

**Click on Bookmarks  
To View Travel Detail**

**TRAVEL REGISTER**  
**CCO 01/07/19**

VENDOR NAME	DOCUMENT	INVOICE	ACCOUNT DESC	AMOUNT
WILLIAM R. COX	1898805	TA1900181-1	GF-GADM-TRAVEL/PROF ED	278.96
WILLIAM R. COX	1898806	TA1900181-2	GF-GADM-TRAVEL/PROF ED	32.00
WILLIAM R. COX	1898807	TA1900181-3	GF-GADM-TRAVEL/PROF ED	71.00
WILLIAM R. COX	1898808	TA1900181-4	GF-GADM-TRAVEL/PROF ED	205.85
OSBALDO JUAREZ	1898813	TA1900184-1	GF-GADM-TRAVEL/PROF ED	274.50
OSBALDO JUAREZ	1898814	TA1900184-2	GF-GADM-TRAVEL/PROF ED	285.20
MELISSA CARRILLO	1899014	TA1900199-1	GF-GADM-TRAVEL/PROF ED	278.96
MELISSA CARRILLO	1899015	TA1900199-2	GF-GADM-TRAVEL/PROF ED	99.00
MELISSA CARRILLO	1899016	TA1900199-3	GF-GADM-TRAVEL/PROF ED	179.67
MELISSA CARRILLO	1899017	TA1900199-4	GF-GADM-TRAVEL/PROF ED	25.00
RICHARD WILES	1898723	TA1900177-1	GF-GADM-TRAVEL/PROF ED	345.60
RICHARD WILES	1898724	TA1900177-2	GF-GADM-TRAVEL/PROF ED	50.00
RICHARD WILES	1898725	TA1900177-3	GF-GADM-TRAVEL/PROF ED	231.00
RICHARD WILES	1898726	TA1900177-4	GF-GADM-TRAVEL/PROF ED	418.04
ELLWOOD WHITTEN	1898722	TA1900176-1	GF-GADM-TRAVEL/PROF ED	231.00
JAIME E. GANDARA	1898809	TA1900182-1	GF-GADM-TRAVEL/PROF ED	278.96
JAIME E. GANDARA	1898810	TA1900182-2	GF-GADM-TRAVEL/PROF ED	71.00
JAIME E. GANDARA	1898811	TA1900182-3	GF-GADM-TRAVEL/PROF ED	205.85
RITO RUBIO	1898816	TA1900186-1	GF-GADM-TRAVEL/PROF ED	274.50
RITO RUBIO	1898817	TA1900186-2	GF-GADM-TRAVEL/PROF ED	142.60
DAVID STOUT	1898711	TA1900169-1	GF-GADM-TRAVEL/PROF ED	230.50
SALVADOR ALONZO	1899025	TA1900102-1	GF-GADM-TRAVEL/PROF ED	200.00
SALVADOR ALONZO	1899026	TA1900102-2	GF-GADM-TRAVEL/PROF ED	467.97
SALVADOR ALONZO	1899028	TA1900102-3	GF-GADM-TRAVEL/PROF ED	30.00
SALVADOR ALONZO	1899029	TA1900102-4	GF-GADM-TRAVEL/PROF ED	96.50
SALVADOR ALONZO	1899030	TA1900102-5	GF-GADM-TRAVEL/PROF ED	241.50
SALVADOR ALONZO	1899031	TA1900102-6	GF-GADM-TRAVEL/PROF ED	28.00
MICHAEL LAMAS	1898830	TA1900193-1	GF-GADM-TRAVEL/PROF ED	218.40
LUZ M. ROJAS	1899018	TA1900100-1	GF-GADM-TRAVEL/PROF ED	1,490.00
LUZ M. ROJAS	1899019	TA1900100-2	GF-GADM-TRAVEL/PROF ED	205.00
LUZ M. ROJAS	1899020	TA1900100-3	GF-GADM-TRAVEL/PROF ED	274.50
LUZ M. ROJAS	1899021	TA1900100-4	GF-GADM-TRAVEL/PROF ED	472.80
TEXAS DISTRICT ATTOR	1898718	TA1900173-1	GF-GADM-TRAVEL/PROF ED	350.00
SKILLPATH, INC.	1898831	TA1900194-1	GF-GADM-TRAVEL/PROF ED	199.00
SKILLPATH, INC.	1898832	TA1900195-1	GF-GADM-TRAVEL/PROF ED	199.00
EL PASO COMMUNITY CO	1898833	TA1900196-1	GF-GADM-TRAVEL/PROF ED	73.00
EL PASO COMMUNITY CO	1898834	TA1900197-1	GF-GADM-TRAVEL/PROF ED	73.00
TEXAS STATE UNIVERSI	1898812	TA1900183-1	GF-GADM-TRAVEL/PROF ED	150.00
TEXAS STATE UNIVERSI	1898815	TA1900185-1	GF-GADM-TRAVEL/PROF ED	150.00
TEXAS STATE UNIVERSI	1898818	TA1900187-1	GF-GADM-TRAVEL/PROF ED	150.00
IAN R. KAPLAN	1898731	TA1900179-1	GF-GADM-TRAVEL/PROF ED	82.00
IAN R. KAPLAN	1898732	TA1900179-2	GF-GADM-TRAVEL/PROF ED	172.00
IAN R. KAPLAN	1898733	TA1900179-3	GF-GADM-TRAVEL/PROF ED	50.00
TEXAS CONFERENCE OF	1898712	TA1900170-1	GF-GADM-TRAVEL/PROF ED	425.00
VINCENT PEREZ	1898734	TA1900180-1	GF-GADM-TRAVEL/PROF ED	82.50
REBECCA BUSTAMANTE	1899022	TA1900101-1	GF-GADM-TRAVEL/PROF ED	280.78
REBECCA BUSTAMANTE	1899023	TA1900101-2	GF-GADM-TRAVEL/PROF ED	226.50

**TRAVEL REGISTER**  
**CCO 01/07/19**

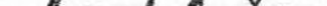

VENDOR NAME	DOCUMENT	INVOICE	ACCOUNT DESC	AMOUNT
REBECCA BUSTAMANTE	1899024	TA1900101-3	GF-GADM-TRAVEL/PROF ED	206.35
JOSH HERRERA	1899010	TA1900198-1	GF-GADM-TRAVEL/PROF ED	370.78
JOSH HERRERA	1899011	TA1900198-2	GF-GADM-TRAVEL/PROF ED	20.00
JOSH HERRERA	1899012	TA1900198-3	GF-GADM-TRAVEL/PROF ED	184.50
JOSH HERRERA	1899013	TA1900198-4	GF-GADM-TRAVEL/PROF ED	275.12
RICARDO SAMANIEGO	1898707	TA1900168-1	GF-GADM-TRAVEL/PROF ED	251.77
RICARDO SAMANIEGO	1898708	TA1900168-2	GF-GADM-TRAVEL/PROF ED	55.52
RICARDO SAMANIEGO	1898709	TA1900168-3	GF-GADM-TRAVEL/PROF ED	138.50
RICARDO SAMANIEGO	1898710	TA1900168-4	GF-GADM-TRAVEL/PROF ED	549.70
STEVEN CARRASCO	1898819	TA1900188-1	GF-GADM-TRAVEL/PROF ED	274.50
STEVEN CARRASCO	1898820	TA1900188-2	GF-GADM-TRAVEL/PROF ED	142.60
ISRAEL ALDAZ	1898821	TA1900189-1	GF-GADM-TRAVEL/PROF ED	230.60
ISRAEL ALDAZ	1898822	TA1900189-2	GF-GADM-TRAVEL/PROF ED	192.50
MICHAEL ZAMORA	1898823	TA1900190-1	GF-GADM-TRAVEL/PROF ED	230.60
MICHAEL ZAMORA	1898824	TA1900190-2	GF-GADM-TRAVEL/PROF ED	192.50
ANNA BOWLING	1898715	TA1900172-1	GF-GADM-TRAVEL/PROF ED	45.00
ANNA BOWLING	1898716	TA1900172-2	GF-GADM-TRAVEL/PROF ED	216.50
ANNA BOWLING	1898717	TA1900172-3	GF-GADM-TRAVEL/PROF ED	742.52
GABRIELLA REED	1898727	TA1900178-1	SR-CACOMM-TRAVEL/PROF ED	336.60
GABRIELLA REED	1898728	TA1900178-2	SR-CACOMM-TRAVEL/PROF ED	91.50
GABRIELLA REED	1898729	TA1900178-3	SR-CACOMM-TRAVEL/PROF ED	123.28
GABRIELLA REED	1898730	TA1900178-4	SR-CACOMM-TRAVEL/PROF ED	30.00
TEXAS DISTRICT ATTOR	1898721	TA1900175-1	SR-CACOMM-TRAVEL/PROF ED	350.00
MICHELLE MARTINEZ	1898719	TA1900174-1	SR-CACOMM-TRAVEL/PROF ED	261.50
MICHELLE MARTINEZ	1898720	TA1900174-2	SR-CACOMM-TRAVEL/PROF ED	684.25
MARY HERNANDEZ	1898936	020319-TRAVEL	SG-ONDCP2017-OPERATING EXP	3,823.66
DANIEL MARQUEZ	1898410	03/05/19	SG-GRURALS19-OPERATING EXP	480.00
AURORA TAFOYA	1898084	TA0309-1319AT	SG-GJUVDRCT19-OPERATING EXP	1,634.84
JAIME ESPARZA, D.A.	1898373	TA1129-3018CD	SG-GR1BRPRU19-OPERATING EXP	488.41
JAIME ESPARZA, D.A.	1898738	TA1210-1218DM	SG-GR1BRPRU19-OPERATING EXP	631.16
<b>Total</b>				<b>23,851.40</b>

