50	GF-GADM-TRAVEL/PROF ED
MARK SERRANO	814844	TA1900019-3	90.85	GF-GADM-TRAVEL/PROF ED
MARK SERRANO	814845	TA1900019-4	10.00	GF-GADM-TRAVEL/PROF ED
JORGE DE LUNA	814796	TA1900007-1	200.50	GF-GADM-TRAVEL/PROF ED
JORGE DE LUNA	814797	TA1900007-2	506.00	GF-GADM-TRAVEL/PROF ED
JORGE DE LUNA	814798	TA1900007-3	28.00	GF-GADM-TRAVEL/PROF ED
COREY BIXLER	814821	TA1900013-1	65.00	GF-GADM-TRAVEL/PROF ED
COREY BIXLER	814822	TA1900013-2	292.96	GF-GADM-TRAVEL/PROF ED
COREY BIXLER	814823	TA1900013-3	91.50	GF-GADM-TRAVEL/PROF ED
COREY BIXLER	814824	TA1900013-4	103.78	GF-GADM-TRAVEL/PROF ED
NATALIA CHAPARRO	814883	TA1900030-1	120.00	GF-GADM-TRAVEL/PROF ED
LINDA HEMME	814853	TA1900022-1	296.96	GF-GADM-TRAVEL/PROF ED
LINDA HEMME	814854	TA1900022-2	54.00	GF-GADM-TRAVEL/PROF ED
LINDA HEMME	814855	TA1900022-3	124.50	GF-GADM-TRAVEL/PROF ED
LINDA HEMME	814856	TA1900022-4	306.54	GF-GADM-TRAVEL/PROF ED
LORENA DE LA MORA	814871	TA1900026-1	275.00	GF-GADM-TRAVEL/PROF ED
LORENA DE LA MORA	814872	TA1900026-2	699.88	GF-GADM-TRAVEL/PROF ED
LORENA DE LA MORA	814873	TA1900026-3	78.00	GF-GADM-TRAVEL/PROF ED

