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
Total				23,851.40



NAME	Ricardo Samanies	go 13	4343	DEPARTMENT	County Judge's Office		
EVENT	El Paso Days			DESTINATION	Austin, Texas		
DATES	2/12/2019	то	2/20/2019	FUNDING SOUR (Agenda Item Forma			

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				0.00
TRANSPORTATION	er and in the control of the control		\$251.77	251.77
GROUND TRANSPORTATION			\$55.52	55.52
GAS			At Constitution	0.00
MEAL PER DIEM (DEPARTURE)	Astronomy and the second		\$45.75	
75% of full per diem 2/18			\$45.75	45.75
MEAL PER DIEM (EVENT DATES)			\$61	61.00
MEAL PER DIEM (RETURN)			31.75 \$45.75	45.75
75% of full per diem 2/20	COUNTY	AUDITORS OFFICE ED AND APPROVED		43.73
LODGING		- 4	\$ 549.70	549.70
PARKING		C 1 5 2018		0.00
OTHER	PY S		9/000 110	0.00
TOTALS	s -	s -	\$ 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

EMPLOYEE SIGNATURE	DATE				
DEPARTMENT HEAD Runds A - Samoures	DATE 12/10/2018				

EM 17/17/18

Employee:	Ricardo Samaniego	Signature: Much & Samue Date:	
12/04/2018		, ,	
Dept Head:	Ricardo Samaniego	Signature: Date: _	
Dept :	County Judge	Job Title: County Judge	
Travel Funding S	Source: XCounty	GrantOther	
Will any funds b	e reimbursed by another	r entity? NO	
Travel Account 1	No	Balance Remaining for FY:	
Will posting trav	el details prior to travel	jeopardize the safety of the traveler Yes \underline{X} NO	
Purpose: (check	one)		
	rily Required Training Reference:	g to Hold Elective Office	
		number of training hours annually.	
		f these hours for this time period.	
	ed hours to be obtained		
	provide documentation f		
Drofess	ional or Tashnias Tra	ining to Maintain License/Contification	
		nining to Maintain License/Certification s, technical certifications, etc.)	
		number of training hours annually.	
		these hours for this time period.	
	ed hours to be obtained		
	nal Professional or Te //Certification	echnical Training NOT Required to Maintain	
⊠ Travel	for Lobbying/Advocat	ing Before Federal/State Legislature,	
		deral/State Agency, or Other Regulatory Body,	
	ing Grant Application		
	lame: El Paso Chamber		
	of Visit: Meeting with		
Travel	for Program Ravanua	Enhancement/Sales Opportunity	
Explain		Emancement Saids Opportunity	
_			
Program	m Development Traini	ing	
Explain			
Travel	to Professional, Count	y, or Elected Officials' Organization	
	/Convention	•	
	Clerk's Association, Tation Name:	AG, Conference of Urban Counties, TBIC, etc.)	
П			
		ent/Personal Development Training ", stress management, "Be A Better Leader", etc.)	
Other:			

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



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	то	1/11/2018	FUNDING SOUR (Agenda Item Forma				

		PARATE CK / URCHASING	CRE	DIT CARD	A	DVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form		\$ 425.00 * 122062-		062-1			425.00
TRANSPORTATION			\$	330.96			330.96
GROUND TRANSPORTATION GAS	COUR	TY AUDITORS (POVED				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	BY	DEC Z 6 2018			\$	45.75	45.75
MEAL PER DIEM (EVENT DATES)	D1	000			\$	153.00	153.00
MEAL PER DIEM (RETURN) 75% of full per diem		RECE	VEI		\$	31.75	31.75
LODGING		RECE		<i>-</i>			0.00
PARKING		DEC 21					0.00
OTHER	LC	COUNTYAUDITO	RSOF	FICE			0.00
OTHER		9 1 1					0.00
TOTAL	S: \$	425.00	\$	330.96	\$	230.50	\$986.46

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.

EMPLOYEE
SIGNATURE
DEPARTMENT HEAD
SIGNATURE
DATE
SIGNATURE
DATE
Z
Z
-/8

AM 12/18

FOR	M A: County Funded Trav	0/7/	
Emplo	yee: David Stout	Signature:	Date: 12.18.18
Dept 1	Head: David Stout	Signature:	Date: 12.18.18
Dept	: Commissioner 2	Job Title: County Co	mmissioner Precinct 2
Travel	Funding Source: X County	Other	
Will a	y funds be reimbursed by another	entity? No	
Travel	Account No	Balance Remaining for FY:	_
Will p	osting travel details prior to travel jo	eopardize the safety of the traveler.	Yes X_NO
Purpos	e: (check one)		
	Statutorily Required Training Statute Reference:	to Hold Elective Office	
	My effective office requires	_ number of training hours annual	ly.
	I have already fulfilledof t		
	Estimated hours to be obtained fr Please provide documentation for		
	Professional or Technical Train	ning to Maintain License/Certific	ation
	(peace officers, attorneys, CPAs,	technical certifications, etc.)	
		_ number of training hours annual	ly.
	I have already fulfilledof th		
	Estimated hours to be obtained fr	om this course:	
	Additional Professional or Tech License/Certification	nnical Training NOT Required to	Maintain Maintain
	Travel for Lobbying/Advocatin	ng Before Federal/State Legislatu	ra .
		ral/State Agency, or Other Regu	latory Rody
	Including Grant Application A		RECEIVED
	Entity Name:		
	Purpose of Visit:		DEC 2 1 2018
	Travel for Program Revenue E	nhancement/Sales Opportunity	COUNTYAUDITORS OFFICE
	Explain:		TO STATE OF THE
	Program Development Trainin	g	
	Explain:		
\boxtimes	Travel to Professional, County,	or Elected Officials' Organization	on
	Meeting/Convention		
		G. Conference of Urban Counties,	
Annua	Education and Policy Conference	ay of Legislature and Texas Confer	ence of Orban Counties
		t/Personal Development Training stress management, "Be A Better	
	Other:		

Invoice

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 Capitol 2019 Urban Counties Education, Policy and Technology 425.00 Conference January 9th-11th, 2019 County Commissioner **David Stout** COUNTY AUDITORS OFFICE **Current Invoice Total** \$425.00

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



NAME	ANNA BOWLIN	G 352	0-	(DEP.	ARTM	ENT COU	OUNTY ATTORNEY			
EVENT	TDCAA 2019 Inv	estigator Scho	ool	ol DESTINATION San		ION San A	Antonio, TX			
DATES	02/03/19	то	02/07/1X		NDING SOURCE nda Item Format)			LEOS	account	
			100 0710-011	RATE CK		OUNTY DIT CARD	AD	VANCE	TOTAL AMOUNT	
	TION - If separate che pleted Registration For		\$	350.00					350.00	
TRANSPOR	RTATION	AIRFARE			\$	265.96			265.96	
SHUTTLE,	TAXI, SHARE RIDE						S	45.00	45.00	
CAR RENT.	AL (IF APPROVED)								0.00	
GAS									0.00	
MEAL PER D	DIEM (DEPARTURE)		TY AUC	NO APPROV	CE ED		\$	242.50	45.75 242.50	
	DIEM (EVENT DATES)	REVI	WED A	ND APPROV				125	0.00	
MEAL PER D	DIEM (RETURN)	1	DEC	m	1		4	5.75	0.00	
LODGING	per alem	BY	NO	101			S	742.52	742.52	
PARKING				- 1		RECE	-		0.00	
OTHER					H				0.00	
OTHER					1	DEC 18	2018		0.00	
OTHER				-	COL	INTYAUDITO	RSOFF	CE	(3.80)	
		TOTALS	: \$	350.00	S	265.96	\$	1/004.02 1.030.02	\$1,645.98	
Will any EMPLOY SIGNATU	funds be reimbursed EE TRE MENT HEAD	EMPLOYMEN	T COM C	MITMENT ALL OUNTY FRO	ND AUT M WAG Travel a	HORIZATION ES.	Policy 10	OUCT AMOU	NTS OWED TO THE	

FOR AUDIT	TOR'S OFFICE USE ONLY
Checklist	VENDOR NUMBER:
Justification Form	
Employee Agreement	REVIEWED BY:
Expenditure Voucher for Previous Travel	CaPIA. 1
Cummulative Travel less than \$4,000	APPROVED BY:/// (/1/27/18

Employe Dept He Dept	ead: Jo Anne Bernal	Signature: Job Title: Investigator Grant Other	Date: 12-3-18 Date: 2/7/18
Will any	y funds be reimbursed by another entit	y? partial-meals/loding	
Travel A	Account No	Balance Remaining for FY:	
Will post	sting travel details prior to travel jeopa	ardize the safety of the traveler	Yes NO
	Statutorily Required Training to H Statute Reference: My effective office requires n I have already fulfilled of these Estimated hours to be obtained from Please provide documentation for ho	umber of training hours annually. e hours for this time period. this course:	
	Professional or Technical Training (peace officers, attorneys, CPAs, technical My effective office requires n I have already fulfilled of these Estimated hours to be obtained from	hnical certifications, etc.) umber of training hours annually. hours for this time period.	
	Additional Professional or Technic License/Certification	eal Training NOT Required to M	RECEIVED
	Travel for Lobbying/Advocating B Federal/State Legislature, Federal/ Including Grant Application Advo Entity Name: Purpose of Visit:	State Agency, or Other Regulat	
	Travel for Program Revenue Enha	ancement/Sales Opportunity	
	Program Development Training Explain:		
	Travel to Professional, County, or Meeting/Convention (County Clerk's Association, TAG, Organization Name:		
	Human Resources/Management/Pounc		eader", etc.)
	Other:		



NAME	TDCAA	19021-1			DEPA	RTMENT	COUN	NTY ATT	ORNEY		
EVENT	TDCAA 2019	INVESTIGATO	R SCHOOL		DEST	INATION	San A	Antonio, TX			
DATES	02/03/19	то	02/07/1	19	1000	DING SOUI		4	ACOM		
			1 10 10 10 10	ARAT	E CK / SING	COUN		ADV	ANCE	TOTAL AMOUNT	
	TION - If separate pleted Registration	Carried and the second	\$	35	0.00					350.00	
TRANSPOR	TATION	AIRFARE		1						0.00	
SHUTTLE,	TAXI, SHARE RI	DE								0.00	
CAR RENT	AL (IF APPROVE	D)								0.00	
GAS						COUNTY A	IDITOR	SOFFICE		0.00	
MEAL PER D 75% of full	DIEM (DEPARTURE per diem	<u>)</u>				COUNTY A	AND AF	PROVED		0.00	
	IEM (EVENT DAT	ES)				DEC	Z 6 21	118		0.00	
MEAL PER D	DIEM (RETURN)					BY_D	DIOL		1	0.00	
LODGING	per ulem					17	DE	OP!		0.00	
PARKING							RE	CEIV	ED	0.00	
OTHER							DE	C 18 2	018	0.00	
OTHER						C	OUNTY	AUDITOR	SOFFICE	0.00	
OTHER			1		7-		14 0-			0.00	
		TOTALS	S	35	0.00	\$	_	\$	- 1	\$350.00	
REQUIRE	htt funds be reimbu	p://www.epcounty	T COM C	MITM COUNT uditor/	ENT AN Y FROM	D AUTHORI I WAGES.	ZATION	Policy 1024 DATE	CT AMOUN	IS OWED TO TH	
	MENT HEAD							DATE			