<b>NAME</b>	Ricardo Samaniego 134343			<b>DEPARTMENT</b>	County Judge's Office
<b>EVENT</b>	El Paso Days			<b>DESTINATION</b>	Austin, Texas
<b>DATES</b>	18 2/17/2019	<b>TO</b>	2/20/2019	<b>FUNDING SOURCE</b> (Agenda Item Format)	

		SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form					0.00
TRANSPORTATION				\$251.77 ✓	251.77
GROUND TRANSPORTATION				\$55.52 ✓	55.52
GAS					0.00
<u>MEAL PER DIEM (DEPARTURE)</u>				\$45.75	45.75
75% of full per diem	2/18				
<u>MEAL PER DIEM (EVENT DATES)</u>				\$61	61.00
	2/19				
<u>MEAL PER DIEM (RETURN)</u>				<del>31.75</del> <del>\$45.75</del>	45.75
75% of full per diem	2/20				
LODGING				\$ 549.70 ✓	549.70
PARKING					0.00
OTHER					0.00
TOTALS:		\$ -	\$ -	\$ 1,009.49	\$1,009.49

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

EMPLOYEE SIGNATURE		DATE	
DEPARTMENT HEAD SIGNATURE		DATE	12/10/2018

EM 12/17/18



El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Ricardo Samaniego

Signature: Ricardo Samaniego Date: \_\_\_\_\_

12/04/2018

Dept Head: Ricardo Samaniego

Signature: \_\_\_\_\_

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

Dept : County Judge

Job Title: County Judge

Travel Funding Source: XCounty

\_\_\_\_ Grant

\_\_\_\_ Other

Will any funds be reimbursed by another entity? NO

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 \_\_\_\_\_ 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: El Paso Chamber

Purpose of Visit: Meeting with State leaders.

☐ **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: \_\_\_\_\_**

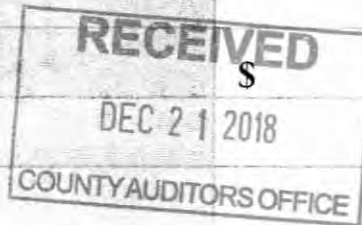
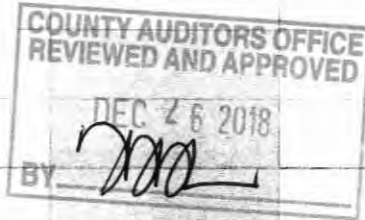
# County of El Paso

## Travel and Training ADVANCE Request Form



NAME	David Stout 101445-1	DEPARTMENT	Commissioner Precinct 2
EVENT	Opening of Legislature/TX CUC Annual Education and Policy Conference	DESTINATION	Austin, TX
DATES	1/7/2019 TO 1/11/2018	FUNDING SOURCE	(Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ 425.00	*122062-1		425.00
TRANSPORTATION		\$ 330.96		330.96
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)			\$ 153.00	153.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 31.75	31.75
LODGING		\$ -		0.00
PARKING				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$ 425.00</b>	<b>\$ 330.96</b>	<b>\$ 230.50</b>	<b>\$986.46</b>



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 12-21-18
DEPARTMENT HEAD SIGNATURE	DATE 12-21-18

*Handwritten signature and date: JM 12/21/18*

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: David Stout Signature: [Signature] Date: 12.18.18  
Dept Head: David Stout Signature: [Signature] Date: 12.18.18  
Dept : Commissioner 2 Job Title: County Commissioner Precinct 2  
Travel Funding Source: X County        Grant        Other

Will any funds be reimbursed by another entity? No

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 \_\_\_\_\_ 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: Opening Day of Legislature and Texas Conference of Urban Counties Annual Education and Policy Conference
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_



TEXAS *Conference of*  
**Urban Counties**

Date	Number
12/14/2018	9872

Bill To
El Paso County Honorable David Stout County Commissioner, Pct. 2 500 E. San Antonio, Suite 301 El Paso, Texas 79901

**Texas Conference of Urban Counties**  
500 W. 13th. St.

Terms
30 days

Description	Amount
<p>Capitol 2019 Urban Counties Education, Policy and Technology Conference January 9th-11th, 2019</p> <p>County Commissioner David Stout</p>	<p>425.00</p> <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 20px auto;"> <p><b>RECEIVED</b></p> <p>DEC 18 2018</p> <p>COUNTY AUDITORS OFFICE</p> </div>
	<p><b>Current Invoice Total</b>      \$425.00</p>

EIN#	Phone #	Fax #	E-mail	Web Site
74-3019904	512/476-6174	512/476-5122	Accounts.Receivable@cuc.org	<a href="http://www.cuc.org">http://www.cuc.org</a>



# County of El Paso

## Travel and Training ADVANCE Request Form

NAME	ANNA BOWLING <u>135260-1</u>	DEPARTMENT	COUNTY ATTORNEY
EVENT	TDCAA 2019 Investigator School	DESTINATION	San Antonio, TX
DATES	02/03/19 TO 02/07/18	FUNDING SOURCE (Agenda Item Format)	LEOS account

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ 350.00			350.00
TRANSPORTATION AIRFARE		\$ 265.96		265.96
SHUTTLE, TAXI, SHARE RIDE			\$ 45.00	45.00
CAR RENTAL (IF APPROVED)				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ <del>242.50</del> 45.75	<del>242.50</del>
MEAL PER DIEM (EVENT DATES)			125	0.00
MEAL PER DIEM (RETURN) 75% of full per diem			45.75	0.00
LODGING			\$ 742.52 ✓	742.52
PARKING				0.00
OTHER				0.00
OTHER				0.00
OTHER			1,030.02	0.00
<b>TOTALS:</b>	\$ 350.00	\$ 265.96	\$ <del>1,030.02</del>	\$1,645.98

COUNTY AUDITORS OFFICE  
 REVIEWED AND APPROVED  
 DEC 26 2018  
 BY *[Signature]*

**RECEIVED**  
 DEC 18 2018  
 COUNTY AUDITORS OFFICE

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>

Will any funds be reimbursed by another entity?

☒ YES ☐ NO

What entity?

TDCAA

EMPLOYEE  
SIGNATURE

*[Signature]*

DATE

12/17/18

DEPARTMENT HEAD  
SIGNATURE

*[Signature]*

DATE

12/7/18

### FOR AUDITOR'S OFFICE USE ONLY

- ☐ Checklist
- ☐ Justification Form
- ☐ Employee Agreement
- ☐ Expenditure Voucher for Previous Travel
- ☐ Cumulative Travel less than \$4,000

VENDOR NUMBER: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

APPROVED BY: *[Signature]* 12/27/18



El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Anna Bowling

Signature: [Signature]

Date: 12-3-18

Dept Head: Jo Anne Bernal

Signature: [Signature]

Date: 2/7/18

Dept : County Attorney

Job Title: Investigator

Travel Funding Source: X County

     Grant

     Other

Will any funds be reimbursed by another entity? partial-meals/lodging

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: 24 hours

☐

**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	TDCAA <u>19021-1</u>	DEPARTMENT	COUNTY ATTORNEY
EVENT	TDCAA 2019 INVESTIGATOR SCHOOL	DESTINATION	San Antonio, TX
DATES	02/03/19 TO 02/07/19	FUNDING SOURCE (Agenda Item Format)	<u>CALCOMA</u>

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ 350.00			350.00
TRANSPORTATION AIRFARE				0.00
SHUTTLE, TAXI, SHARE RIDE				0.00
CAR RENTAL (IF APPROVED)				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				0.00
MEAL PER DIEM (EVENT DATES)				0.00
MEAL PER DIEM (RETURN) 75% of full per diem				0.00
LODGING				0.00
PARKING				0.00
OTHER				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$ 350.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$350.00</b>

COUNTY AUDITORS OFFICE  
 REVIEWED AND APPROVED  
 DEC 26 2018  
 BY: [Signature]

**RECEIVED**  
 DEC 18 2018  
 COUNTY AUDITORS OFFICE

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>

Will any funds be reimbursed by another entity? YES NO What entity?