LORENA DE LA MORA	814874	TA1900026-4	252.00	GF-GADM-TRAVEL/PROF ED
LORENA DE LA MORA	814875	TA1900026-5	556.92	GF-GADM-TRAVEL/PROF ED
GUADALUPE GARCIA	814817	TA1900012-1	65.00	GF-GADM-TRAVEL/PROF ED
GUADALUPE GARCIA	814818	TA1900012-2	292.96	GF-GADM-TRAVEL/PROF ED
GUADALUPE GARCIA	814819	TA1900012-3	91.50	GF-GADM-TRAVEL/PROF ED
GUADALUPE GARCIA	814820	TA1900012-4	103.78	GF-GADM-TRAVEL/PROF ED
GUADALUPE GARCIA	814846	TA1900020-1	397.96	GF-GADM-TRAVEL/PROF ED
GUADALUPE GARCIA	814847	TA1900020-2	75.50	GF-GADM-TRAVEL/PROF ED
GUADALUPE GARCIA	814848	TA1900020-3	90.85	GF-GADM-TRAVEL/PROF ED
GUADALUPE GARCIA	814849	TA1900020-4	10.00	GF-GADM-TRAVEL/PROF ED
AURELIO ARIAS	814791	TA1900006-1	30.00	GF-GADM-TRAVEL/PROF ED
AURELIO ARIAS	814792	TA1900006-2	288.00	GF-GADM-TRAVEL/PROF ED
AURELIO ARIAS	814793	TA1900006-3	506.00	GF-GADM-TRAVEL/PROF ED
AURELIO ARIAS	814794	TA1900006-4	77.45	GF-GADM-TRAVEL/PROF ED
NAOMI A. GARCIA	814858	TA1900023-1	550.00	GF-GADM-TRAVEL/PROF ED
NAOMI A. GARCIA	814859	TA1900023-2	217.96	GF-GADM-TRAVEL/PROF ED
NAOMI A. GARCIA	814860	TA1900023-3	155.50	GF-GADM-TRAVEL/PROF ED
NAOMI A. GARCIA	814861	TA1900023-4	540.83	GF-GADM-TRAVEL/PROF ED
ARTURO PASTRANA	814772	TA1900001-1	30.00	GF-GADM-TRAVEL/PROF ED
ARTURO PASTRANA	814773	TA1900001-2	181.00	GF-GADM-TRAVEL/PROF ED
ARTURO PASTRANA	814774	TA1900001-3	500.25	GF-GADM-TRAVEL/PROF ED
ARTURO PASTRANA	814775	TA1900001-4	28.00	GF-GADM-TRAVEL/PROF ED
JOSE CORDOVA	814825	TA1900014-1	65.00	GF-GADM-TRAVEL/PROF ED
JOSE CORDOVA	814826	TA1900014-2	292.96	GF-GADM-TRAVEL/PROF ED
JOSE CORDOVA	814827	TA1900014-3	91.50	GF-GADM-TRAVEL/PROF ED
JOSE CORDOVA	814828	TA1900014-4	103.78	GF-GADM-TRAVEL/PROF ED
SOFIA DOVALINA	814777	TA1900002-1	181.00	GF-GADM-TRAVEL/PROF ED
SOFIA DOVALINA	814778	TA1900002-2	500.25	GF-GADM-TRAVEL/PROF ED
JOE M. GONZALEZ	814891	TA1900033-1	292.96	GF-GADM-TRAVEL/PROF ED
JOE M. GONZALEZ	814892	TA1900033-2	92.00	GF-GADM-TRAVEL/PROF ED
JOE M. GONZALEZ	814893	TA1900033-3	196.00	GF-GADM-TRAVEL/PROF ED
JOE M. GONZALEZ	814894	TA1900033-4	342.39	GF-GADM-TRAVEL/PROF ED
LUKE GILPIN	814886	TA1900032-1	3,595.00	GF-GADM-TRAVEL/PROF ED
LUKE GILPIN	814887	TA1900032-2	349.62	GF-GADM-TRAVEL/PROF ED
LUKE GILPIN	814888	TA1900032-3	47.02	GF-GADM-TRAVEL/PROF ED
LUKE GILPIN	814889	TA1900032-4	192.00	GF-GADM-TRAVEL/PROF ED
LUKE GILPIN	814890	TA1900032-5	958.00	GF-GADM-TRAVEL/PROF ED
TEXAS ASSOCIATION OF	814857	TA1900022-5	160.00	GF-GADM-TRAVEL/PROF ED
MURIEL MONTROSE	814895	TA1900034-1	249.00	GF-GADM-TRAVEL/PROF ED
MURIEL MONTROSE	814896	TA1900034-2	440.00	GF-GADM-TRAVEL/PROF ED
MURIEL MONTROSE	814897	TA1900034-3	136.50	GF-GADM-TRAVEL/PROF ED
MURIEL MONTROSE	814898	TA1900034-4	522.34	GF-GADM-TRAVEL/PROF ED
TEXAS ASSOCIATION OF	814795	TA1900006-5	200.00	GF-GADM-TRAVEL/PROF ED
TEXAS ASSOCIATION OF	814799	TA1900007-4	200.00	GF-GADM-TRAVEL/PROF ED
TEXAS ASSOCIATION OF	814803	TA1900008-4	200.00	GF-GADM-TRAVEL/PROF ED
TEXAS ASSOCIATION OF	814807	TA1900009-4	200.00	GF-GADM-TRAVEL/PROF ED
TEXAS ASSOCIATION OF	814811	TA1900010-4	200.00	GF-GADM-TRAVEL/PROF ED