Checklist	VENDOR NUMBER:
Justification Form	
Employee Agreement	REVIEWED BY:
Expenditure Voucher for Previous Travel	
Cummulative Travel less than \$4,000	APPROVED BY:

Employ Dept H Dept	ead: Jo Anne Bernal Signature: Date: 2/7/18
Will any	funds be reimbursed by another entity? partial-meals/loding
Travel A	Account No Balance Remaining for FY:
Will pos	sting 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 EVED 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:



NAME	MICHELLE MARTINEZ 126699 TDCAA TRIAL SKILLS COURSE		1 -				JNTY ATTORNEY						
EVENT					ī	FUNDING SOURCE		1		Mamm	125		
DATES	01/13/1	9 TO		01/18/1	9			Format)		-	Acomm.	4105	
					ARATE RCHASI			OUNT		A	DVANCE	TOT	
	TION - If separa eleted Registration		se	\$	350.	.00						3	50.00
TRANSPOR	TATION	AIRFA	RE				\$	307.	.96			3	07.96
SHUTTLE, 7	ΓAXI, SHARE R	RIDE											0.00
CAR RENTA	L (IF APPROV	ED)											0.00
GAS													0.00
MEAL PER D 75% of full p	IEM (DEPARTUR per diem	RE)								\$	287.50	#5. ₂	87.50
MEAL PER D	IEM (EVENT DA	TES)									186	196	0.00
MEAL PER D	IEM (RETURN) per diem									-	15.75	45.75	
LODGING			COUN	TY AU	DITORS AND APP	OFFI	CE			\$	684.25/	6	84.25
PARKING			MEAN		4 6 2018								0.00
OTHER			BV	M	ava	/							0.00
OTHER			BY_	U	0100								0.00
OTHER													0.00
		тот	ALS:	\$	350.	.00	\$	307.	.96	\$	971.75	\$1,6	29.71
	MENTS, INCLU		OYMEN	T COM	MITMEN OUNTY I	T AN	D AUT I WAG	HORIZA ES.	TION	TO DE	THE COUNTY DUCT AMOUN		
Will any	funds be reimb	oursed by and	other er	ntity?	YES/	NO.	Wł	nat entity	y?	CON	NTYAUDITOR:	SOFFICE	
EMPLOYI SIGNATU		Xx C	1	9						DATE			
DEPARTM SIGNATU	IENT HEAD	30		1						DATE	12/2/10		

Employee Agreement

Expenditure Voucher for Previous Travel Cummulative Travel less than \$4,000 REVIEWED BY:

APPROVED BY:

El Paso County Travel Justification Form Signature Employee: Michelle Martinez Date: Dept. Head: Jo Anne Bernal Signature Date: Dept: County Attorney's Off Job Title: Principal Attorney Travel Funding Source: Other County Grant Will any funds be reimbursed by another entity? Travel Account No: 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. of these hours for this time period. I have already fulfilled 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 COUNTYAUDITORSOFFICE (County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.) Organization Name:

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

Human Resources/Management/Personal Development Training

Other:



NAME	TDCAA	11902	21-1	DEPARTMENT	COUNTY ATTORNEY				
EVENT TDCAA TRIAL SKILLS COURSE			DESTINATION	AUSTIN, TEXAS					
DATES	01/13/19	то	01/18/19	FUNDING SOURCE (Agenda Item Format)		CACONAM-6705			

			RATE CK /		ADVAN	NCE	TOTAL
REGISTRATION - If separa	to shook places	PUF	RCHASING	CREDIT CARD		,02	AMOUNT
include completed Registration		\$	350.00				350.00
TRANSPORTATION	AIRFARE						0.00
SHUTTLE, TAXI, SHARE R	RIDE						0.00
CAR RENTAL (IF APPROV	(ED)						0.00
GAS			I .		AFTINE!		0.00
MEAL PER DIEM (DEPARTUR 75% of full per diem	RE)				GOVED		0.00
MEAL PER DIEM (EVENT DA	TES)			DEC 4 6 2018	/		0.00
MEAL PER DIEM (RETURN) 75% of full per diem			8	NOION			0.00
LODGING							0.00
PARKING							0.00
OTHER							0.00
OTHER							0.00
OTHER							0.00
	TOTALS:	\$	350.00	s -	\$		\$350.00
Will any funds be reimb EMPLOYEE SIGNATURE	ttp://www.epcounty.c	COM C	MITMENT AN OUNTY FROM	D AUTHORIZATION WAGES.	Policy 102416. DEC DATE COUNTYAU	odf	S OWED TO THE
DEPARTMENT HEAD SIGNATURE	35				DATE 12/7	118	

FOR AUDIT	OR'S OFFICE USE ONLY	
Checklist	VENDOR NUMBER:	
Justification Form		
Employee Agreement	REVIEWED BY:	
Expenditure Voucher for Previous Travel		
Cummulative Travel less than \$4,000	APPROVED BY:	

El Paso County Travel Justification Form Employee: Michelle Martinez Signature Date: Dept. Head: Jo Anne Bernal Signature Date: Dept: County Attorney's Off Job Title: Principal Attorney Travel Funding Source: County Grant Will any funds be reimbursed by another entity? Travel Account No: 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. X 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:



NAME	Tom Whitten	10132	8-1	DEPARTMENT	Sheriffs Office		
EVENT Natl Sheriffs Assoc Conference				DESTINATION	Washington, DC		
DATES	2/8/2019	то	2/12/2019	FUNDING SOUR (Agenda Item Forma	Value 1		

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form		\$ 575.00		575.00
TRANSPORTATION		\$ 345.60		345.60
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	\$ 57.00			57.00
MEAL PER DIEM (EVENT DATES)	\$ 17 228.00	i _	->11	228.00
MEAL PER DIEM (RETURN) 75% of full per diem	\$ 57.00	_	\rightarrow	57.00
LODGING	\$ 418.04		\rightarrow	418.04
PARKING	COUR	TY AUDITORS OF WED AND APPRO	FICE VED	0.00
Ricardo Aguilar		NOV 3 0 2018		0.00
OTHER	BY_	DOOL		0.00
TOTALS:	\$ 760.04	\$ 920.60	s -	\$1,680.64

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/forg	ms/Travel and Training Policy 102416.pdf
EMPLOYEE SIGNATURE	DATE
DEPARTMENT HEAD SIGNATURE	DATE 12/18



FOR	MA: Co	unty Funded Tr	avel Disclosure F	lepoyt/
Emplo	yee:	Tom Whitten	Signature:	Date: 11/10/18
Dept I	Head:	Richard Wiles	Signature:	18 42 1 Date: 12/3/8
Dept		shortsother Jo	b Title: Chief Op	in the
Travel	Funding S	ource: XCounty	Grant	Other
Will an	ny funds be	reimbursed by anoth	ner entity?	
Travel	Account N	lo	Balance Remai	ining for FY:
Will po	osting trave	details prior to trav	el jeopardize the safe	ty of the traveler Yes NO
Purpos	e: (check	one)		
		rily Required Traini Reference:	ing to Hold Elective	Office
			number of train	
			of these hours for this	
			ed from this course:	_
	Please pi	rovide documentation	n for hours needed	
П	Professi	anal or Tachnical T	raining to Maintain	License/Certification
			As, technical certifica	
			number of train	
			of these hours for this	
	Estimate	d hours to be obtaine	ed from this course:	
		nal Protessional or 1 Certification	echnical Training N	OT Required to Maintain
	License	Certification		
П	Travel f	or Lobbying/Advoc	ating Before Federal	/State Legislature
				, or Other Regulatory Body,
		ng Grant Applicatio		,
	Entity N	ame:		
	Purpose	of Visit:		RECEIVED
			ie Enhancement/Sale	NOV 2 8 2018
	Explain:			1404 2 0 2010
	Program	Development Trai	mino	COUNTYAUDITORS OFFICE
_	Explain:			The state of the s
			nty, or Elected Offic	ials' Organization
		/Convention		
			TAG, Conference of theriff's Association C	Urban Counties, TBIC, etc.) conference
				1
			ment/Personal Devel	
	("Dealing	g with Difficult Peop	ie", stress manageme	nt, "Be A Better Leader", etc.)
	Other:			
_				



NAME	Richard Wiles	1008	30-1	DEPARTMENT	Sheriff			
EVENT	National Sheriffs	Assoc. Co	onference	DESTINATION	Washington DC			
DATES	2/8/2019	то	2/12/2019	FUNDING SOUR (Agenda Item Forma				

		ARATE CK / RCHASING	CRE	EDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$	575.00 J		575.00
TRANSPORTATION	\$	345.60		_	\rightarrow	345.60
GROUND TRANSPORTATION	\$	50.00			\rightarrow	50.00
GAS						0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	\$	57.00		_	\rightarrow	57.00
MEAL PER DIEM (EVENT DATES)	\$1	7 228.00			\rightarrow	17 228.00
MEAL PER DIEM (RETURN) 75% of full per diem	\$	57.00			\rightarrow	57.00
LODGING	\$	418.04		-	\rightarrow	418.04
PARKING				COUNTY AUDI REVIEWED AN	TORS OFFICE D APPROVED	0.00
OTHER				NOV 30	2018	0.00
OTHER		1 -1 -1		BY 7000		0.00
TOTALS:	\$	1,155.64	\$	575.00	s -	\$1,730.64

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.