EMPLOYEE SIGNATURE <u>[Signature]</u>	DATE <u>12-3-18</u>
DEPARTMENT HEAD SIGNATURE <u>[Signature]</u>	DATE <u>12/7/18</u>

### FOR AUDITOR'S OFFICE USE ONLY

<input type="checkbox"/> Checklist <input type="checkbox"/> Justification Form <input type="checkbox"/> Employee Agreement <input type="checkbox"/> Expenditure Voucher for Previous Travel <input type="checkbox"/> Cumulative Travel less than \$4,000	VENDOR NUMBER: _____  REVIEWED BY: _____  APPROVED BY: _____
--	--



El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Anna Bowling

Signature: [Signature]

Date: 12-3-18

Dept Head: Jo Anne Bernal

Signature: [Signature]

Date: 2/7/18

Dept : County Attorney

Job Title: Investigator

Travel Funding Source: X County

     Grant      Other

Will any funds be reimbursed by another entity? partial-meals/lodging

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: 24 hours

☐ **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	MICHELLE MARTINEZ <u>126699-2</u>			DEPARTMENT	COUNTY ATTORNEY
EVENT	TDCAA TRIAL SKILLS COURSE			DESTINATION	Austin, TX
DATES	01/13/19	TO	01/18/19	FUNDING SOURCE (Agenda Item Format)	<u>CAComm-6705</u>

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ 350.00			350.00
TRANSPORTATION      AIRFARE		\$ 307.96		307.96
SHUTTLE, TAXI, SHARE RIDE				0.00
CAR RENTAL (IF APPROVED)				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ <del>287.50</del> <u>196</u>	287.50
MEAL PER DIEM (EVENT DATES)			<u>196</u>	196 0.00
MEAL PER DIEM (RETURN) 75% of full per diem			<u>45.75</u>	45.75 0.00
LODGING			\$ 684.25	684.25
PARKING				0.00
OTHER				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$ 350.00</b>	<b>\$ 307.96</b>	<b>\$ 971.75</b>	<b>\$1,629.71</b>

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED  
DEC 4 6 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>

Will any funds be reimbursed by another entity? YES/NO      What entity? \_\_\_\_\_

COUNTY AUDITORS OFFICE

EMPLOYEE SIGNATURE <u>[Signature]</u>	DATE
DEPARTMENT HEAD SIGNATURE <u>[Signature]</u>	DATE <u>12/7/18</u>

### FOR AUDITOR'S OFFICE USE ONLY

- ☐ Checklist
- ☐ Justification Form
- ☐ Employee Agreement
- ☐ Expenditure Voucher for Previous Travel
- ☐ Cumulative Travel less than \$4,000

VENDOR NUMBER: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

# El Paso County Travel Justification Form

Employee: Michelle Martinez Signature: [Signature] Date: \_\_\_\_\_  
Dept. Head: Jo Anne Bernal Signature: [Signature] Date: 12/7/18  
Dept: County Attorney's Office Job Title: Principal Attorney

Travel Funding Source: \_\_\_\_\_ County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_  
Will any funds be reimbursed by another entity? Partial meals/lodging  
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? 27.25 hours

### ☐ 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: \_\_\_\_\_

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DEC 18 2018

COUNTY AUDITORS OFFICE

# County of El Paso

## Travel and Training ADVANCE Request Form



NAME	TDCAA <u>119021-1</u>	DEPARTMENT	COUNTY ATTORNEY
EVENT	TDCAA TRIAL SKILLS COURSE	DESTINATION	AUSTIN, TEXAS
DATES	01/13/19	TO	01/18/19
		FUNDING SOURCE (Agenda Item Format)	<u>CALCOMM-6705</u>

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ 350.00			350.00
TRANSPORTATION      AIRFARE				0.00
SHUTTLE, TAXI, SHARE RIDE				0.00
CAR RENTAL (IF APPROVED)				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				0.00
MEAL PER DIEM (EVENT DATES)				0.00
MEAL PER DIEM (RETURN) 75% of full per diem				0.00
LODGING				0.00
PARKING				0.00
OTHER				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$ 350.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$350.00</b>

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>

Will any funds be reimbursed by another entity?    YES/NO    What entity? \_\_\_\_\_

EMPLOYEE SIGNATURE <u>[Signature]</u>	DATE COUNTY AUDITORS OFFICE <u>DEC 18 2018</u>
DEPARTMENT HEAD SIGNATURE <u>[Signature]</u>	DATE <u>12/7/18</u>

### FOR AUDITOR'S OFFICE USE ONLY

- ☐ Checklist
- ☐ Justification Form
- ☐ Employee Agreement
- ☐ Expenditure Voucher for Previous Travel
- ☐ Cumulative Travel less than \$4,000

VENDOR NUMBER: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_



## El Paso County Travel Justification Form

Employee: Michelle Martinez  
Dept. Head: Jo Anne Bernal  
Dept: County Attorney's Office

Signature: [Signature]  
Signature: [Signature]  
Job Title: Principal Attorney

Date: \_\_\_\_\_  
Date: 12/7/18

Travel Funding Source: \_\_\_\_\_ County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_  
Will any funds be reimbursed by another entity? Partial meals/lodging  
Travel Account No: \_\_\_\_\_ Balance Remaining for FY \_\_\_\_\_

### 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? 27.25 hours

☐ **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



<b>NAME</b>	Tom Whitten <u>101328-1</u>	<b>DEPARTMENT</b>	Sheriffs Office
<b>EVENT</b>	Natl Sheriffs Assoc Conference	<b>DESTINATION</b>	Washington, DC
<b>DATES</b>	2/8/2019	<b>TO</b>	2/12/2019
		<b>FUNDING SOURCE</b> (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
<b>REGISTRATION</b> - If separate check, please include completed Registration Form		\$ 575.00		575.00
<b>TRANSPORTATION</b>		\$ 345.60		345.60
<b>GROUND TRANSPORTATION</b>				0.00
<b>GAS</b>				0.00
<b>MEAL PER DIEM (DEPARTURE)</b> 75% of full per diem	\$ 57.00	→		57.00
<b>MEAL PER DIEM (EVENT DATES)</b>	\$ 17 228.00	→ 17		228.00
<b>MEAL PER DIEM (RETURN)</b> 75% of full per diem	\$ 57.00	→		57.00
<b>LODGING</b>	\$ 418.04	→		418.04
<b>PARKING</b>				0.00
<b>Ricardo Aguilar</b>				0.00
<b>OTHER</b>				0.00
<b>TOTALS:</b>	\$ 760.04	\$ 920.60	\$ -	\$1,680.64

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED

NOV 30 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>

<b>EMPLOYEE SIGNATURE</b> <u>[Signature]</u>	<b>DATE</b> <u>11/15/18</u>
<b>DEPARTMENT HEAD SIGNATURE</b> <u>[Signature]</u>	<b>DATE</b> <u>12/3/18</u>

**RECEIVED**

NOV 28 2018

COUNTY AUDITORS OFFICE

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Tom Whitten

Signature: [Signature]

Date: 11/10/18

Dept Head: Richard Wiles

Signature: [Signature]

Date: 12/3/18

Dept : Sheriff's Office

Job Title: Chief Deputy

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



<b>NAME</b>	Richard Wiles	<u>00830-1</u>	<b>DEPARTMENT</b>	Sheriff
<b>EVENT</b>	National Sheriffs Assoc. Conference		<b>DESTINATION</b>	Washington DC
<b>DATES</b>	2/8/2019	<b>TO</b>	2/12/2019	<b>FUNDING SOURCE</b> (Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
<b>REGISTRATION</b> - If separate check, please include completed Registration Form		\$ 575.00 ✓		575.00
<b>TRANSPORTATION</b>	\$ 345.60	→		345.60 ✓
<b>GROUND TRANSPORTATION</b>	\$ 50.00	→		50.00
<b>GAS</b>				0.00
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem	\$ 57.00	→		57.00 ✓
<u>MEAL PER DIEM (EVENT DATES)</u>	\$ <u>17</u> 228.00	→		<u>17</u> 228.00
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem	\$ 57.00	→		57.00
<b>LODGING</b>	\$ 418.04	→		418.04 ✓
<b>PARKING</b>				0.00
<b>OTHER</b>				0.00
<b>OTHER</b>				0.00
<b>TOTALS:</b>	\$ <u>1,044.64</u> 1,155.64	\$ 575.00	\$ -	\$1,730.64