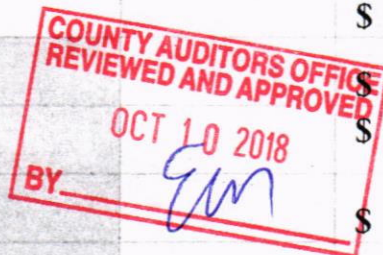
TEXAS A&M AGRILIFE E	814776	TA1900001-5	225.00	GF-GADM-TRAVEL/PROF ED
TEXAS A&M AGRILIFE E	814779	TA1900002-3	225.00	GF-GADM-TRAVEL/PROF ED
TEXAS A&M AGRILIFE E	814783	TA1900003-4	225.00	GF-GADM-TRAVEL/PROF ED
TEXAS A&M AGRILIFE E	814786	TA1900004-3	225.00	GF-GADM-TRAVEL/PROF ED
TEXAS A&M AGRILIFE E	814790	TA1900005-4	225.00	GF-GADM-TRAVEL/PROF ED
RUBEN P. GONZALEZ, T	814787	TA1900005-1	181.00	GF-GADM-TRAVEL/PROF ED
RUBEN P. GONZALEZ, T	814788	TA1900005-2	500.25	GF-GADM-TRAVEL/PROF ED
RUBEN P. GONZALEZ, T	814789	TA1900005-3	28.00	GF-GADM-TRAVEL/PROF ED
RUBEN P. GONZALEZ, T	814808	TA1900010-1	200.50	GF-GADM-TRAVEL/PROF ED
RUBEN P. GONZALEZ, T	814809	TA1900010-2	506.00	GF-GADM-TRAVEL/PROF ED
RUBEN P. GONZALEZ, T	814810	TA1900010-3	28.00	GF-GADM-TRAVEL/PROF ED
GRANT WRITING USA	814829	TA1900015-1	455.00	GF-GADM-TRAVEL/PROF ED
CELINA ENRIQUEZ	814780	TA1900003-1	181.00	GF-GADM-TRAVEL/PROF ED
CELINA ENRIQUEZ	814781	TA1900003-2	500.25	GF-GADM-TRAVEL/PROF ED
CELINA ENRIQUEZ	814782	TA1900003-3	28.00	GF-GADM-TRAVEL/PROF ED
LUIS BANDA	814838	TA1900018-1	397.96	GF-GADM-TRAVEL/PROF ED
LUIS BANDA	814839	TA1900018-2	75.50	GF-GADM-TRAVEL/PROF ED
LUIS BANDA	814840	TA1900018-3	90.85	GF-GADM-TRAVEL/PROF ED
LUIS BANDA	814841	TA1900018-4	10.00	GF-GADM-TRAVEL/PROF ED
MAYRA RAMOS	814834	TA1900017-1	375.00	GF-GADM-TRAVEL/PROF ED
MAYRA RAMOS	814835	TA1900017-2	338.78	GF-GADM-TRAVEL/PROF ED
MAYRA RAMOS	814836	TA1900017-3	214.50	GF-GADM-TRAVEL/PROF ED
MAYRA RAMOS	814837	TA1900017-4	1,411.02	GF-GADM-TRAVEL/PROF ED
JOSE MONAREZ	814830	TA1900016-1	375.00	GF-GADM-TRAVEL/PROF ED
JOSE MONAREZ	814831	TA1900016-2	338.78	GF-GADM-TRAVEL/PROF ED
JOSE MONAREZ	814832	TA1900016-3	214.50	GF-GADM-TRAVEL/PROF ED
JOSE MONAREZ	814833	TA1900016-4	1,411.02	GF-GADM-TRAVEL/PROF ED
MELISSA FRESCAS	814784	TA1900004-1	181.00	GF-GADM-TRAVEL/PROF ED
MELISSA FRESCAS	814785	TA1900004-2	500.25	GF-GADM-TRAVEL/PROF ED
BEATRICE GIRON	814876	TA1900027-1	96.00	GF-GADM-TRAVEL/PROF ED
JORGE VILLALOBOS	814867	TA1900025-1	275.00	GF-GADM-TRAVEL/PROF ED
JORGE VILLALOBOS	814868	TA1900025-2	699.88	GF-GADM-TRAVEL/PROF ED
JORGE VILLALOBOS	814869	TA1900025-3	252.00	GF-GADM-TRAVEL/PROF ED
JORGE VILLALOBOS	814870	TA1900025-4	556.92	GF-GADM-TRAVEL/PROF ED
FRED PRYOR SEMINARS/	812008	11/05/18	49.00	SG-GRURALS19-OPERATING EXP
FRED PRYOR SEMINARS/	812013	01/22/19	179.00	SG-GRURALS19-OPERATING EXP
FRED PRYOR SEMINARS/	812014	12/20/18	199.00	SG-GRURALS19-OPERATING EXP
REYNA E. BURKHOLDER	814290	12/12/18-12/14/18	712.82	SG-GRURALS19-OPERATING EXP

County of El Paso Travel and Training ADVANCE Request Form



NAME	Rodrigo Garcia 101005	DEPARTMENT	JP 2
EVENT	Texas Justice Court Training Center training	DESTINATION	San Marcos
DATES	11/5/2018 TO 11/7/2018	FUNDING SOURCE	(Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 150.00	150.00
TRANSPORTATION AIRFARE			\$ 231.28	231.28
GROUND TRANSPORTATION AUTO RENTAL			\$ 147.03	147.03
GAS			\$ 40.00	40.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 38.25	38.25
MEAL PER DIEM (EVENT DATES)			\$ 29.00	29.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 38.25	38.25
LODGING			\$ 138.85	138.85
PARKING				0.00
OTHER				0.00
TOTALS:	\$ -	\$ -	\$ 812.66	\$812.66



SIGNING OF THIS FORM CONSTITUTES ACKNOWLEDGEMENT AND AGREEMENT WITH THE COUNTY TRAVEL POLICY REQUIREMENTS, INCLUDING EMPLOYMENT COMMITMENT AND AUTHORIZATION TO DEDUCT AMOUNTS OWED TO THE COUNTY FROM WAGES.