EMPLOYEE
SIGNATURE
DEPARTMENT HEAD
SIGNATURE
DIAGRATURE
DEPARTMENT HEAD
SIGNATURE
DATE

| Comparison of the property of the pr

50M 12/10/18

NOV 2 8 2018
EL PASO COUNTY
AUDITOR

FORM	A: County Funded Trave	l Disclosure Report . /	
Emplo		Signature. //	Date: 11/16/2018
Dept H	lead: Richard Wiles	Signature:	Date:
Dept	: Sheriff's Office	Job Title: Sheriff	
	Funding Source:County	Other	
Will an	y funds be reimbursed by another en	ntity?	
Travel	Account No	Balance Remaining for FY:	-
Will po	sting travel details prior to travel je	opardize the safety of the traveler.	Yes NO
Purpose	e: (check one)		
	Statutorily Required Training to Statute Reference:		
	I have already fulfilledof th	number of training hours annually	y.
	Estimated hours to be obtained from		
	Please provide documentation for		
		ing to Maintain License/Certifica	ation
	(peace officers, attorneys, CPAs, t		
		_ number of training hours annually	y.
	I have already fulfilledof the Estimated hours to be obtained from		
	nous to be commen in	an and course.	
	Additional Professional or Tech License/Certification	nical Training NOT Required to	Maintain
	Federal/State Legislature, Feder Including Grant Application Ac Entity Name:	g Before Federal/State Legislatur ral/State Agency, or Other Regul dvocacy	
	Purpose of Visit:		
	Travel for Program Revenue En	hancement/Sales Opportunity	RECEIVED
	Explain:	mancement sales Opportunity	
			NOV 2 8 2013
	Program Development Training		EL PASO COUNTY
	Explain:		AUDITOR
\boxtimes	Travel to Professional, County,	or Elected Officials' Organizatio	0
	Meeting/Convention		
		G, Conference of Urban Counties, Teriff's Assocation Annual conference	
		/Personal Development Training stress management, "Be A Better L	
	Other:		



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

County of El Paso Travel Request Form

ravel Type: ADVANCE				
Name:	GABRIELLA REED	100249-	Department: County A	attorney's Office
Date of Trip: Departure Date:	01/10/19 Return Date:	01/11/19	Destination: AUSTIN	
* Event	Texas Health & Human S	ervices Commission		· · · · · · · · · · · · · · · · · · ·
County Related Purpose:			eeting regarding mental health servi	ces within Texas
		The providence of the first and the first of	tive impact explanation	
Department Index:		COMM	Sub-Object:	6705
COUNTY EMPLOYEE? CIRCLE		a fou Datauminium Maa	I Rates Allowance MOVE A	now
Plana Charl One (Danatur		s for Determining Mea	I Rates Allowance MOVE A	RROW
Please Check One (Departure on Date of Departure by		After 12:00 P.M.	Half Rate	\$ 18.00
on Date of Departure by		Before 12:00 P.M.	Full Rate	\$ 27.00
on Date of Departure by		Deloie 12.00 F.M.	ruii Kate	3 27.00
Please Check One (Return med	ul rate)			
on Date of Return by		Before 5:00 P.M.	Half Rate	\$ 18.00
on Date of Return by		After 5:00 P.M.	Full Rate	\$ 36.00
* (Note: Please use the items che Section 2 * CC CREDIT CARD EXPEN	Travel Estimated Bre		FOR A	UDITOR'S USE ONLY
Airfare	\$336.60	1	Trans. Code:	
Auto Rental	3330.00	10-	Trans. Couc.	-
Mileage (.40 /mile)	-		Index:	
Gas		3		
Meal rate on Departure date	46.15		Sub-Object:	
Meal per diem GSA RATE	91.50			E
Meal rate on Return date	45.95		Vendor:	RECEIVED
Lodging	123.28	/		
Other - Registration			Subsidiary:	NUA 1 5 MAIN 1 2 MAIN 1 2 MAIN
Other - Parking/Tolls				1404 5 0 5010
Other - Taxi	30.00		Amount:	
Other - Shuttle				COUNTYAUDITORSOFFICE
TOTAL	\$581.38	\$0.00	-	
12010		-	BURSED FROM OTHER	SOURCE NO Y/N
		Section 3: Signature an		110
		CC	NOTATION: SIGNING OF	F THIS FORM IS AN
			ACKNOWLEDGEMENT	OF THE COUNTY
ADVANCE FROM COUNT	TY \$581.38	\$0.00	TRAVEL POLICY WHICH	H AUTHORIZES THE
Name:	The second secon		SALARY OFFSET OF WA	GES FOR NONCOMPLIANCE
Name:			10	
Name:	4/4		EMPLOYEE J. Vas	\
Name:	Name:		SIGNATURE	
Name:			DEPT. HEADS	
			SIGNATURE	
CCO DATE			DATE:	15-Nov-18

GM 12/27/18

	RM A: County Funded Trave ployee: <u>Gabriella Reed</u>		Date: 11-15-18
	of Head: Jo Anne Bernal	Signature:	Date: 11 29/18
	ot : County Attorney	Job Title: Sr. Division (
	vel Funding Source: XCounty	GrantOther	SIIICI
Will	any funds be reimbursed by another e	entity?	
Trave	rel Account No. CACOMM-6705	Balance Remaini	ng for FY:
Will	posting travel details prior to travel je	opardize the safety of the traveler.	Yes NO
Purpo	ose: (check one)		
Ц	Statutority Required Training to Statute Reference:		
	My effective office requires	_ number of training hours annually.	
	I have already fulfilledof th Estimated hours to be obtained fro		
	Please provide documentation for		
		ing to Maintain License/Certificatio	n
	(peace officers, attorneys, CPAs, t		
	I have already fulfilledof the	_ number of training hours annually.	
	Estimated hours to be obtained fro		
		nical Training NOT Required to Ma	eintain
	License/Certification		
\boxtimes		Before Federal/State Legislature,	
		ral/State Agency, or Other Regulato	ry Body,
	Including Grant Application Ad Entity Name: Texas Health & Hun		
		ng for members of the Behavior Healt	h Adisory Committe
	Travel for Program Revenue En	hancement/Sales Opportunity	
	Explain:		
П	Program Development Training		
	Explain:		
		or Elected Officials' Organization	
	Meeting/Convention	Conference of the Country TDI	0 1
	Organization Name:	G, Conference of Urban Counties, TBI	C, etc.)
	Human Resources/Management/	Personal Development Training	
	("Dealing with Difficult People", s	stress management, "Be A Better Lead	der", 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 Гуре: ADVANCE		4				
Name:	IAN KAPLAN	120033-1	Department:	County A	ttorney's Office	
Date of Trip: Departure Date:	01/17/19 Return Date:	01/18/19	Destination:	DALLAS,		
* Event	State Bar of Texas Advan	ced Employment Law up	odates			
County Related Purpose:	Training on topics related to e			arassment su	ımmary judoments	
			And the same of the same			
	GADMINGF Fun	ids requires legisla		and the second second second second	n	
Department Index:	A COLUMN A DROWN A THRONG		Sub-Object:			
COUNTY EMPLOYEE? CIRCLE		a fau Datauminium Ma	al Datas Allanda	LIOUE LE	nou:	
Plana Charl One (Danata)	Section 1: Guidelines	s for Determining Me	al Rates Allowance	e MOVE AR	ROW	
Please Check One (Departure on Date of Departure by		After 12:00 P.M.		Half Rate	£ 18.00	
on Date of Departure by		Before 12:00 P.M.		Full Rate	\$ 18.00 \$ 27.00	
on Date of Departure by		Defore 12.001.WI,		I un Nate	\$ 27.00	
Please Check One (Return med	ıl rate)					
on Date of Return by		Before 5:00 P.M.		Half Rate	\$ 18,00	
on Date of Return by		After 5:00 P.M.		Full Rate	\$ 36.00	
* \$36.0 per diem no receipts requ * (Note: Please use the items che	ecked above to fill out section	n 2 below)	parture and return are	on the same	e date	
	: Travel Estimated Bre	akdown		ron i	Introduction out to	
* CC CREDIT CARD EXPEN	SE BREAKDOWN	+ 66		FOR AU	UDITOR'S USE ONLY	
Airfare		* CC \$285.98	Trans. Code:			
Auto Rental	-	3203.70	Trans. Code.			
Mileage (.40 /mile)	_		Index:			
Gas		-	Index.		-	
Meal rate on Departure date	49.50		Sub-Object:		I I I I I I I I I I I I I I I I I I I	
Meal per diem GSA RATE	98.00		2.8.00		RECEIVE	
Meal rate on Return date	32.50	3'	Vendor:			-10
Lodging	172.00				NOV 20 201	
Other - Registration		570.00	Subsidiary:		1 100 20 201	8
Other - Parking/Tolls					10000	
Other - Taxi	50.00	2)	Amount:		COUNTYAUDITORS	DEFICE
Other - Shuttle						2111012
TOTAL	\$320.00	\$855.98				
	EMP	LOYEE WILL REIM	BURSED FROM	OTHER S	SOURCE NO Y/N	
		Section 3: Signature a	and List of Names:			
		CC		GNING OF	THIS FORM IS AN	
			ACKNOWLEDG	SEMENT C	OF THE COUNTY	
ADVANCE FROM COUNT	ΓY \$320.00	\$855.98			AUTHORIZES THE	
Name:	Name:		SALARY OFFSE	ET OF WA	GES FOR NONCOMPLIANCE	Ε
Name:				//	and the same of th	
Name:	Name:		EMPLOYEE	1.1	/	
Name:	Name;		SIGNATURE	20		
Name:			DEPT. HEADS	500		
			SIGNATURE	Diam	7-Nov-18	
CCO DATE				DAIL:	/-INOV-18	

gm aprilis

FOR	M A: County Funded Trav	vel Disclosure Report	111.5
Emplo	yee: <u>Ian Kaplan</u>	Signature: D	Pate: 11/18/15 Pate: 11/14/19
Dept I	The second secon	Signature: D	Pate: 11 (4) (8
Dept		Job Litle: Sr. Trial Attorne	ey
Travel	Funding Source: X_County	Other	
Will an	y funds be reimbursed by another	entity?	
Travel	Account No. CACOMM-6705	Balance Remaining	for FY:
Will po	esting travel details prior to travel	jeopardize the safety of the traveler.	NO
Purpos	e: (check one)		
	Statutorily Required Training	to Hold Elective Office	
	Statute Reference:		
		number of training hours annually.	
	Estimated hours to be obtained to	these hours for this time period.	
	Please provide documentation for		
\boxtimes	Professional or Technical Trai	ining to Maintain License/Certification	
	(peace officers, attorneys, CPAs		
		number of training hours annually.	
	I have already fulfilledof t Estimated hours to be obtained to		
	Estimated nours to be obtained in	noni uns course. 11.75 nours	
	Additional Professional or Tec	chnical Training NOT Required to Main	ntain
	License/Certification		
		ng Before Federal/State Legislature,	
	TO SECURE OF THE POPULATION O	eral/State Agency, or Other Regulatory	Body,
	Including Grant Application . Entity Name:	Advocacy	
	Purpose of Visit:		
	Travel for Program Revenue l	Enhancement/Sales Opportunity	
	Explain:		
			RECEIVED
	Program Development Trainin	ng	A CONTRACTOR OF THE PARTY OF TH
	Explain:		NOV 2 0 2018
	Travel to Professional, County	, or Elected Officials' Organization	
	Meeting/Convention	, , , , , , , , , , , , , , , , , , , ,	COUNTYAUDITORSOFFICE
	(County Clerk's Association, T/	AG, Conference of Urban Counties, TBIC	, etc.)
	Organization Name:		
	n	nt/Bayranal Davidar mant Training	
Ш		nt/Personal Development Training ', stress management, "Be A Better Leade	er", etc.)
	(Dearing with Difficult I copie	, suess management, De 11 Detter Leade	. , ••••/
	Other		