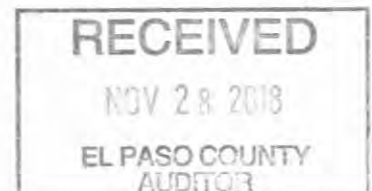
COUNTY AUDITORS OFFICE  
 REVIEWED AND APPROVED  
 NOV 30 2018  
 BY 7ma

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](http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf)

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
	11-16-18
<b>DEPARTMENT HEAD SIGNATURE</b>	<b>DATE</b>

EPM 12/12/18



El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Richard Wiles

Signature: [Signature]

Date: 11/16/2018

Dept Head: Richard Wiles

Signature: \_\_\_\_\_

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

Dept : Sheriff's Office

Job Title: Sheriff

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: National Sheriff's Association Annual conference

☐

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

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

☐

**Other:** \_\_\_\_\_





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: GABRIELLA REED 100249-1 Department: County Attorney's Office  
 Date of Trip: Departure Date: 01/10/19 Return Date: 01/11/19 Destination: AUSTIN, TX  
 \* Event: Texas Health & Human Services Commission  
 County Related Purpose: Attend quarterly Behavioral Health Advisory Committee meeting regarding mental health services within Texas  
 \* Use of **GADMINGF** Funds requires legislative impact explanation  
 Department Index: CACOMM Sub-Object: 6705  
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

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

*Please Check One (Departure meal rate)*

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

*Please Check One (Return meal rate)*

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

	\$336.60	* CC
Airfare		
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date	46.75	
Meal per diem GSA RATE	91.50	
Meal rate on Return date	46.75	
Lodging	123.28	
Other - Registration		
Other - Parking/Tolls		
Other - Taxi	30.00	
Other - Shuttle		
<b>TOTAL</b>	<u>\$581.38</u>	<u>\$0.00</u>

### FOR AUDITOR'S USE ONLY

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

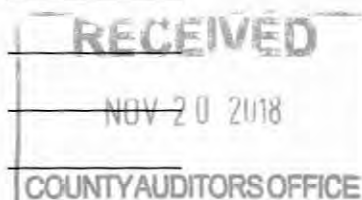
Index: \_\_\_\_\_

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

Vendor: \_\_\_\_\_

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

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



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

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

CC

ADVANCE FROM COUNTY	\$581.38	\$0.00
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	

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

EMPLOYEE [Signature]  
 SIGNATURE  
 DEPT. HEADS [Signature]  
 SIGNATURE

C.C.O. DATE

DATE: 15-Nov-18

EM 12/27/18

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Gabriella Reed

Signature: [Signature]

Date: 11-15-18

Dept Head: Jo Anne Bernal

Signature: [Signature]

Date: 11/20/18

Dept : County Attorney

Job Title: Sr. Division Chief

Travel Funding Source: XCounty

     Grant

     Other

Will any funds be reimbursed by another entity?     

Travel Account No. CACOMM-6705

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: Texas Health & Human Services Commission

Purpose of Visit: Quarterly meeting for members of the Behavior Health Advisory Committee

☐ **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:**





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: IAN KAPLAN 120033-1 Department: County Attorney's Office  
 Date of Trip: Departure Date: 01/17/19 Return Date: 01/18/19 Destination: DALLAS, TX  
 \* Event: State Bar of Texas Advanced Employment Law updates  
 County Related Purpose: Training on topics related to employment law, state law updates, Discovery, FLSA, Harassment, summary judgments  
 \* Use of **GADMINGF** Funds requires legislative impact explanation  
 Department Index: \_\_\_\_\_ Sub-Object: \_\_\_\_\_  
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

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

*Please Check One (Departure meal rate)*

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

*Please Check One (Return meal rate)*

<input type="checkbox"/> on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 18.00
<input type="checkbox"/> 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	\$285.98
Auto Rental	_____
Mileage (.40 /mile)	_____
Gas	_____
Meal rate on Departure date	<u>49.50</u>
Meal per diem GSA RATE	<u>28.00</u>
Meal rate on Return date	<u>32.50</u>
Lodging	<u>172.00</u>
Other - Registration	_____
Other - Parking/Tolls	_____
Other - Taxi	<u>50.00</u>
Other - Shuttle	_____
<b>TOTAL</b>	<u>\$320.00</u> <u>\$855.98</u>

### FOR AUDITOR'S USE ONLY

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

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

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

Vendor: \_\_\_\_\_

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

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



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

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

CC

ADVANCE FROM COUNTY	\$320.00	\$855.98
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	

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

EMPLOYEE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 DEPT. HEADS \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

C.C.O. DATE

DATE: 7-Nov-18

*EM 12/27/18*

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Ian Kaplan

Signature: [Signature]

Date: 11/18/15

Dept Head: Jo Anne Bernal

Signature: [Signature]

Date: 11/14/18

Dept : County Attorney

Job Title: Sr. Trial Attorney

Travel Funding Source: X County

     Grant

     Other

Will any funds be reimbursed by another entity?     

Travel Account No. CACOMM-6705

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: 11.75 hours

☐ **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



<b>NAME</b>	Vincent M. Perez <b>125107-0</b>	<b>DEPARTMENT</b>	Commissioner Precinct 3
<b>EVENT</b>	CUC Capitol 2019	<b>DESTINATION</b>	Austin, TX
<b>DATES</b>	1/9/2019 <b>TO</b> 1/11/2019	<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form		\$ 425.00✓		425.00
TRANSPORTATION		\$ 303.78✓		303.78
GROUND TRANSPORTATION		\$ 154.70✓		154.70
GAS		\$ 15.00		15.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 19.75✓	19.75
MEAL PER DIEM (EVENT DATES)			\$ 31.00✓	31.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 31.75✓	31.75
LODGING		\$ 216.20✓		216.20
PARKING		\$ 40.00		40.00
OTHER				0.00
<b>TOTALS:</b>	\$ -	\$ 1,154.68	\$ 82.50	\$1,237.18

COUNTY AUDITORS OFFICE  
 REVIEWED AND APPROVED  
 DEC 28 2018  
 BY *[Signature]*

**RECEIVED**  
 DEC 28 2018  
 COUNTY AUDITORS OFFICE

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](http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf)

<b>EMPLOYEE SIGNATURE</b> <b>DEPARTMENT HEAD SIGNATURE</b>	<b>DATE</b> DATE 12/28/18
---	------------------------------

*[Handwritten Signature]*



## El Paso County Travel Justification Form

Employee: Vincent M. Perez  
Dept. Head: \_\_\_\_\_  
Dept: Comm Precinct 3

Signature Vincent M. Perez Date: 12/28/2018  
Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Job Title: County Commissioner

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 16 number of training hours annually.

I have already fulfilled 2.5 of these hours for this time period.