<http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf>

EMPLOYEE SIGNATURE	DATE
[Signature]	10/11/18
DEPARTMENT HEAD SIGNATURE	DATE
[Signature]	10/11/18

10-10-18

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Rodrigo Garcia Signature: [Signature] Date: 9/27/18
Dept Head: Brian J Haggerty Signature: [Signature] Date: 9/27/18
Dept : JP2 Job Title: Court Coordinator
Travel Funding Source: ✓ County Grant Other

Will any funds be reimbursed by another entity?

Travel Account No. Balance Remaining for FY:

Will posting travel details prior to travel jeopardize the safety of the traveler. Yes x NO

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**
Statute 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 20 number of training hours annually.
I have already fulfilled of these hours for this time period.
Estimated hours to be obtained from this course: 16
- ☐ **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:**

County of El Paso

Travel and Training ADVANCE Request Form



NAME	GUADALUPE GARCIA <i>101458</i>	DEPARTMENT	COUNTY CLERK
EVENT	2018 eRECORDS CONFERENCE	DESTINATION	AUSTIN, TX
DATES	11/15/2018	TO	11/16/2018
		FUNDING SOURCE (Agenda Item Format)	

		SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				\$ 65.00	65.00
TRANSPORTATION	AIRFARE			\$ 292.96	292.96
GROUND TRANSPORTATION					0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				\$ 45.75	45.75
MEAL PER DIEM (EVENT DATES)				\$ -	0.00
MEAL PER DIEM (RETURN) 75% of full per diem				\$ 45.75	45.75
LODGING				\$ 103.78	103.78
PARKING					0.00
OTHER					0.00
OTHER					0.00
TOTALS:		\$ -	\$ -	\$ 553.24	\$553.24

RECEIVED
 SEP 25 2018
 EL PASO COUNTY
 COUNTY AUDITOR

COUNTY AUDITORS OFFICE
 REVIEWED AND APPROVED
 OCT 10 2018
 BY *GM*

SIGNING OF THIS FORM CONSTITUTES ACKNOWLEDGEMENT AND AGREEMENT WITH THE COUNTY TRAVEL POLICY REQUIREMENTS, INCLUDING EMPLOYMENT COMMITMENT AND AUTHORIZATION TO DEDUCT AMOUNTS OWED TO THE COUNTY FROM WAGES.

<http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf>

EMPLOYEE SIGNATURE <i>Guadalupe Garcia</i>	DATE <i>9-24-18</i>
DEPARTMENT HEAD SIGNATURE <i>Patricia Briones</i>	DATE <i>9-24-18</i>

W
10-10-18

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Guadalupe Garcia
Dept Head: DELIA BRIONES
Dept : COUNTY CLERK
Travel Funding Source: _____ County _____ Grant _____ Other

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

Date: 9-24-18
Date: 9-24-18

Will any funds be reimbursed by another entity? _____

Travel Account No. _____ Balance Remaining for FY: _____

Will posting travel details prior to travel jeopardize the safety of the traveler. _____ Yes _____ NO

Purpose: (check one)

☐

Statutorily Required Training to Hold Elective Office

Statute 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, 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: _____

County of El Paso

Travel and Training ADVANCE Request Form



NAME	COREY BIXLER 101419	DEPARTMENT	COUNTY CLERK
EVENT	2018 eRECORDS CONFERENCE	DESTINATION	AUSTIN, TX
DATES	11/15/2018 TO 11/16/2018	FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 65.00 ✓	65.00
TRANSPORTATION AIRFARE			\$ 292.96 ✓	292.96
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 45.75 ✓	45.75
MEAL PER DIEM (EVENT DATES)			\$ -	0.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 45.75 ✓	45.75
LODGING			\$ 103.78 ✓	103.78
PARKING				0.00
OTHER				0.00
OTHER				0.00
TOTALS:	\$ -	\$ -	\$ 553.24	\$553.24