NAME	Vincent M. Perez	1251	07-0	DEPARTMENT Commission	oner Precinct 3
EVENT	CUC Capitol 2019			DESTINATION Austin, TX	ζ
DATES	1/9/2019	то	1/11/2019	FUNDING SOURCE (Agenda Item Format)	GADM-TRAVEL/PROF ED

			TE CK /	CR	EDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate include completed Registration				\$	425.00		425.00
TRANSPORTATION		- FIRE		\$	303.78		303.78
GROUND TRANSPORTATION	COUNTY AUDITORS REVIEWED AND AP	PROVED		\$	154.70/		154.70
GAS	DEC 7 8 50,	18		\$	15.00	,	15.00
MEAL PER DIEM (DEPARTURE 75% of full per diem	BA JAMAT					\$ 19.75	19.75
MEAL PER DIEM (EVENT DATE	RECEIV	/ED				\$ 31.00 √	31.00
MEAL PER DIEM (RETURN) 75% of full per diem	DEC 2 8	2018				\$ 31.75√	31.75
LODGING	COUNTYAUDITO		CE	\$	216.20		216.20
PARKING				\$	40.00		40.00
OTHER							0.00
	TOTALS:	\$	-	\$	1,154.68	\$ 82.50	\$1,237.18

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 1 . /	DATE
SIGNATURE 1	
DEPARTMENT HEAD	DATE 12/28/18
SIGNATURE	

Employee: Vincent M. Perez	Signatu	ire line M	A Date:	12/28/2018
Dept. Head:	Signatu	ire	O Date:	
Dept: Comm Precinct 3	Job Tit	le: County Co	mmissioner	
Travel Funding Source: X Will any funds be reimbursed by Travel Account No:	County another entity		Other	
Purpose: (check one)				
Statue Refrence: My effective office requ I have already fulfilled Estimated hours to be of Please provide document Professional or Techn (peace officers, attorney) My effective office requ I have already fulfilled Estimated hours to be officers and professional professional Company Additional Professional Company State Legislature, Federal Grant Application Additional Profession Additional Professional Company State Legislature, Federal Grant Application Additional Profession Additional Professional Company State Legislature, Federal Grant Application Additional Profession Additional Professional Company State Legislature, Federal Grant Application Additional Profession Additional Profession Additional Professional Company State Legislature, Federal Company State Legislature Federal Company State Leg	obtained from to ntation for house ical Training ys, CPAs, technology, CPAs, technology obtained from to all or Technology and or Technology of the contract o	16 number of to of these hours for these hours? Ito Maintain Linical certification number of to of these hours for the ho	cense/Certifications, etc.) training hours and this time period ons, etc.) training hours and this time period of the training hours and this time period of the training hours and the	ion nually. l. Maintain , Federal/
Travel for Program R Explain:	evenue Enhar	ncement/Sales	Opportunit E	IVED
Program Developmen Explain:	t Training		DEC 2 (3 2018 TORS OFFICE
Meeting/Convention (County Clerk's Association Organization Name:			10 60 5 10 11 11 10 10	
Human Resources/Ma ("Dealing with Difficul Other:				ader", etc.)



NAME	William R. Cox	1	00499	DEPARTMENT	Public Defender's Office
EVENT	TIDC Chief Defe	nder Meeti	ing	DESTINATION	Dallas, TX
DATES	1/31/2019	то	2/1/2019	FUNDING SOURCE (Agenda Item Format)	GADM-TRAVEL/PROF ED

		SEPARATE CK / PURCHASING	CREDIT CARD		ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, plea include completed Registration Form	se			\$	2	0.00
TRANSPORTATION				\$	278.96	278.96
GROUND TRANSPORTATION				\$	32.00	32.00
GAS					21.50	0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	31			\$	49.50	49.50
MEAL PER DIEM (EVENT DATES)				\$	4. /	0.00
MEAL PER DIEM (RETURN) 75% of full per diem	21			s	49.50	49.50
LODGING		COUNTY AUDITO	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	205.85	205.85
PARKING		DEC 27	2018			0.00
OTHER		BY 92			4507 81	0.00
TO	TALS:	s -	s -	\$	615.81	\$615.81

		2011
Name: Jaime E. Gandara	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.

EMPLOYEE STONY AND THE STONY	DATE 77-11311
SIGNATURE DEPARTMENT HEAD SIGNATURE	DATE 12/17/18
	GIM -1-1

	A: County Funded Travel Disclosure Report
Emplo	
Dept F	
Dept	
Travel	Funding Source: X County Grant / Other
Will an	y funds be reimbursed by another entity? N/A
Travel .	Account No Balance Remaining for FY:
Will po	sting 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/Contification
	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
ш	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:
П	Travel for Program Revenue Enhancement/Sales Opportunity
ш	Explain:
	Program Development Training
	Explain:
	Travel to Professional, County, or Elected Officials' Organization
7	Meeting/Convention
	(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
	Organization Name: Texas Indigent Defense Commission
П	Human Resources/Management/Personal Development Training
_	("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
Leaders	Other: Texas Indigent Defense Commission. In person meeting of Texas Indigent Defense



NAME	Jaime E. Gandara	1013	98	DEPARTMENT	Public Defender's Office
EVENT	TIDC Chief Defer	nder Meeti	ing	DESTINATION	Dallas, TX
DATES	1/31/2019	то	2/1/2019	FUNDING SOURCE (Agenda Item Format)	GADM-TRAVEL/PROF ED

		SEPARATE CK PURCHASING	CELINI	CARD	A	DVANCE	TOTAL AMOUNT
REGISTRATION - If separate ch include completed Registration Fo					s		0.00
	VIII				9	/	0.00
TRANSPORTATION					\$	278.96	278.96
GROUND TRANSPORTATION							0.00
GAS						41.00	0.00
MEAL PER DIEM (DEPARTURE)					8	49.50	
75% of full per diem	1/31				Þ	47.50	49.50
MEAL PER DIEM (EVENT DATES)					\$	-	0.00
MEAL PER DIEM (RETURN)						· · · · · /	
75% of full per diem	2/1	COUNTY	AUDITORS (DEFICE	8	49.50	49.50
LODGING			D AND APP	201100	5	205.85	205.85
PARKING		DE	C 27 2018				0.00
			00				0.00
OTHER		BY				4.000 GI	0.00
	TOTALS:	s -	S	- 5		\$555.8 -583.81	\$583.81

7 777711 0	**	44
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.

MPLOYEE IGNATURE	(2) Sh)	DATE 12/17/18
EPARTMENT HEAD	1 12 402	- DATE 12/17/18

	RM A: County Funded Travel Discl		According to the Control of the Control
	loyee: <u>Jaime Gandara</u> Signa		Date: 12/13/18
	Head: Jaime Gandara Signa	ture:	Date: 12/13/18
	: Public Defenders	Job Vitle: First Assistan	t
Travel	Funding Source: X County	Other	
Will an	any funds be reimbursed by another entity? N	<u> </u>	
Travel	l Account No Balance	ce Remaining for FY:	
Will po	posting travel details prior to travel jeopardize	the safety of the traveler	Yes _XNO
Purpose	se: (check one)		
	Statutorily Required Training to Hold E Statute Reference:		
	My effective office requires number		
	I have already fulfilledof these hour		
	Estimated hours to be obtained from this co		
	Please provide documentation for hours ne	eded	
	Professional or Technical Training to M	aintain License/Certification	nn .
	(peace officers, attorneys, CPAs, technical		711
	My effective office requires number of		
	I have already fulfilled_of these hours fo		
	Estimated hours to be obtained from this co	ourse:	
	Additional Professional or Technical Tra	aining NOT Required to M	aintain
	License/Certification		
	Travel for Lobbying/Advocating Before	Federal/State Legislature,	
	Federal/State Legislature, Federal/State		ory Body,
	Including Grant Application Advocacy		
	Entity Name:		
	Purpose of Visit:		
	Travel for Program Revenue Enhancem	ent/Sales Opportunity	
	Explain:		
	Program Development Training		
	Explain:		
\boxtimes	Travel to Professional, County, or Electe	d Officials' Organization	
7	Meeting/Convention		
	(County Clerk's Association, TAG, Confer		IC, etc.)
	Organization Name: Texas Indigent Defen	se Commission	
П	Human Resources/Management/Persona	l Development Training	
_	("Dealing with Difficult People", stress ma		der", etc.)
Leaders	Other: Texas Indigent Defense Commission	on. In person meeting of Tex	as Indigent Defense
LEGUEIS			



NAME	Osbaldo Jua	rez 100	140	DE	PA	RTMENT	Const	able's Office Pc.6		
EVENT	Civil Proces	s training		DE	STI	NATION	Austin	n, TX		
DATES	02/05/1	19 TO	02/08/19 FUNDING SOURCE (Agenda Item Format)			GADM-TRAVEL/PROF ED				
				RATE CK	-	COUN'		A	DVANCE	TOTAL AMOUNT
	TION - If separa pleted Registration		\$	150.00) Viene					150.00
TRANSPOR	TATION	AIRFARE		2034	I				111111111111111111111111111111111111111	0.00
SHUTTLE,	TAXI, SHARE R	UDE							77.84	0.00
CAR RENT	AL (IF APPROV	ED)			200000000000000000000000000000000000000					0.00
GAS					H			Market Bar		0.00
MEAL PER D	DEM (DEPARTUR	RE) 2/4						\$	45.75	45.75
	IEM (EVENT DA							S	183.00	183.00
MEAL PER D	DIEM (RETURN)	2/8						\$	45.75	45.75
LODGING			(60)	MIN A(ID)	10	RS OFFICE		S	285.28	285.28
PARKING			REV	IEWED A	D	APPROVED)			0.00
OTHER				DEC.2	7	2018				0.00
OTHER	***********		BY.		ř				***************************************	0.00
OTHER	************				The state of the s				#500 71	0.00
		TOTALS:	-	150.00	-	S	-	S	559.78	\$709.78
REQUIRE	MENTS, INCLU	M CONSTITUTES ACIDING EMPLOYMEN	T COMM CO .com/au	DUNTY FRO	M /Tra	AUTHORIZ WAGES.	ATION	TO DE	EDUCT AMOUNT	
		A another en	iity?	I ES/NO		what ent	ity:			
EMPLOY! SIGNATU	//	Ling						DATI	2-18-1	8
DEPARTN SIGNATU	RE TEAD	MC	W	N				DATI	18-18	
	Checklist Justification I Employee Ag	Form		DITOR'S O	FF		NLY OR NU EVIEW			