Estimated hours to be obtained from this course? 12

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**

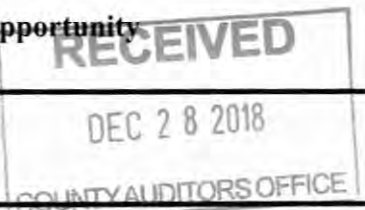
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)

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



<b>NAME</b>	William R. Cox	<b>DEPARTMENT</b>	Public Defender's Office
<b>EVENT</b>	TIDC Chief Defender Meeting	<b>DESTINATION</b>	Dallas, TX
<b>DATES</b>	1/31/2019 TO 2/1/2019	<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ -	0.00
TRANSPORTATION			\$ 278.96 ✓	278.96
GROUND TRANSPORTATION			\$ 32.00 ✓	32.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 21.50 49.50 ✓	49.50
MEAL PER DIEM (EVENT DATES)			\$ -	0.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 49.50 ✓	49.50
LODGING			\$ 205.85 ✓	205.85
PARKING				0.00
OTHER				0.00
<b>TOTALS:</b>	\$ -	\$ -	\$ 587.81 615.81	\$615.81



**If more than one employee is attending, please list the names below:**

Name: <u>Jaime E. Gandara</u>	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____

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](http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf)

EMPLOYEE SIGNATURE <u>[signature]</u>	DATE <u>12/13/18</u>
DEPARTMENT HEAD SIGNATURE <u>[signature]</u>	DATE <u>12/17/18</u>

JM 12/12/18

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: William R. Cox Signature: [Signature] Date: 12/13/18  
Dept Head: Jaime Gandara Signature: [Signature] Date: 12/13/18  
Dept : Public Defenders Job Title: First Assistant  
Travel Funding Source: X County        Grant        Other

Will any funds be reimbursed by another entity? N/A

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        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: Texas Indigent Defense Commission
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☒ **Other: Texas Indigent Defense Commission. In person meeting of Texas Indigent Defense Leaders**

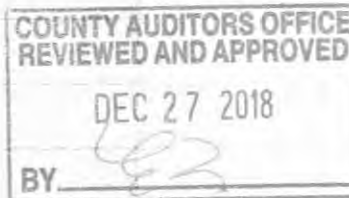
# County of El Paso

## Travel and Training ADVANCE Request Form



<b>NAME</b>	Jaime E. Gandara <span style="margin-left: 20px;">101398</span>	<b>DEPARTMENT</b>	Public Defender's Office
<b>EVENT</b>	TIDC Chief Defender Meeting	<b>DESTINATION</b>	Dallas, TX
<b>DATES</b>	1/31/2019 <b>TO</b> 2/1/2019	<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ -	0.00
TRANSPORTATION			\$ 278.96	278.96
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem <span style="margin-left: 20px;">1/31</span>			\$ <del>49.50</del> <sup>21.50</sup>	49.50
MEAL PER DIEM (EVENT DATES)			\$ -	0.00
MEAL PER DIEM (RETURN) 75% of full per diem <span style="margin-left: 20px;">2/1</span>			\$ 49.50	49.50
LODGING			\$ 205.85	205.85
PARKING				0.00
OTHER				0.00
<b>TOTALS:</b>	\$ -	\$ -	\$ <sup>2555.81</sup> 583.81	\$583.81



If more than one employee is attending, please list the names below:

Name: William Cox  
 Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

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

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

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 <u>12/17/18</u>
DEPARTMENT HEAD SIGNATURE	DATE <u>12/17/18</u>

*[Handwritten signatures and dates: EAG 12/27/18]*

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Jaime Gandara Signature: [Signature] Date: 12/13/18  
Dept Head: Jaime Gandara Signature: [Signature] Date: 12/13/18  
Dept : Public Defenders Job Title: First Assistant  
Travel Funding Source: X County      Grant      Other

Will any funds be reimbursed by another entity? N/A

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      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: Texas Indigent Defense Commission
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☒ **Other: Texas Indigent Defense Commission. In person meeting of Texas Indigent Defense Leaders**



# County of El Paso

## Travel and Training ADVANCE Request Form



<b>NAME</b>	Osbaldo Juarez <span style="margin-left: 50px;">100740</span>	<b>DEPARTMENT</b>	Constable's Office Pc.6
<b>EVENT</b>	Civil Process training	<b>DESTINATION</b>	Austin, TX
<b>DATES</b>	02/05/19 <span style="margin-left: 20px;">2/4</span> <b>TO</b> 02/08/19	<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
<b>REGISTRATION</b> - If separate check, please include completed Registration Form	\$ 150.00			150.00
<b>TRANSPORTATION</b> AIRFARE				0.00
<b>SHUTTLE, TAXI, SHARE RIDE</b>				0.00
<b>CAR RENTAL (IF APPROVED)</b>				0.00
<b>GAS</b>				0.00
<b>MEAL PER DIEM (DEPARTURE)</b> 75% of full per diem <span style="margin-left: 50px;">2/4</span>			\$ 45.75	45.75
<b>MEAL PER DIEM (EVENT DATES)</b> <span style="margin-left: 50px;">2/5-2/7</span>			\$ 183.00	183.00
<b>MEAL PER DIEM (RETURN)</b> 75% of full per diem <span style="margin-left: 50px;">2/8</span>			\$ 45.75	45.75
<b>LODGING</b>			\$ 285.28	285.28
<b>PARKING</b>				0.00
<b>OTHER</b>				0.00
<b>OTHER</b>				0.00
<b>OTHER</b>				0.00
<b>TOTALS:</b>	\$ 150.00	\$ -	\$ 559.78 <span style="margin-left: 20px;">\$559.70</span>	\$709.78



**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>

Will any funds be reimbursed by another entity? YES/NO      What entity?

<b>EMPLOYEE SIGNATURE</b> <span style="margin-left: 20px;">[Signature]</span>	<b>DATE</b> 12-18-18
<b>DEPARTMENT HEAD SIGNATURE</b> <span style="margin-left: 20px;">[Signature]</span>	<b>DATE</b> 12-18-18

### FOR AUDITOR'S OFFICE USE ONLY

- ☐ Checklist
- ☐ Justification Form
- ☐ Employee Agreement
- ☐ Expenditure Voucher for Previous Travel
- ☐ Cumulative Travel less than \$4,000

**VENDOR NUMBER:** \_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_

**APPROVED BY:** [Signature] 12/27/18

## El Paso County Travel Justification Form

Employee: Osbaldo Juarez Signature [Signature] Date: 12-18-18  
Dept. Head: Javier Garcia Signature [Signature] Date: 12-18-18  
Dept: Constable's Office Pct Job Title: Sergeant

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 40 number of training hours annually.  
I have already fulfilled 0 of these hours for this time period.  
Estimated hours to be obtained from this course? 40

☐ **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



<b>NAME</b>	Rito Rubio <i>101435</i>	<b>DEPARTMENT</b>	Constable's Office Pc.6
<b>EVENT</b>	Civil Process training	<b>DESTINATION</b>	Austin, TX
<b>DATES</b>	02/05/19 <i>2/4</i> <b>TO</b> 02/08/19	<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ 150.00			150.00
TRANSPORTATION AIRFARE				0.00
SHUTTLE, TAXI, SHARE RIDE				0.00
CAR RENTAL (IF APPROVED)				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem <i>2/4</i>			\$ 45.75	45.75
MEAL PER DIEM (EVENT DATES) <i>2/5-2/7</i>			\$ 183.00	183.00
MEAL PER DIEM (RETURN) 75% of full per diem <i>2/8</i>			\$ 45.75	45.75
LODGING			\$ 142.64	142.64
PARKING				0.00
OTHER				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	\$ 150.00	\$ -	\$ 417.14 <i>417.10</i>	\$567.14

COUNTY AUDITORS OFFICE  
 REVIEWED AND APPROVED  
 DEC 27 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>

Will any funds be reimbursed by another entity? YES/NO What entity?

EMPLOYEE SIGNATURE <i>[Signature]</i>	DATE <i>12/18/18</i>
DEPARTMENT HEAD SIGNATURE <i>[Signature]</i>	DATE <i>12-18-18</i>

### FOR AUDITOR'S OFFICE USE ONLY

- ☐ Checklist
- ☐ Justification Form
- ☐ Employee Agreement
- ☐ Expenditure Voucher for Previous Travel
- ☐ Cumulative Travel less than \$4,000

VENDOR NUMBER: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

APPROVED BY: *[Signature]* *12/27/18*

## El Paso County Travel Justification Form

Employee: Rito Rubio  
Dept. Head: Javier Garcia  
Dept: Constable's Office Pci

Signature [Signature] Date: 12/18/18  
Signature [Signature] Date: 12/18/18  
Job Title: Deputy

Travel Funding Source: \_\_\_\_\_ County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

Will any funds be reimbursed by another entity? \_\_\_\_\_

Travel Account No: \_\_\_\_\_

Balance Remaining for FY: \_\_\_\_\_

**Purpose: (check one)**

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

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 40 number of training hours annually.

I have already fulfilled 0 of these hours for this time period.

Estimated hours to be obtained from this course? 40

☐ **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



<b>NAME</b>	Steven Carrasco	<b>DEPARTMENT</b>	Constable's Office Pc.6
<b>EVENT</b>	Civil Process training	<b>DESTINATION</b>	Austin, TX
<b>DATES</b>	02/05/19 <sup>2/4</sup> <b>TO</b> 02/08/19	<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ 150.00			150.00
TRANSPORTATION AIRFARE				0.00
SHUTTLE, TAXI, SHARE RIDE				0.00
CAR RENTAL (IF APPROVED)				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem <sup>2/4</sup>			\$ 45.75	45.75
MEAL PER DIEM (EVENT DATES) <sup>2/5-2/7</sup>			\$ 183.00	183.00
MEAL PER DIEM (RETURN) 75% of full per diem <sup>2/8</sup>			\$ 45.75	45.75
LODGING			\$ 142.64	142.64
PARKING				0.00
OTHER				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$ 150.00</b>	<b>\$ -</b>	<b>\$ 417.14</b> <sup>#417.10</sup>	<b>\$567.14</b>

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>

Will any funds be reimbursed by another entity? YES/NO What entity?