RECEIVED

SEP 25 2018

EL PASO COUNTY
COUNTY AUDITOR

COUNTY AUDITORS OFFICE
 REVIEWED AND APPROVED
 OCT 10 2018
 BY [Signature]

SIGNING OF THIS FORM CONSTITUTES ACKNOWLEDGEMENT AND AGREEMENT WITH THE COUNTY TRAVEL POLICY REQUIREMENTS, INCLUDING EMPLOYMENT COMMITMENT AND AUTHORIZATION TO DEDUCT AMOUNTS OWED TO THE COUNTY FROM WAGES.

<http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf>

EMPLOYEE SIGNATURE [Signature]	DATE 9-24-18
DEPARTMENT HEAD SIGNATURE [Signature]	DATE 9-24-18

[Signature]
 10-10-18

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: COREY BIXLER Signature: [Signature] Date: 9-24-18
Dept Head: DELIA BRIONES Signature: [Signature] Date: 9-24-18
Dept : COUNTY CLERK Job Title: Records Management Supervisor
Travel Funding Source: _____ County _____ Grant _____ Other _____

Will any funds be reimbursed by another entity? _____

Travel Account No. _____ Balance Remaining for FY: _____

Will posting travel details prior to travel jeopardize the safety of the traveler. _____ Yes _____ NO

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**
Statute 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, 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:** _____

County of El Paso

Travel and Training ADVANCE Request Form



NAME	JOSE CORDOVA <i>101902</i>	DEPARTMENT	COUNTY CLERK
EVENT	2018 eRECORDS CONFERENCE	DESTINATION	AUSTIN, TX
DATES	11/15/2018 TO 11/16/2018	FUNDING SOURCE (Agenda Item Format)	

		SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				\$ 65.00	65.00
TRANSPORTATION	AIRFARE			\$ 292.96	292.96
GROUND TRANSPORTATION					0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				\$ 45.75	45.75
MEAL PER DIEM (EVENT DATES)				\$ -	0.00
MEAL PER DIEM (RETURN) 75% of full per diem				\$ 45.75	45.75
LODGING				\$ 103.78	103.78
PARKING					0.00
OTHER					0.00
OTHER					0.00
TOTALS:		\$ -	\$ -	\$ 553.24	\$553.24

SIGNING OF THIS FORM CONSTITUTES ACKNOWLEDGEMENT AND AGREEMENT WITH THE COUNTY TRAVEL POLICY REQUIREMENTS, INCLUDING EMPLOYMENT COMMITMENT AND AUTHORIZATION TO DEDUCT AMOUNTS OWED TO THE COUNTY FROM WAGES.

<http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf>

EMPLOYEE SIGNATURE	DATE
<i>Jose Cordova</i>	9-24-18
DEPARTMENT HEAD SIGNATURE	DATE
<i>Delia Briones</i>	9-24-18

M
10-10-18

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: JOSE CORDOVA Signature: *Jose Cordova* Date: 9-24-18
Dept Head: DELIA BRIONES Signature: *Delia Briones* Date: 9-24-18
Dept : COUNTY CLERK Job Title: ADMIN SERVICES MANAGER
Travel Funding Source: _____ County _____ Grant _____ Other _____

Will any funds be reimbursed by another entity? _____

Travel Account No. _____ Balance Remaining for FY: _____

Will posting travel details prior to travel jeopardize the safety of the traveler. _____ Yes _____ NO

Purpose: (check one)

☐

Statutorily Required Training to Hold Elective Office

Statute 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, 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: _____

10/3/18



Wm. R. R. R.

DATE 8-2-18

10-20-15 

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Sgt. M. Ramos

Signature: [Signature]

Date: 7/31/18

Dept Head: Lt. J. Monarez

Signature: [Signature]

Date: 7/31/18

Dept : _____ Job Title: _____

Travel Funding Source: ☒ County _____ Grant _____ Other _____

Will any funds be reimbursed by another entity? _____

Travel Account No. _____ Balance Remaining for FY: _____

Will posting travel details prior to travel jeopardize the safety of the traveler. _____ Yes _____ NO

Purpose: (check one)

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

Statute 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, TAG, Conference of Urban Counties, TBIC, etc.)