Cummulative Travel less than \$4,000

	El Paso (County Travel	Justification	n Form	
Dept. Hea	ee: Osbaldo Juarez ad: Javier Garcia pt: Constable's Office	Signate Signate Pct Job Ti	-//	Date: /2-/ Date: /2-/	8-18
Will a	Funding Source: ny funds be reimbursed Account No:	County by another entity		Other	
	se: (check one)				
	Statutorily Require Statue Refrence: My effective office I have already fulfill Estimated hours to be Please provide docu	requires led one obtained from	number of of these hours for this course?	ffice training hours annually or this time period.	y.
Х	Professional or Tec (peace officers, attor My effective office I have already fulfill Estimated hours to be	rneys, CPAs, tech requires	nnical certificati 40 number of of these hours for	icense/Certification ons, etc.) training hours annually or this time period.	y.
	Additional Professi License/Certification		al Training NC	T Required to Main	tain
		Federal/State Ag		state Legislature, Fed Regulatory Body, <u>In</u>	
	Travel for Program Explain:	n Revenue Enha	ncement/Sales	Opportunity	
	Program Developm Explain:	nent Training			
	Travel to Professio Meeting/Conventio (County Clerk's Assortion Name:	ociation, TAC, C		ls' Organization ban Counties, TBIC, e	etc.)
	Human Resources/ ("Dealing with Diffi		The second second second	ment Training "Be A Better Leader"	', etc.)
	Other:				



NAME	Rito Rubio	101435				DEPARTMENT		Constable's Office Pc.6 Austin, TX		
EVENT	Civil Process training				DESTINATION Austi		Austir			
DATES	02/05/1	9 TO	02/08	/19	FUNDING SOURCE (Agenda Item Format)			GADM-TRAVEL/PROF ED		
			-	RCHA		COUN CREDIT (A	DVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please nclude completed Registration Form			\$	\$ 150.00						150.00
TRANSPOR	TATION	AIRFARE		1205	<u>, 44</u> -	11/				0.00
SHUTTLE,	TAXI, SHARE R	IDE				/				0.00
CAR RENT	AL (IF APPROV	ED)			12 10 11					0.00
GAS										0.00
	IEM (DEPARTUR	E)						S	45.75	
75% of full	per diem	2/4)	43,73	45.75
	IEM (EVENT DA	TES) 215-2/7						\$	183.00	183.00
75% of full	IEM (RETURN)	2/8						\$	45.75	45.75
LODGING	perdiem	5/0		COUN	TY AUD	ITORS OFF	ICE	S	142.64	142.64
PARKING				REVIE	WED A	VO APPROV	/ED	Ψ	142.04	0.00
					DEC 3	7 2018	-	-		
OTHER				DV	上戶	2				0.00
OTHER										0.00
OTHER									\$41710	0.00
		TOTALS	\$	15	0.00	\$	-	\$	417.14	\$567.14
REQUIRE	MENTS, INCLU	M CONSTITUTES AG DING EMPLOYMEN ttp://www.epcounty oursed by another er	.com/	MMITMI COUNT auditor/f	ENT AN	D AUTHORIZ WAGES.	ZATION aining P	TO DI	EDUCT AMOUNT	
								D . T		
EMPLOYEE SIGNATURE								DATI	12/18/1	8
DEPARTN SIGNATU	MENT HEAD RE	tmo		W	N			DATI	12181	8
	Checklist Justification F Employee Agr	orm ∠			R'S OFF		NLY OOR NU EVIEW			

Cummulative Travel less than \$4,000

El Paso County Travel Justification Form Date: 12/18/12 Signature 4 Employee: Rito Rubio Dept. Head: Javier Garcia Signature Dept: Constable's Office Pct Job Title: Deput Travel Funding Source: County Grant Other Will any funds be reimbursed by another entity? Balance Remaining for FY: Travel Account No: Purpose: (check one) Statutorily Required Training to Hold Elective Office Statue Refrence: My effective office requires number of training hours annually. of these hours for this time period. I have already fulfilled Estimated hours to be obtained from this course? Please provide documentation for hours needed. X 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. 0 of these hours for this time period. I have already fulfilled 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:



NAME	Steven Carrasco				DEPARTMENT Co		Const	Constable's Office Pc.6		
EVENT	Civil Process training		DES		DEST	TINATION	Austi	n, TX		
DATES	02/05/19 TO 02/08/19			/19	FUNDING SOURCE (Agenda Item Format)			GADM-TRAVEL/PROF ED		
			SEPARATE CK / PURCHASING			COUNTY CREDIT CARD		A	DVANCE	TOTAL AMOUNT
	TION - If separ pleted Registrat	ate check, please ion Form	\$ 150.00			Section 1 to 1			Process of the state of the sta	150.00
TRANSPOR	TATION	AIRFARE		1200					Tri di sana	0.00
SHUTTLE,	TAXI, SHARE	RIDE								0.00
CAR RENT	AL (IF APPRO	VED)	23022							0.00
GAS					(1) 年以後(1)					0.00
MEAL PER D	DIEM (DEPARTU	RE) 2/4					n Karluda ya	\$	45.75	45.75
	DIEM (EVENT DA	ATES) 2/5-2/7						\$	183.00	183.00
MEAL PER D	DIEM (RETURN) per diem	2/8						\$	45.75	45.75
LODGING								\$	142.64	142.64
PARKING				REV	nty al Iewed	DITORS OF AND APPRO	VED		-	0.00
OTHER					DEC	2 7 2018				0.00
OTHER				BY		2				0.00
OTHER										0.00
		TOTALS:	S	15	50.00	S	-	\$	417.14	\$567.14
REQUIRE	MENTS, INCL	RM CONSTITUTES ACUDING EMPLOYMENT http://www.epcounty.	com/	MMITM COUNT auditor	IENT AN	D AUTHORIZ 1 WAGES.	ZATION aining [TO DE	EDUCT AMOUNT	
EMPLOY		***************************************	-					DATI	E	
SIGNATURE SEE CONTROL OF SIGNATURE SIGNATURE					V			DATE		
	Checklist Justification Employee A	Form	_	7	R'S OF		NLY OOR NU EVIEW			

Cummulative Travel less than \$4,000

Employee	: Steven Carrasco	Signatu	ire la la	- Date: 12-18-2	8
Dept. Head	: Javier Garcia	Signatu	ire 10	Ol Date:	
Dept	: Constable's Office	Pct Job Tit	le: Deputy		
	unding Source:	County	Grant	Other	
1 10 10 10 10 10 10 10 10	funds be reimbursed baccount No:	by another entity		maining for EV.	
Traver A	Account No.		Datance Re	maining for FY:	_
Purpose	e: (check one)				
	Statutorily Require	d Training to H	old Elective O	ffice	
	Statue Refrence:				
	My effective office re	equires	number of	training hours annually.	
	I have already fulfille	ed o	of these hours f	or this time period.	
	Estimated hours to be	e obtained from t	this course?		
	Please provide docum	nentation for hou	irs needed.		
X	Professional or Tech	hnical Training	to Maintain I	iganso/Cartification	
Λ	(peace officers, attor				
	My effective office re			training hours annually.	
	I have already fulfille			or this time period.	
	Estimated hours to be			40	
	Estimated hours to be	e obtained from t	ins course?	40	
	Additional Profession	onal or Technica	al Training NO	OT Required to Maintain	
	License/Certificatio	n			
	7	/	C E .1 1/6	74-4-1	,
				State Legislature, Federal	
			ency, or Other	Regulatory Body, <u>Includ</u>	ing
	Grant Application	Advocacy			
	Entity Name:				
	Purpose of Visit:				
	Travel for Program	Revenue Enhan	ncement/Sales	Opportunity	
	Explain:				
	J				
	Program Developm	ent Training			
	Explain:				
	Travel to Profession	ial, County, or I	Elected Officia	ls' Organization	
	Meeting/Convention			•	
			onference of U	rban Counties, TBIC, etc.)	
	Organization Name:				
	7m n n		15	. m	
	Human Resources/N		Control of the second of		
	(Dealing with Diffic	cuit People", stres	ss management	, "Be A Better Leader", etc	.)
	Other:				



NAME	ISRAEL ALDAZ			DEPARTMENT	FLEET OPERATIONS
EVENT	FACTORY TRA	INING		DESTINATION	HUNTSVILLE, ALABAMA
DATES	2/6/2019	то	2/9/2019	FUNDING SOUR (Agenda Item Forma	

		SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separa include completed Registrati					0.00
TRANSPORTATION	AIRFARE				230.60
GROUND TRANSPORTATION	AUTO RENTAL				128.92
GAS					0.00
MEAL PER DIEM (DEPARTU 75% of full per diem	RE) 2/6				94.00
MEAL PER DIEM (EVENT DA	ATES) 2/7-2/8				94.00
MEAL PER DIEM (RETURN) 75% of full per diem	2/9	CO	UNTY AUDITORS OF	FICE	94.00
LODGING			DEC 27 2018	7160	0.00
PARKING		ВУ	(25)		0.00
OTHER					0.00
	TOTALS	: \$ -	\$ -	s -	\$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/10	rms/Travel and Training Policy 102416.pdf
EMPLOYEE SIGNATURE DEPARTMENT HI SIGNATURE	eady Olh	DATE 12/21/18 DATE 12-21-18

MM 12/18

	ree: ISRAEL ALDAZ Signature: Date: 12/21/1								
	ead: HOPETON STAPLE Signature: + 2 Date: 12/1/								
Dept	: FLEET OPERATIONS Job Title: FLEET MECHANIC SENIOR								
Travel F	Funding Source: X County Grant Other								
Will any	funds be reimbursed by another entity? NO								
Travel A	Account No Balance Remaining for FY:								
Will pos	sting travel details prior to travel jeopardize the safety of the traveler Yes X NO								
Purpose	: (check one)								
П	Statutorily Required Training to Hold Elective Office Statute Reference:								
	My effective office requires number of training hours annually.								
	I have already fulfilledof these hours for this time period.								
	Estimated hours to be obtained from this course: Please provide documentation for hours needed								
	r lease provide documentation for nours 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								
	Total Control of the								
	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:								
П	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:								
П	Human Resources/Management/Personal Development Training								
_	("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)								
	Othory								
	Other:								