EMPLOYEE SIGNATURE <i>Steven Carrasco</i>	DATE 12-18-18
DEPARTMENT HEAD SIGNATURE <i>[Signature]</i>	DATE

### FOR AUDITOR'S OFFICE USE ONLY

- ☐ Checklist
- ☐ Justification Form
- ☐ Employee Agreement
- ☐ Expenditure Voucher for Previous Travel
- ☐ Cumulative Travel less than \$4,000

VENDOR NUMBER: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

APPROVED BY: *[Signature]*

## El Paso County Travel Justification Form

Employee: Steven Carrasco Signature [Signature] Date: 12-18-03  
Dept. Head: Javier Garcia Signature [Signature] Date: \_\_\_\_\_  
Dept: Constable's Office Pct Job Title: Deputy

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

**Purpose: (check one)**

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

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 40 number of training hours annually.

I have already fulfilled 0 of these hours for this time period.

Estimated hours to be obtained from this course? 40

☐ **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:** \_\_\_\_\_

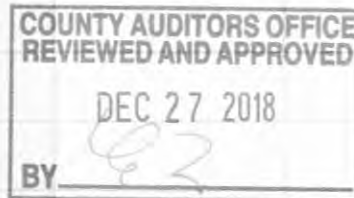


# County of El Paso Travel and Training ADVANCE Request Form



<b>NAME</b>	ISRAEL ALDAZ	<b>DEPARTMENT</b>	FLEET OPERATIONS
<b>EVENT</b>	FACTORY TRAINING	<b>DESTINATION</b>	HUNTSVILLE, ALABAMA
<b>DATES</b>	2/6/2019 TO 2/9/2019	<b>FUNDING SOURCE</b>	(Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				0.00
TRANSPORTATION AIRFARE				230.60
GROUND TRANSPORTATION AUTO RENTAL				128.92
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem 2/6				41.25 94.00
MEAL PER DIEM (EVENT DATES) 2/7-2/8				110.00 94.00
MEAL PER DIEM (RETURN) 75% of full per diem 2/9				41.25 94.00
LODGING				0.00
PARKING				0.00
OTHER				0.00
<b>TOTALS:</b>	\$ -	\$ -	\$ -	\$641.52



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>

<b>EMPLOYEE SIGNATURE</b> <i>[Signature]</i>	<b>DATE</b> 12/21/18
<b>DEPARTMENT HEAD SIGNATURE</b> <i>[Signature]</i>	<b>DATE</b> 12-21-18

*JM 12/27/18*



El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: ISRAEL ALDAZ Signature: [Signature] Date: 12/21/18  
Dept Head: HOPETON STAPLE Signature: [Signature] Date: 12/21/18  
Dept : FLEET OPERATIONS Job Title: FLEET MECHANIC SENIOR  
Travel Funding Source: X County        Grant        Other

Will any funds be reimbursed by another entity? NO

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 \_\_\_\_\_ 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



<b>NAME</b>	MICHAEL ZAMORA	<b>DEPARTMENT</b>	FLEET OPERATIONS
<b>EVENT</b>	FACTORY TRAINING	<b>DESTINATION</b>	HUNTSVILLE, ALABAMA
<b>DATES</b>	2/6/2019 TO 2/9/2019	<b>FUNDING SOURCE</b> (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				0.00
TRANSPORTATION AIRFARE				230.60
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	2/6			91.25 94.00
MEAL PER DIEM (EVENT DATES) 2/7-2/8				110.00 94.00
MEAL PER DIEM (RETURN) 75% of full per diem	2/9			41.25 94.00
LODGING				0.00
PARKING				0.00
OTHER				0.00
<b>TOTALS: \$ - \$ - \$ -</b>				<del>\$423.10</del> <b>\$512.60</b>



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[http://www.epcounty.com/auditor/forms/Travel\\_and\\_Training\\_Policy\\_102416.pdf](http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf)

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
	12/21/18
<b>DEPARTMENT HEAD SIGNATURE</b>	<b>DATE</b>
	12-21-18

EM 12/27/18

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: MICHAEL ZAMORA Signature: [Signature] Date: 12/21/18  
Dept Head: HOPETON STAPLE Signature: [Signature] Date: 12-21-18  
Dept : FLEET OPERATIONS Job Title: FLEET MECHANIC  
Travel Funding Source: X County        Grant        Other       

Will any funds be reimbursed by another entity? NO

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 \_\_\_\_\_ 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 REIMBURSEMENT Request Form**

NAME	Michael Lamas <i>101975</i>	DEPARTMENT	COUNTY AUDITOR
EVENT	CPA EXAMINATION - BEC	DESTINATION	EL PASO, TEXAS
DATES	12/8/2018	TO 12/8/2018	FUNDING SOURCE (Agenda Item Format) GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE / REIMB.
REGISTRATION			\$ 218.40	218.40
TRANSPORTATION				0.00
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				0.00
MEAL PER DIEM (EVENT DATES)				0.00
MEAL PER DIEM (RETURN) 75% of full per diem				0.00
LODGING				0.00
PARKING				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$218.40</b>	<b>\$218.40</b>
<b>APPROVED AMOUNT:</b>		<b>\$0.00</b>		
<b>REIMBURSEMENT AMOUNT:</b>				<b>\$218.40</b>

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>[Signature]</i>	DATE 12/18/18
DEPARTMENT HEAD SIGNATURE <i>Barbara Franco</i>	DATE 12/18/18

*JM 12/27/18*

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Michael Lamas Signature: [Signature] Date: 12/18/2018  
Dept Head: Edward Dion Signature: [Signature] Date: 12/18/18  
Dept : County Auditor Job Title: Audit Accountant, Senior  
Travel Funding Source: X County        Grant        Other

Will any funds be reimbursed by another entity? NO

Travel Account No. GADM-Travel/Prof Ed. 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 \_\_\_\_\_ 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: CPA EXAMINATION - BEC**



EM 12/27/08

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Cynthia De La Fuente Signature: [Signature] Date: 12/19/18  
Dept Head: R. Lucille Samuel Signature: [Signature] Date: 12/19/18  
Dept : Sheriff's Job Title: Payroll Specialist  
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:** \_\_\_\_\_

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Flor D. MartinezVital Signature: [Signature] Date: 12/19/18  
Dept Head: R. Lucille Samuel Signature: [Signature] Date: 12/19/18  
Dept : Sheriff's Job Title: Payroll Specialist  
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:**

JMR ~~12/17/18~~  
12/27/18

## El Paso County Travel Justification Form

Employee: Javier Garcia Signature: [Signature] Date: 12-18-18  
Dept. Head: Javier Garcia Signature: [Signature] Date: 12-18-18  
Dept: Constable Office Pct.6 Job Title: Constable

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

**Purpose: (check one)**

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statue Refrence:  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this 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:** \_\_\_\_\_



## El Paso County Travel Justification Form

Employee: Rito Rubio  
Dept. Head: Javier Garcia  
Dept: Constable Office Pct.6

Signature [Signature] Date: 12/18/18  
Signature [Signature] Date: 12-18-18  
Job Title: Deputy

Travel Funding Source: \_\_\_\_\_ County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

Will any funds be reimbursed by another entity? \_\_\_\_\_

Travel Account No: \_\_\_\_\_

Balance Remaining for FY: \_\_\_\_\_

**Purpose: (check one)**

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

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:** \_\_\_\_\_

GRANT FUNDS

12/21/18

County of El Paso

Travel and Training ADVANCE Request Form



NAME	Mary Ellen Hernandez	133975	DEPARTMENT	West Texas HIDTA
EVENT	CADCA Conference		DESTINATION	National Harbor, MD
DATES	2/3/2019	TO	2/8/2019	FUNDING SOURCE (Agenda Item Format)
				GWTXPHPS17 - 600811 - \$2972.66 GWTXPHPS17 - 600817 - \$905.00