Organization Name: Major Sheriff's Association Conference

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

☐ **Other:** _____

10/3/18



County of El Paso Travel and Training ADVANCE Request Form

NAME	Jose Monarez, LT.	133738	DEPARTMENT	Jail Annex
EVENT	Engage & Excel 2018		DESTINATION	Houston, TX
DATES	10/21/2018	TO	10/25/2018	FUNDING SOURCE (Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 375.00	375.00
TRANSPORTATION			\$ 538.00	538.00
GROUND TRANSPORTATION			338.78	0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 41.25	45.75 41.25
MEAL PER DIEM (EVENT DATES)			\$ 165.00	137 165.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 41.25	37.50 41.25
LODGING			\$ 1,411.02	1,411.02
PARKING				0.00
				0.00
OTHER			2,339.30	0.00
TOTALS:	\$ -	\$ -	\$ 2,571.52	\$2,571.52

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<http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf>

EMPLOYEE SIGNATURE	DATE 10-3-18
DEPARTMENT HEAD SIGNATURE	DATE 10/3/18

WJ
10-10-18

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Lt. Jose Monarez Signature: [Signature] Date: 10/02/18
Dept Head: Chief Whitten Signature: [Signature] Date: 10/02/18
Dept : _____ Job Title: _____
Travel Funding Source: XCounty _____ Grant _____ Other _____

Will any funds be reimbursed by another entity? _____

Travel Account No. _____ Balance Remaining for FY: _____

Will posting travel details prior to travel jeopardize the safety of the traveler. _____ Yes _____ NO

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**
Statute 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, TAG, Conference of Urban Counties, TBIC, etc.)
Organization Name: Major Sheriff's Association Conference
- ☐ **Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** _____

County of El Paso

Travel and Training ADVANCE Request Form



NAME	Mayra Ramos, Sgt. <u>133092</u>	DEPARTMENT	Jail Annex
EVENT	Engage & Excel 2018	DESTINATION	Houston, TX
DATES	10/21/2018 TO 10/25/2018	FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 375.00	375.00
TRANSPORTATION			\$ 538.00	538.00
GROUND TRANSPORTATION			<u>338.70</u>	0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 41.25	<u>45.75</u> 41.25
MEAL PER DIEM (EVENT DATES)			\$ 165.00	<u>137</u> 165.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 41.25	<u>31.75</u> 41.25
LODGING			\$ 1,411.02	1,411.02
PARKING				0.00
				0.00
OTHER				0.00
TOTALS:	\$ -	\$ -	\$ 2,571.52	\$2,571.52

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[http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf](http://www.epcounty.com/auditor/forms/Travel%20and%20Training%20Policy%20102416.pdf)

EMPLOYEE SIGNATURE <u>[Signature]</u>	DATE <u>10/02/18</u>
DEPARTMENT HEAD SIGNATURE <u>A/C Koff for Whitta</u>	DATE <u>10/3/18</u>

10-10-18

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Sgt. M. Ramos Signature: [Signature] Date: 10/02/18
Dept Head: Chief Whitten Signature: _____ Date: 10/02/18
Dept : _____ Job Title: _____
Travel Funding Source: XCounty _____ Grant _____ Other _____

Will any funds be reimbursed by another entity? _____

Travel Account No. _____ Balance Remaining for FY: _____

Will posting travel details prior to travel jeopardize the safety of the traveler. _____ Yes ✓ NO

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**
Statute 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, TAG, Conference of Urban Counties, TBIC, etc.)
Organization Name: Major Sheriff's Association Conference
- ☐ **Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** _____

Amended by the El Paso County Commissioners Court on June 17, 2013

County of El Paso
Travel and Training ADVANCE Request Form



130438

NAME	Luis Bonda	DEPARTMENT	Council of Judges
EVENT	E-Court Solution Demo Day	DESTINATION	Galveston
DATES	10/17/2018 TO 10/18/2018	FUNDING SOURCE	(Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ -	0.00
TRANSPORTATION AIRFARE			\$ 397.96	397.96
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 45.75	45.75
MEAL PER DIEM (EVENT DATES)				0.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 45.75	45.75
LODGING			\$ 90.85	90.85
PARKING			\$ 20.00	20.00
OTHER			10	0.00
OTHER			574.31	0.00
TOTALS: \$ - \$ - \$			600.31	\$600.31

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http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf

EMPLOYEE SIGNATURE	DATE
	10-2-18
DEPARTMENT HEAD SIGNATURE	DATE
	10-2-2018

10-10-18

El Paso County Travel Justification Form

Employee: Luis Banda Signature [Signature] Date: 10-2-18
Dept. Head: Michael Cuccaro Signature [Signature] Date: 10-2-2018
Dept: Council of Judges Job Title: Admin Assistant

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 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:**

County of El Paso

Travel and Training ADVANCE Request Form



NAME	MARK SERRANO <i>101314</i>	DEPARTMENT	DISTRICT CLERK
EVENT	TYLER ECOURT SOLUTIONS DEMO	DESTINATION	GALVESTON, TEXAS
DATES	10/17/2018 TO 10/18/2018	FUNDING SOURCE (Agenda Item Format)	GADMIN

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ -	0.00
TRANSPORTATION			\$ 397.96	397.96
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 45.75	45.75
MEAL PER DIEM (EVENT DATES)				0.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 45.75 <i>29.75</i>	45.75
LODGING			\$ 90.85	90.85
PARKING			\$ 20.00	20.00
OTHER			<i>10</i> \$ 574.31	0.00
TOTALS:	\$ -	\$ -	\$ 600.31	\$600.31



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http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf

EMPLOYEE SIGNATURE <i>[Signature]</i>	DATE <i>10/1/2018</i>
DEPARTMENT HEAD SIGNATURE <i>[Signature]</i>	DATE <i>10/1/18</i>

10-10-18

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Mark Serrano

Signature: [Signature]

Date: 10/1/2018

Dept Head: Norma Favela Barceleau

Signature: [Signature]

Date: 10/1/18

Dept : District Clerk

Job Title: Functional Analyst Lead

Travel Funding Source: GADMIN County Grant Other

Will any funds be reimbursed by another entity?

Travel Account No.

Balance Remaining for FY:

Will posting travel details prior to travel jeopardize the safety of the traveler. Yes NO

Purpose: (check one)

☐

Statutorily Required Training to Hold Elective Office

Statute 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 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.)

☐

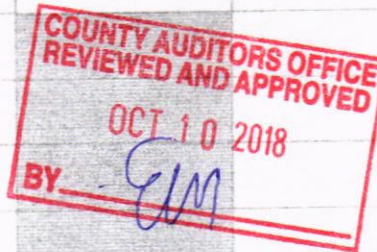
Other:

County of El Paso Travel and Training ADVANCE Request Form



NAME	GUADALUPE GARCIA 101458	DEPARTMENT	COUNTY CLERK'S OFFICE
EVENT	Tyler eCourt Solutions Demo	DESTINATION	GALVESTON, TX
DATES	10/17/2018 TO 10/18/2018	FUNDING SOURCE (Agenda Item Format)	

		SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				\$ -	0.00
TRANSPORTATION	AIRFARE			\$ 397.96	397.96
GROUND TRANSPORTATION					0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				\$ 45.75	45.75
MEAL PER DIEM (EVENT DATES)					0.00
MEAL PER DIEM (RETURN) 75% of full per diem				\$ 45.75	45.75
LODGING				\$ 90.85	90.85
PARKING				\$ 20.00	20.00
OTHER					0.00
OTHER					0.00
TOTALS:		\$ -	\$ -	\$ 600.31	\$600.31



SIGNING OF THIS FORM CONSTITUTES ACKNOWLEDGEMENT AND AGREEMENT WITH THE COUNTY TRAVEL POLICY REQUIREMENTS, INCLUDING EMPLOYMENT COMMITMENT AND AUTHORIZATION TO DEDUCT AMOUNTS OWED TO THE COUNTY FROM WAGES.

<http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf>

EMPLOYEE SIGNATURE Guadalupe Garcia	DATE 10-1-18
DEPARTMENT HEAD SIGNATURE Rafael Briones	DATE 10-1-18

10-10-18

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Guadalupe Garcia Signature: [Signature] Date: 10-1-18
Dept Head: Delia Briones Signature: [Signature] Date: 10-1-18
Dept : County Clerk's Office Job Title: Functional Analyst
Travel Funding Source: _____ County _____ Grant _____ Other

Will any funds be reimbursed by another entity? _____

Travel Account No. _____ Balance Remaining for FY: _____

Will posting travel details prior to travel jeopardize the safety of the traveler. _____ Yes _____ NO

Purpose: (check one)

☐

Statutorily Required Training to Hold Elective Office

Statute 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, 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: _____