NAME	MICHAEL ZAM	ORA		DEPARTMENT	FLEET OPERATIONS	
EVENT	FACTORY TRAI	NING		DESTINATION	HUNTSVILLE, ALABAMA	
DATES	2/6/2019	то	2/9/2019	FUNDING SOURCE (Agenda Item Format)		

		SEPARATE C PURCHASIN	(DUINIT (ADIX	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate che include completed Registration Fo					0.00
TRANSPORTATION	AIRFARE				230.60
GROUND TRANSPORTATION					0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	2/4				94.00
MEAL PER DIEM (EVENT DATES)	2/7-2/8		COUNTY AUDITORS O	FFICE	94.00
MEAL PER DIEM (RETURN) 75% of full per diem	2/9		DEC 27 2018		94.00
LODGING			BY 62		0.00
PARKING					0.00
OTHER					0.00
	TOTALS:	s -	\$ -	s -	\$512.60

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	DATE					
SIGNATURE	2-21-18					

EM n/ra/18

	A: County Funded Travel Disclosure Report
Employ	
	lead: HOPETON STAPLE Signature: Date: 12-21-18
Dept	
Travel I	Funding Source: X County Grant Other
Will any	y funds be reimbursed by another entity? <u>NO</u>
Travel A	Account No Balance Remaining for FY:
Will po	sting travel details prior to travel jeopardize the safety of the traveler Yes X_NO
Purpose	:: (check one)
Ш	Statutorily Required Training to Hold Elective Office Statute Reference:
	My effective office requires number of training hours annually.
	I have already fulfilledof 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 fulfilledof these hours for this time period.
	Estimated hours to be obtained from this course:
M	Additional Professional or Technical Training NOT Required to Maintain
7	License/Certification
Ш	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:
	Turpose of Visit.
	Travel for Program Revenue Enhancement/Sales Opportunity
	Explain:
П	Program Development Training
_	Explain:
П	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.)
П	Othor
	Other:

County of El Paso Travel and Training <u>REIMBURSEMENT</u> Request Form



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

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED		CTUAL CPENSES	DIFFERENCE / REIMB.
REGISTRATION			\$	218.40	218.40
TRANSPORTATION					0.00
GROUND TRANSPORTATION					0.00
GAS	parent.				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	COUNTY	AUDITORS OFFICE ED AND APPROVED			0.00
MEAL PER DIEM (EVENT DATES)	DE	C 27 2018			0.00
MEAL PER DIEM (RETURN) 75% of full per diem	BY_7	2			0.00
LODGING					0.00
PARKING					0.00
OTHER					0.00
OTHER					0.00
TOTALS	\$0.00	\$0.00		\$218.40	\$218.40
APPROV	ED AMOUNT:	\$0.00			
	REIMBURSEMENT AMOUNT:				

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 /	DATE
SIGNATURE	12/18/18
DEPARTMENT HEAD	DATE
SIGNATURE Dalbara Manco	12/18/18

MM 12/27/18

	VI A: County Fu		I Disclosure R Signature:	4 11 11	Date: 12/18/201				
	lead: Edward I			Leaven Son Edmon					
	: County A			lit Accountant, Se					
	Funding Source:		Grant	Other	inoi				
		<u>11</u> County	Orani						
Will an	y funds be reimburse	ed by another er	ntity? NO						
Travel A	Account No. GADM	-Travel/Prof Ec	<u>i.</u>	Balance Remaini	ng for FY:				
Will po	sting travel details pr	rior to travel jed	opardize the safet	y of the traveler	Yes _X_ NO				
Purpose	e: (check one)								
	Statutorily Require Statute Reference:	red Training to	Hold Elective (Office					
	My effective office	requires	number of traini	ing hours annually					
	I have already fulfi								
	Estimated hours to			time period.					
	Please provide doc								
	Desfessional on To	abataat maatat							
ш				License/Certifications etc.)	on				
	(peace officers, attorneys, CPAs, technical certifications, etc.) My effective office requires number of training hours annually.								
	I have already fulfi								
	Estimated hours to								
	Additional Profes	sional or Tech	nical Training N	OT Required to M	aintain				
_	License/Certificat			or mequitors					
				State Legislature,					
			The second secon	or Other Regulate	ory Body,				
	Including Grant A Entity Name:	Application Ac	ivocacy						
	Purpose of Visit:								
	Travel for Progra	m Revenue En	hancement/Sale	s Opportunity					
	Explain:								
П	Program Develop	ment Training							
	Explain:								
	Travel to Profession	onal, County,	or Elected Offici	als' Organization					
	Meeting/Conventi	on							
	(County Clerk's As Organization Name		G, Conference of	Urban Counties, TB	IC, etc.)				
	Human Resources	s/Management	Personal Develo	opment Training					
				nt, "Be A Better Lea	ader", etc.)				
\boxtimes	Other: CPA EXA	MINATION - I	BEC						
-									

County of El Paso LOCAL Training Request Form REGISTRATION/PRESENTER EXPENSES ONLY



NAME O	2/22/2019 F TRAINING of the training of training of the train	TO ORGANI	2/22/2019 ZATION	Wyndham El Paso EMPLOYEE SIGNAT		vay Blvd 79925 AMOUNT \$199.00
SkillPath/NST Sem E	inars 19 MPLOYEE NA Synthia De La Fu	348 ME	ZATION	Wyndham El Paso	Airporr 2027 Airw	AMOUNT
E	MPLOYEE NA	AME iente				AMOUNT
С	ynthia De La Fu	ente		EMPLOYEE SIGNAT	URE	
				SHE SHE	?	\$199.00
F	lor D. Martinez\	Vital		4		
						\$199.00
				COUNTY AUDITORS OFFICE REVIEWED AND APPROVE		
				DEC 27 2018		
				ву 💝 💆		
-	1					
		7.0				
						11.31
					TOTAL	\$398.00
	S, INCLUDING E	MPLOYM	ENT COMMITM COUNT	EMENT AND AGREEMENT WENT AND AUTHORIZATION TO Y FROM WAGES.	THE COUNT OF THE C	Y TRAVEL POLICY

EM 12/18

	M A: County Funded Travel Disclosure Report///
Emplo	byee: Cynthia De La Fuente Signature: Date: 12/19/1
	lead: R. Lucille Samuel Signature: Paul Date: 12/19/1
Dept	
Travel	Funding Source: XCountyGrantOther
Will an	y funds be reimbursed by another entity?
Travel	Account No Balance Remaining for FY:
Will po	osting travel details prior to travel jeopardize the safety of the traveler Yes NO
Purpos	e: (check one)
	Statutorily Required Training to Hold Elective Office Statute Reference:
	My effective office requires number of training hours annually.
	I have already fulfilledof these hours for this time period.
	Estimated hours to be obtained from this course:
	Please provide documentation for hours needed
П	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 fulfilledof these hours for this time period.
	Estimated hours to be obtained from this course:
\boxtimes	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:
П	Travel for Program Revenue Enhancement/Sales Opportunity
_	Explain:
_	
	Program Development Training
	Explain:
П	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
Ц	Human Resources/Management/Personal Development Training
	("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
	Other:
-	

Employ	yee: Flor D. MartinezVital Signature: 12/19/13
	lead: R. Lucille Samuel Signature: 22 Date: 12/19/1
Dept	
	Funding Source: XCounty Grant Other
Will an	y funds be reimbursed by another entity?
Travel	Account No Balance Remaining for FY:
Will po	sting travel details prior to travel jeopardize the safety of the traveler Yes NO
Purpose	e: (check one)
	Statutorily Required Training to Hold Elective Office Statute Reference:
	My effective office requires number of training hours annually.
	I have already fulfilledof 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 fulfilledof these hours for this time period. Estimated hours to be obtained from this course:
	Difficulties from the control from this course.
	Additional Professional or Technical Training NOT Required to Maintain License/Certification
П	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:
П	Program Development Training
	Explain:
П	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.)
П	Other:
_	

County of El Paso LOCAL Training Request Form REGISTRATION/PRESENTER EXPENSES ONLY



DEPARTMENT		Constable'	s Office P	ct. 6						
TRAINING	Inst	ructor Cours								
DATES	ATES 1/7/2019 TO 1/11/2019 FUNDING SOURCE (Agenda Item Format)									
NAME OF TRAINING ORGANIZATION				ZATION	ADDRESS					
El Paso Commi	unity C	College Law En	forcement	Academy []	9963 11	0700 Gaetway East				
	EM	PLOYEE NA	AME		EMPLOYEE SIGNAT	TURE	AMOUNT			
		Javier Garcia	1	<	+WC	M	\$73.00			
Rito Rubio				And the second s	PIRE		\$73.00			
					DEC 27	APPROVED				
SIGNING	OF TH	IS FORM CON	STITUTES	ACKNOWLEDG	EMENT AND AGREEMENT V	TOTAL VITH THE COUNT	\$146.00 Y TRAVEL POLICY			
REQUIREM DEPARTME SIGNATURE	NT H	http://w		COUNT	ENT AND AUTHORIZATION TY FROM WAGES. Storms/Travel and Training Po					

Employee:	Javier Garcia	Signatur	e MC	XVV	Date: 12-18-18
Dept. Head:	Javier Garcia	Signatur	etrue	M	Date: 121818
Dept:	Constable Office Pct	t.t Job Title	: Constable	1	
	unding Source:	County	Grant	Othe	er
Will any	funds be reimbursed by	another entity?			
Travel A	ccount No:		Balance Re	maining	for FY:
Purpose	: (check one)				
	Statutorily Required	Training to Hol	d Elective O	ffice	
	Statue Refrence:				
	My effective office rec	quires	number of	training !	hours annually.
	I have already fulfilled	of	these hours fo	or this tir	ne period.
	Estimated hours to be	obtained from th	is course?		
	Please provide docume	entation for hours	s needed.		
	Professional or Techn	nical Training to	Maintain L	icense/C	ertification
	(peace officers, attorne				
	My effective office rec				hours annually.
	I have already fulfilled		these hours fo	A	
	Estimated hours to be				****
Х	Additional Profession	nal or Tachnical	Training NC	T Dogu	ired to Maintain
Λ	License/Certification		Training NC	71 Kequ	ired to Maintain
	_				
	Travel for Lobbying/	Advocating Before	ore Federal/S	State Leg	gislature, Federal/
	State Legislature, Fed	deral/State Agen	icy, or Other	Regulat	tory Body, Including
	Grant Application Ac	dvocacy			
	Entity Name:				
	Purpose of Visit:				
	Travel for Program I	Revenue Enhanc	ement/Sales	Opport	inity
	Explain:				
	Program Developmen	nt Training			
	Explain:				
	Travel to Professiona	l. County, or El	ected Officia	ls' Orga	nization
	Meeting/Convention	,			
	(County Clerk's Assoc	iation, TAC, Cor	ference of Ur	ban Cou	nties, TBIC, etc.)
	Organization Name:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Human Resources/M	anagement/Pers	onal Develor	oment T	raining
	("Dealing with Difficu				
	•	AND STREET, ST			
	Other:				