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 905.00✓	905.00
TRANSPORTATION			\$ 1,177.16	1,177.16
GROUND TRANSPORTATION			\$ 50.00	50.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 57.00	57.00
MEAL PER DIEM (EVENT DATES)			\$ 250.00 <del>304.00</del>	\$250.00 <del>304.00</del>
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 57.00	57.00
LODGING			\$ 1,327.50	1,327.50
PARKING				0.00
OTHER				0.00
TOTALS:	\$ -	\$ -	\$ 3,823.66 <del>3,877.66</del>	\$3,823.66 <del>3,877.66</del>

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

EMPLOYEE SIGNATURE	<i>M. Hernandez</i>	DATE	December 13, 2018
DEPARTMENT HEAD SIGNATURE	<i>Ramon A. Hernandez</i>	DATE	December 13, 2018

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Mary Ellen Hernandez

Signature: [Signature] Date: Dec 13, 2018

Dept Head: Travis B. Kuykendall

Signature: [Signature] Date: 12/13/2018

Dept : West Texas HIDTA

Job Title: Director

Travel Funding Source: County ☒ Grant ☐ Other

Will any funds be reimbursed by another entity? N

Travel Account No. GWTXPHPS17 - 600811/600817

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: CADCA Conference**



**GRANT FUNDS** of El Paso  
Travel and Training ADVANCE Request Form

NAME	Aurora Tafoya	100548-1	DEPARTMENT	JPD
EVENT	APPA		DESTINATION	Miami, FL
DATES	3/9/2019	TO	3/12/2019	FUNDING SOURCE (Agenda Item Format)
				GJUVDRCT19 600811

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 370.00	370.00
TRANSPORTATION		647.50	\$ 700.00	647.50
GROUND TRANSPORTATION			\$ 100.00	100.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 49.50	49.50
MEAL PER DIEM (EVENT DATES)			\$ 198.00	198.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 49.50	49.50
LODGING			\$ 867.84	867.84
PARKING				0.00
OTHER				0.00
OTHER				0.00
TOTALS:	\$ -	\$ 647.50	\$ 1,634.84	2,282.34

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED  
DEC 18 2018  
BY MT

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
DEPARTMENT HEAD SIGNATURE	DATE

RECEIVED  
DEC 07 2018  
EL PASO COUNTY



County Funded Justification Form

Employee: Aurora Tafoya \_\_\_\_\_ Signature: \_\_\_\_\_ Date: 11/28/18  
Dept Head: Roger Martinez \_\_\_\_\_ Signature: \_\_\_\_\_ Date: 11/29/18  
Dept : JPD \_\_\_\_\_ Job Title: Director of Special Programs  
Travel Funding Source: \_\_\_\_\_ County ☒ Grant \_\_\_\_\_ Other

Will any funds be reimbursed by another entity? No

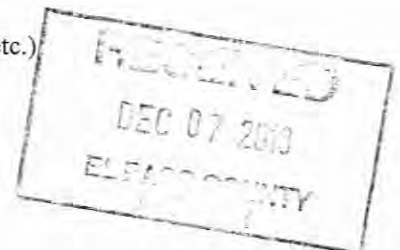
Travel Account No. GJUVDRCT19

Balance Remaining for FY: \$2914.71

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: American Probation and Parole Association
- ☐ **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 REIMBURSEMENT Request Form**

<b>NAME</b>	Jaime Esparza, DA Special	<b>DEPARTMENT</b>	District Attorney's Office
<b>EVENT</b>	BPU Board of Directors meeting	<b>DESTINATION</b>	San Marcos, TX
<b>DATES</b>	11/29/2018 TO 11/30/2018	<b>FUNDING SOURCE</b> (Agenda Item Format)	GR1BRPRU19 - 600811

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE / REIMB.
<b>GRANT FUNDS</b>				
REGISTRATION				0.00
TRANSPORTATION			\$ 292.96	292.96
GROUND TRANSPORTATION	\$ 49.42		\$ 49.42	0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 41.25	41.25
MEAL PER DIEM (EVENT DATES)				0.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 28.25	28.25
LODGING			\$ 106.95	106.95
PARKING			\$ 13.00	13.00
OTHER			\$ 6.00	6.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$49.42</b>	<b>\$0.00</b>	<b>\$537.83</b>	<b>\$488.41</b>
<b>APPROVED AMOUNT:</b>		<b>\$49.42</b>		
<b>REIMBURSEMENT AMOUNT:</b>				<b>\$488.41</b>

**RECEIVED**  
DEC 18 2018  
COUNTY AUDITORS OFFICE  
COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED  
DEC 20 2018  
BY MT

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>

<b>EMPLOYEE SIGNATURE</b> 	<b>DATE</b> 12/11/18
<b>DEPARTMENT HEAD SIGNATURE</b> 	<b>DATE</b> 12/14/18

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Claudia Duran Signature: [Signature] Date: 12/11/18  
Dept Head: Jaime Esparza Signature: [Signature] Date: 12/14/18  
Dept : District Attorney Office Job Title: \_\_\_\_\_  
Travel Funding Source: \_\_\_\_\_ County ☒ Grant \_\_\_\_\_ Other

Will any funds be reimbursed by another entity? NO

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: BPU Board of Directors meeting**



# County of El Paso **GRANT FUNDS**

## Travel and Training REIMBURSEMENT Request Form



NAME	Jaime Esparza, DA Special	DEPARTMENT	District Attorney's Office
EVENT	BPU meeting	DESTINATION	San Angelo, TX
DATES	12/10/2018 TO 12/12/2018	FUNDING SOURCE (Agenda Item Format)	GR1BRPRU19 - 600811

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE / REIMB.
REGISTRATION				0.00
TRANSPORTATION				0.00
GROUND TRANSPORTATION	personal vehicle		\$ 281.22	281.22
GAS				0.00
MEAL PER DIEM (DEPARTURE)			\$ 41.25	41.25
75% of full per diem				
MEAL PER DIEM (EVENT DATES)			\$ 55.00	55.00
MEAL PER DIEM (RETURN)			\$ 41.25	41.25
75% of full per diem				
LODGING			\$ 212.44	212.44
PARKING				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$631.16</b>	<b>\$631.16</b>
<b>APPROVED AMOUNT:</b>		<b>\$0.00</b>		
<b>REIMBURSEMENT AMOUNT:</b>				<b>\$631.16</b>

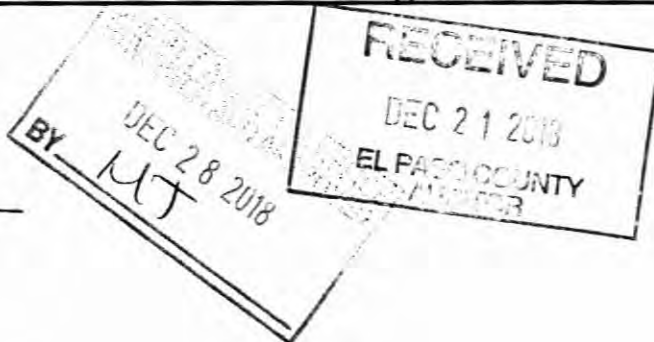
SIGNING OF THIS FORM CONSTITUTES ACKNOWLEDGEMENT AND AGREEMENT WITH THE COUNTY TRAVEL POLICY REQUIREMENTS, INCLUDING EMPLOYMENT COMMITMENT AND AUTHORIZATION TO DEDUCT AMOUNTS OWED TO THE COUNTY FROM WAGES.

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

EMPLOYEE SIGNATURE	<i>David McCracken</i>	DATE	17 Dec 18
DEPARTMENT HEAD SIGNATURE	<i>Jaime Esparza</i>	DATE	12-18-18

mileage 602602 \$ 281.22  
travel 600811 \$ 349.94

\$631.16



El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: David McCracken Signature: [Signature]  
Dept Head: Jaime Esparza Signature: [Signature]  
Dept : District Attorney Office Job Title: [Signature]  
Travel Funding Source: County ☒ Grant Other

Date: 17 Dec 2018  
Date: 12/18/18

Will any funds be reimbursed by another entity? NO

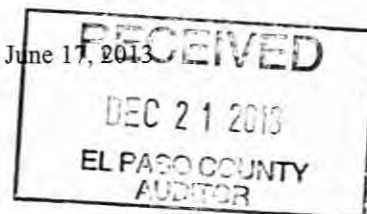
Travel Account No.        Balance Remaining for FY:       

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: BPU meeting**

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





# County of El Paso

## Travel and Training ADVANCE Request Form



<b>NAME</b>	Melissa Carrillo		<b>DEPARTMENT</b>	Human Resources	
<b>EVENT</b>	Texas SHRM Winter Meeting		<b>DESTINATION</b>	Dallas, TX	
<b>DATES</b>	1/24/2019	<b>TO</b>	1/25/2019	<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

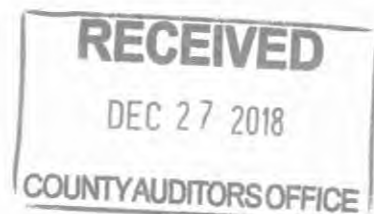
	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				0.00
TRANSPORTATION			\$ 278.96	278.96
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 49.50	49.50
MEAL PER DIEM (EVENT DATES)			\$ -	0.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 49.50	49.50
LODGING			\$ 179.67	179.67
PARKING				0.00
OTHER - Uber			\$ 25.00	25.00
<b>TOTALS:</b>	\$ -	\$ -	\$ 582.63	\$582.63

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>

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
	12/21/18
<b>DEPARTMENT HEAD SIGNATURE</b>	<b>DATE</b>
	12/21/18

EM 1/3/19



El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Melissa Carrillo Signature: [Signature] Date: 12/21/18  
Dept Head: Melissa Carrillo Signature: [Signature] Date: 12/21/18  
Dept : Human Resources Job Title: Chief Human Resources Officer  
Travel Funding Source: County Grant x Other

Will any funds be reimbursed by another entity? N/A

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 \_\_\_\_\_ 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: STEM National Membership Training
- ☐ **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



<b>NAME</b>	Josh Herrera <span style="float: right;">134299</span>	<b>DEPARTMENT</b>	Justice of the Peace, Pct. Three
<b>EVENT</b>	FY 19 Stage II Seminar	<b>DESTINATION</b>	Austin, Texas
<b>DATES</b>	1/13/2019 <b>TO</b> 1/17/2019	<b>FUNDING SOURCE</b> (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
<b>REGISTRATION</b> - If separate check, please include completed Registration Form				0.00
<b>TRANSPORTATION</b>			\$ 370.78 ✓	370.78
<b>GROUND TRANSPORTATION</b>			\$ 20.00 ✓	20.00
<b>GAS</b>				0.00
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem <span style="float: right;">1/13</span>			\$ 45.75 ✓	45.75
<u>MEAL PER DIEM (EVENT DATES)</u> <span style="float: right;">1/14-1/16</span>			\$ 31.00 ✓ <span style="float: right;">93.00</span>	31.00
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem <span style="float: right;">1/17</span>			\$ 45.75 ✓	45.75
<b>LODGING</b>			\$ 275.12 ✓	275.12
<b>PARKING</b>				0.00
<b>OTHER</b>				0.00
<b>TOTALS:</b>	\$ -	\$ -	\$ <del>788.40</del> <span style="float: right;">\$850.40</span>	\$788.40

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

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
<b>DEPARTMENT HEAD SIGNATURE</b>	<b>DATE</b>
	12/21/18

EM 1/3/19

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dept Head: Josh Herrera Signature: \_\_\_\_\_ Date: 12/11/18  
Dept : JP 3 Job Title: Justice of the Peace  
Travel Funding Source: X County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

Will any funds be reimbursed by another entity? NO

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 80 number of training hours annually.  
I have already fulfilled    of these hours for this time period.  
Estimated hours to be obtained from this course: 28  
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



<b>NAME</b>	Sal Alonzo	<b>DEPARTMENT</b>	Planning and Development
<b>EVENT</b>	101722 37th TXDOT Aviation Conference	<b>DESTINATION</b>	Galveston, TX
<b>DATES</b>	4/16/2019 TO 4/18/2019	<b>FUNDING SOURCE</b> (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 200.00 ✓	200.00
TRANSPORTATION			\$ 467.97 ✓	467.97
GROUND TRANSPORTATION	\$ 84.33			84.33
GAS			\$ 30.00 ✓	30.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 45.75 ✓	45.75
MEAL PER DIEM (EVENT DATES)			\$ <sup>5.00</sup> <del>61.00</del>	61.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 45.75 ✓	45.75
LODGING			\$ 241.50 ✓	241.50
PARKING			\$ 28.00 ✓	28.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$ 84.33</b>	<b>\$ -</b>	<b>\$ <sup>\$1063.97</sup> <del>1,119.97</del></b>	<b>\$1,204.30</b>

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>

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b> 1/2/19
<b>DEPARTMENT HEAD SIGNATURE</b>	<b>DATE</b> 1/2/19

JPM 1/3/19

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Sal Alonzo Signature: [Signature] Date: 12/24/12  
Dept Head: Jose Landeros Signature: [Signature] Date: 11/2/19  
Dept : Planning and Development Job Title: Transportation Program Engineer  
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



<b>NAME</b>	Luz M Rojas <span style="float: right;">102023</span>	<b>DEPARTMENT</b>	Human Resources
<b>EVENT</b>	2019 SHRM Annual Conference	<b>DESTINATION</b>	Las Vegas, NM
<b>DATES</b>	6/22/2019	<b>TO</b>	6/26/2019
		<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

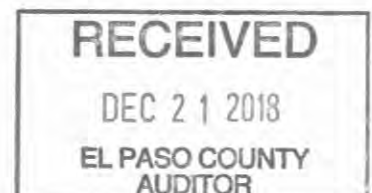
	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 1,490.00 ✓	1,490.00
TRANSPORTATION			\$ 205.00 ✓	205.00
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem <span style="float: right;">6/22</span>			\$ 45.75 ✓	45.75
MEAL PER DIEM (EVENT DATES) <span style="float: right;">6/23 - 6/25</span>			\$ <del>135.00</del> 183.00 ✓	135.00
MEAL PER DIEM (RETURN) 75% of full per diem <span style="float: right;">6/26</span>			\$ 45.75 ✓	45.75
LODGING			\$ 472.80 ✓	472.80
PARKING				0.00
OTHER - Uber				0.00
<b>TOTALS:</b>	\$ -	\$ -	\$ <del>2,394.30</del> 2,442.30 ✓	\$2,394.30

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

EMPLOYEE SIGNATURE	DATE <span style="float: right;">12/13/18</span>
DEPARTMENT HEAD SIGNATURE	DATE <span style="float: right;">12/19/18</span>

JPM 1/3/19



El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Luz M Rojas Signature: [Signature] Date: 12/13/2018  
Dept Head: Melissa Carrillo Signature: [Signature] Date: 12/19/18  
Dept : Human Resources Job Title: Chief Human Resources Officer  
Travel Funding Source: County Grant x Other

Will any funds be reimbursed by another entity? N/A

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 \_\_\_\_\_ 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: Stem National

☐

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

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

☐

Other: \_\_\_\_\_





# County of El Paso

## Travel EXPENDITURE VOUCHER



<b>NAME</b>	Rebeca Bustamante	<b>DEPARTMENT</b>	Justice of the Peace 4
<b>EVENT</b>	Texas Justice Court Training	<b>DESTINATION</b>	Austin
<b>DATES</b>	January 13, <b>TO</b> 17th, 2019	<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE
REGISTRATION				0.00
TRANSPORTATION	AIRFARE		\$ 722.00	(722.00)
SHUTTLE, TAXI, SHARE RIDE				0.00
CAR RENTAL (IF APPROVED)				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE)				0.00
75% of full per diem	1/13		45.75	0.00
MEAL PER DIEM (EVENT DATES)	1/14-1/16		135.00	0.00
MEAL PER DIEM (RETURN)	1/17		45.75	0.00
75% of full per diem				0.00
LODGING			\$ 253.00	(253.00)
PARKING			206.35	0.00
OTHER				0.00
OTHER				0.00
OTHER			\$ 713.63	0.00
<b>TOTALS: \$</b>	<b>-</b>	<b>\$0.00</b>	<b>\$975.00</b>	<b>(975.00)</b>

CHECK No.

Deposit Warrant No.

Reimbursement to Employee (\$975.00)

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](http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf)

Will any funds be reimbursed by another entity? YES/NO What entity?

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
<i>Rebeca Bustamante</i>	12/14/2018
<b>DEPARTMENT HEAD SIGNATURE</b>	<b>DATE</b>

### FOR AUDITOR'S OFFICE USE ONLY

- ☒ Checklist
- ☐ Justification Form
- ☐ Employee Agreement
- ☐ Expenditure Voucher for Previous Travel
- ☐ Cumulative Travel less than \$4,000

VENDOR NUMBER: 134196

REVIEWED BY: \_\_\_\_\_

APPROVED BY: *EM 1/3/9*