Employee: Rito Rubio	Signat	ture Lat	Date: 12/18/18
Dept. Head: Javier Garcia	Signat	ture 111	(1) Date: 12-18-18
Dept: Constable Office Pct	.t Job Ta	ile: Deputy	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
Travel Funding Source:	County	Grant	Other
Will any funds be reimbursed by	another entity	y?	
Travel Account No:		Contract of the last of the la	maining for FY:
Purpose: (check one)			
Statutorily Required	Training to I	Hold Elective Of	ffice
Statue Refrence:			
My effective office req	uires	number of	training hours annually.
I have already fulfilled		of these hours fo	or this time period.
Estimated hours to be of	btained from	this course?	
Please provide docume	ntation for ho	ours needed.	
Professional or Techn	ical Training	to Maintain L	icense/Certification
(peace officers, attorne	TANDON UNIVERSITA DE AS		
My effective office requ			training hours annually.
I have already fulfilled			or this time period.
Estimated hours to be o			
X Additional Profession	al or Tachnic	oal Training NO	T Required to Maintain
License/Certification	ar or recuiiic	car Training NO	1 Required to Maintain
			tate Legislature, Federal/
		gency, or Other	Regulatory Body, Including
Grant Application Ad	vocacy		
Entity Name: Purpose of Visit:			
Turpose of visit.			
Travel for Program R Explain:	evenue Enha	incement/Sales	Opportunity
Ехріані.			
Program Developmen	t Training		
Explain:			
Travel to Professional	, County, or	Elected Official	ls' Organization
Meeting/Convention	***************************************		
(County Clerk's Associa	ation, TAC, C	Conference of Ur	ban Counties, TBIC, etc.)
Organization Name:			THE RESERVE OF THE SAME
Human Resources/Ma	nagement/Po	ersonal Develop	ment Training
			"Be A Better Leader", etc.)
Other:			
Other.			

GRANT FUNDS

County of El Paso Travel and Training <u>ADVANCE</u> Request Form



NAME	M	ary Ellen Herna	indez	# 133975	DEPARTMENT	West Texas HIDTA	
EVENT	C	ADCA Conferer	nce		DESTINATION	National Harbor, MD	+2,918.66
DATES	ŧ	2/3/2019	то	2/8/2019	FUNDING SOUR (Agenda Item Forma		00811 - \$2 972.66 00817 - \$905.00

		RATE CK / CHASING	CREDIT	CARD	A	DVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please					-		A See Designation
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)					\$	57.00	
75% of full per diem					P	~	57.00
MEAL PER DIEM (EVENT DATES)					\$	304.00	\$250.00
MEAL PER DIEM (RETURN)						201.00	204.00
75% of full per diem					\$	57.00	57.00
LODGING					\$	1,327.50	1,327.50
PARKING							0.00
				7.7			0.00
OTHER					di.	2 012 . 1.	0.00
TOTAL	LS: \$		\$	4	\$	3,877.66	\$3,877.66

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

EMPLOYEE SIGNATURE DEPARTMENT HEAD SIGNATURE

SIGNATURE

DATE December 13, 2018

DATE December 13, 2018

DATE December 13, 2018

FOR	M A: County Funded Travel Disclosure Report
Emplo	byee: Mary Ellen Hernandez Signature: Date: Date:
Dept 1	Head: Travis B. Kuykendall Signature: Week & Ref State: 12
Dept	: West Texas HIDTA Job Title: Director
Travel	Funding Source:County XGrantOther
Will a	ny funds be reimbursed by another entity? N
	Account No. GWTXPHPS17 - 600811/600817 Balance Remaining for
FY: _	
Will p	osting travel details prior to travel jeopardize the safety of the travelerYes X NO
Purpos	se: (check one)
	Statutorily Required Training to Hold Elective Office
	Statute Reference:
	My effective office requires number of training hours annually.
	I have already fulfilledof these hours for this time period. Estimated hours to be obtained from this course:
	Please provide documentation for hours needed
	Desfectional or Technical Training to Maintain License/Contification
	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:
\boxtimes	Additional Professional or Technical Training NOT Required to Maintain
_	License/Certification
П	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:
П	Travel for Program Revenue Enhancement/Sales Opportunity
	Explain:
П	Program Development Training
	Explain:
	The Desire of Court of Florida Officials Occasionation
П	Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
	(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
	Organization Name:
\Box	Human Resources/Management/Personal Development Training
ب	("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
\boxtimes	Others CADCA Conference
	Other: CADCA Conference

Travel and Training ADVANCE Request Form

NAME	Aurora Tafoya	1005	18-1	DEPARTMENT	JPD	FUNDS	
EVENT	APPA			DESTINATION	Miami, FL		
DATES	3/9/2019	ТО	3/12/2019	FUNDING SOUR	1000	GJUVDRCT19 6008/	

		RATE CK / CHASING	CREDIT CARD	A	DVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	The state of the s			\$	370.00	370.00
TRANSPORTATION	The state of the s		647.50	\$	700.00	647.5900.00
GROUND TRANSPORTATION	The state of the s			\$	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		COUNTY AL	DITORS OFFICE	\$	49.50	49.50
LODGING		REVIEWED	AND APPROVED	s	867.84	867.84
PARKING			18 2018 MJ			0.00
OTHER		BY	_ M /			0.00
OTHER				(211 04	0.00
TOTALS:	\$	-	\$ 647.50	s	2,334.84	\$2,334.84

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.

EMPLOYEE
SIGNATURE
DEPARTMENT HEAD
SIGNATURE

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

DATE

DATE

DATE

OUT OF THE POLICE OF THE POLI

DEC 07 2013 ELP/2000/NTV

Signature: Date: 11/28/18 Employee: Aurora Tafoya Dept Head: Roger Martinez Dept: JPD Job Title: Director of Special Travel Funding Source: County XGrant 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 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: X 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 Funded Justification Form

County of El Paso Travel and Training REIMBURSEMENT Request Form



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

GRANT REGISTRATION	FIIN	EPARATE CK URCHASING / REDIT CARD	AMOUNT ADVANCED		ACTUAL XPENSES	DIFFERENCE / REIMB.
REGISTRATION	- OIAI	72.				0.00
TRANSPORTATION		,		\$	292.96	292.96
GROUND TRANSPORTATION	S	49.42		S	49.42	0.00
GAS						0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			CEIVED	\s	41.25	41.25
MEAL PER DIEM (EVENT DATES)		RE	CENT	1		0.00
MEAL PER DIEM (RETURN) 75% of full per diem		1	DEC 18 2018	_\$	28.25	28.25
LODGING		1	TY AUDITORS OFF	CE'S	106.95	106.95
PARKING			OUNTY AUDITORS		13.00	13.00
OTHER			DEC 20 201	8 S	6.00	6.00
OTHER		В	w	T		0.00
	TOTALS:	\$49.42	\$0.00		\$537.83	\$488.41
	APPROVED	AMOUNT:	\$49.42			

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.

EMPLOYEE SIGNATURE

DATE

DEPARTMENT HEAD

DEPARTMENT HEAD

DEPARTMENT HEAD

DEPARTMENT HEAD

DEPARTMENT HEAD

DEPARTMENT HEAD

SIGNATURE Jamo

DATE 12 (14)

REIMBURSEMENT AMOUNT:

	A: County Funded Travel Disclosure Report
Emplo	
Dept I	lead: Jaime Esparza Signature: Jame Date: 12 19 18
Dept	
Travel	Funding Source:County X GrantOther
Will an	y funds be reimbursed by another entity? NO
Travel	Account No Balance Remaining for FY:
Will po	sting travel details prior to travel jeopardize the safety of the traveler. X YesNO
Purpose	e: (check one)
	Statutorily Required Training to Hold Elective Office Statute Reference:
	My effective office requires number of training hours annually.
-	I have already fulfilledof 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
1	(peace officers, attorneys, CPAs, technical certifications, etc.)
	My effective office requires number of training hours annually.
	I have already fulfilledof these hours for this time period.
	Estimated hours to be obtained from this course:
П	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 Including Grant Application Advocacy DEC. 18 2018
	Federal/State Legislature, Federal/State Agency, or Other Regulatory Body,
	Including Grant Application Advocacy Entity Name: DEC 18 2018
	Purpose of Visit:
	Travel for Program Revenue Enhancement/Sales Opportunity
	Explain:
	Explain.
	Program Development Training
_	Explain:
П	Travel to Professional, County, or Elected Officials' Organization
	Meeting/Convention
	(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
	Organization Name:
П	Human Resources/Management/Personal Development Training
	("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
\bowtie	Other: BPU Board of Directors meeting

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

County of EPTASANT FOR Travel and Training REIMBURSEMENT Request

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

	SEPARA PURCHA CREDIT	ASING /		OUNT NCED		ACTUAL EXPENSES	DIFFERENCE / REIMB.
REGISTRATION							0.00
TRANSPORTATION			*				0.00
GROUND TRANSPORTATION AUSONA	vehicle				\$	281.22	281.22
GAS							0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			-		\$	41.25	41.25
MEAL PER DIEM (EVENT DATES)					\$	55.00	55.00
MEAL PER DIEM (RETURN) 75% of full per diem					\$	41.25	41.25
LODGING					\$	212.44	212.44
PARKING							0.00
OTHER							0.00
OTHER							0.00
тот	'ALS:	\$0.00		\$0.00		\$631.16	\$631.16
APF	PROVED AMO	UNT:	_	\$0.00			
		R	EIMB	URSEM	ENT	AMOUNT:	\$631.16

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.

	nttp://www.epcounty.com/audito	or/forms/fraver and framing Policy 102416.pdf
EMPLOYEE SIGNATURE DEPARTMENT HEA SIGNATURE	Dadin France	DATE 17 Dec 18 12-18-18
mileage 602	602 \$281.22	FECEIVED
	\$631.16	- 11

	A: County Funded Travel	Disclosure Report	ion Tail
Employ		Signature: Da	ate: 170; 618 ate: 12/18/18
	lead: <u>Jaime Esparza</u> : <u>District Attorney Office</u>	Signature: Da	ate: 12/18/10
	Funding Source:County	Job Title:Other	
Will any	y funds be reimbursed by another en	tity? NO	
Travel A	Account No	Balance Remaining for FY:	
Will po	sting travel details prior to travel jeo	pardize the safety of the traveler. \underline{X} Ye	sNO
Purpose	: (check one)		
	Statutorily Required Training to Statute Reference:	Hold Elective Office	
	My effective office requires		
	I have already fulfilledof the Estimated hours to be obtained from		
	Please provide documentation for h		
П	Professional or Technical Training	ng to Maintain License/Certification	
	(peace officers, attorneys, CPAs, te	echnical certifications, etc.)	
	My effective office requires		
	I have already fulfilledof these Estimated hours to be obtained from		
_			
	Additional Professional or Techn License/Certification	ical Training NOT Required to Main	tain
	이 집에 가이어들은 그 어린 집에 아름답을 하게 된 때가 하고 그래요요. 얼마를 사고를 하는데 그림을 하다.	Before Federal/State Legislature, al/State Agency, or Other Regulatory vocacy	Body,
	Travel for Program Revenue Enh Explain:	hancement/Sales Opportunity	
	Program Development Training Explain:		
	Meeting/Convention	r Elected Officials' Organization , Conference of Urban Counties, TBIC,	etc.)
	Human Resources/Management/	Personal Development Training tress management, "Be A Better Leader	.", etc.)
	Other: BPU meeting		
	Amended by the El Pa	aso County Commissioners Court on Ju-	ne 17,2013CEIVED
			DEC 2 1 2013
		4	EL PASO COUNTY
		L	FUDITOR



NAME	1007165			DEPARTMENT			
EVENT				DESTINATION			
DATES	1/24/2019	то	1/25/2019	FUNDING SOUR (Agenda Item Forma	The state of the s	GADM-TRAVEL/PROF ED	

	SEPARATE CK PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			A STATE OF THE STA	0.00
TRANSPORTATION			\$ 278.96	278.96
GROUND TRANSPORTATION			The state of the s	0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 49.50	49.50
MEAL PER DIEM (EVENT DATES)			s -	0.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 49.50	49.50
LODGING			\$ 179.67	179.67
PARKING			A PARTY OF THE PAR	0.00
OTHER - Uber			\$ 25.00	25.00
TOTALS	: \$ -	s -	\$ 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.

EMPLOYEE
SIGNATURE
DEPARTMENT HEAD
SIGNATURE
DIATE
SIGNATURE
DATE
SIGNATURE
DATE
SIGNATURE
DATE
SIGNATURE

SM 1/3/19

RECEIVED

DEC 27 2018

COUNTYAUDITORS OFFICE

FORM	A: County Funded Tra	vel Disclosure Report
Employ		Signature: Date: 12/2/18
TO 100 100 100 100 100 100 100 100 100 10	ead: Melissa Carrillo	Signature: Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	: Human Resources	Job Title: Chief Human Resources Officer
	Funding Source: _County	
Will any	funds be reimbursed by anothe	r entity? N/A
Travel A	Account No	Balance Remaining for FY:
Will pos	sting travel details prior to travel	l jeopardize the safety of the traveler Yes X_NO
Purpose	: (check one)	
	Statutorily Required Trainin	g to Hold Elective Office
	Statute Reference:	
		number of training hours annually.
		f these hours for this time period.
	Estimated hours to be obtained	
	Please provide documentation	for flours fleeded
	Professional or Technical Tra	aining to Maintain License/Certification
		us, technical certifications, etc.)
		number of training hours annually.
		f these hours for this time period.
	Estimated hours to be obtained	
	Additional Desfactional or To	cabaical Training NOT Dequired to Maintain
	License/Certification	echnical Training NOT Required to Maintain
	Electise/Certification	
	Travel for Lobbying/Advocat	ting Before Federal/State Legislature,
_		deral/State Agency, or Other Regulatory Body,
	Including Grant Application	Advocacy
	Entity Name:	
	Purpose of Visit:	
	Travel for Program Revenue	Enhancement/Sales Opportunity
ш	Explain:	Emantement saits Opportunity
		ty, or Elected Officials' Organization (AG, Conference of Urban Counties, TBIC, etc.)
	Program Development Train	ing / Dr.
	Explain:	1 OEC 27 2
./		COUNTY 2018
X	Travel to Professional, Coun	ty, or Elected Officials' Organization
/	Meeting/Convention	TORS OF
		AG, Conference of Urban Counties, TBIC, etc.)
	Organization Name: Strey	VI Plately Vicale
		nembership salking
		ent/Personal Development Training
	Dealing with Difficult People	e", stress management, "Be A Better Leader", etc.)
	Other:	



EVENT DATES	FY 19 Stage II Se	TO	1/17/2019	DESTINATION FUNDING SOUR (Agenda Item Format	CE
		134	299		
NAME	Josh Herrera	140	3.00	DEPARTMENT	Justice of the Peace, Pct. Three

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				0.00
TRANSPORTATION			\$ 370.78	370.78
GROUND TRANSPORTATION			s 20.00	20.00
GAS				0.00
MEAL PER DIEM (DEPARTURE)			\$ 45.75	
75% of full per diem			V	45.75
MEAL PER DIEM (EVENT DATES)			\$ 31.00	31.00
MEAL PER DIEM (RETURN)				
75% of full per diem			\$ 45.75	45.75
LODGING			\$ 275.12	275.12
PARKING				0.00
OTHER			diam'r.	0.00
TOTALS:	s -	s -	\$ 788.40	\$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

EMPLOYEE
SIGNATURE

DATE

DATE

SIGNATURE

DATE

FM 1/3/189

Emplo	yee: Signature: Date:
Dept I	lead: Josh Herrera Signature: Date: 12/148
Dept	
Travel	Funding Source: X CountyGrantOther
Will ar	y funds be reimbursed by another entity? NO
Travel	Account No Balance Remaining for FY:
Will po	osting travel details prior to travel jeopardize the safety of the traveler Yes NO
Purpos	e: (check one)
\bowtie	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
П	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 fulfilledof 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:
П	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:

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



NAME	Sal Alonzo 101722		DEPARTMENT	Planning and Develpment	
EVENT	37th TXDOT Aviation Conference		DESTINATION	Galveston,TX	
DATES	4/16/2019	то	4/18/2019	FUNDING SOUR (Agenda Item Forma	

		RATE CK /	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)				\$ 5.00 -61.00	61.00
MEAL PER DIEM (RETURN) 75% of full per diem				\$ 45.75V	45.75
LODGING				\$ 241.50√	241.50
PARKING				\$ 28.00	28.00
OTHER					0.00
OTHER				\$1063.97	0.00
TOTALS	: \$	84.33	s -	\$ 1,119.97	\$1,204.30

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http://www.epcolinty.com/auditor/forms/Travel and	Training Policy 102416,odf /	
EMPLOYEE SIGNATURE	DATE $1/2/19$	
DEPARTMENT HEAD Jose Laudin	DATE / /2/19	

M 1/3/19

FORM	I A: County Funded Travel Disclosure Report
Employ	I A: County Funded Travel Disclosure Report vee: Sal Alonzo Signature: Date:
Dept H	ead: Jose Landeros Signature. Jou Lyuelus Date: 1/2/19
Dept	: Planning and Develpment Job Title: <u>Transportation Program</u>
Engine	
Travel F	Funding Source: _CountyGrantOther
Will any	funds be reimbursed by another entity?
Travel A	Account No Balance Remaining for FY:
Will pos	sting 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 fulfilledof 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/Cartification
ш	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:
\boxtimes	Additional Professional or Technical Training NOT Required to Maintain
	License/Certification
	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: _
П	Travel to Professional, County, or Elected Officials' Organization
	Meeting/Convention
	(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
	Organization Name:
П	Human Resources/Management/Personal Development Training
	("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
	A mand the grant and a street to be a street of the street
	Other:



NAME Luz M Rojas				DEPARTMENT Hur		Iuman Resources	
EVENT 2019 SHRM Annual Conference		DESTINATION	Las Vegas, NM				
DATES	6/22/2019	то	6/26/2019	FUNDING SOURCE (Agenda Item Format)		GADM-TRAVEL/PROF ED	

	4.7000000000000000000000000000000000000	ATE CK / HASING	CREDIT CARD	4	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				A CONTRACTOR OF THE CONTRACTOR	in the American Colored Avenue	0.00
GAS					ACTIVITIES OF A PARTY	0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				\$	45.75	45.75
MEAL PER DIEM (EVENT DATES)				\$	135.00	135.00
MEAL PER DIEM (RETURN) 75% of full per diem				\$	45.75	45.75
LODGING				\$	472.80	472.80
PARKING					ASSAULTE	0.00
OTHER - Uber					AMERICAN AND A	0.00
TOTALS	\$	<u>-</u>	\$ -	\$	2,394.30	\$2,394.30

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.

EMPLOYEE SIGNATURE

DATE

GM 1/3/19

RECEIVED

DEC 2 1 2018

EL PASO COUNTY AUDITOR

	I A: County Funded Tra	vel Disclosure Report	1.7
Employ		Signature:	Date: 13/3/2010 Date: 12/9/18
	ead: Melissa Carrillo	Signature:	Date: 12/9/18
	: <u>Human Resources</u>	Job Title: Chief Human I	Resources Officer
Travel F	funding Source: _County	Grant <u>x</u> Other	
Will any	funds be reimbursed by another	r entity? N/A	
Travel A	Account No	Balance Remaining for FY:	
Will pos	sting travel details prior to travel	jeopardize the safety of the traveler.	Yes X_ NO
Purpose	: (check one)		
	Statutorily Required Training Statute Reference:	g to Hold Elective Office	
		number of training hours annually.	
	I have already fulfilledo	f these hours for this time period.	
	Estimated hours to be obtained		
	Please provide documentation f	for hours needed	
	Professional or Technical Tre	nining to Maintain License/Certification	n
	(peace officers, attorneys, CPA		
		number of training hours annually.	
		these hours for this time period.	
	Estimated hours to be obtained	from this course:	
	Additional Professional or Te	echnical Training NOT Required to Ma	aintain
	License/Certification	•	
	Travel for Lobbying/Advocat	ting Before Federal/State Legislature,	
=	그는 그는 사람이 하는 사람이 가는 그 가는 사람들이 되었다.	deral/State Agency, or Other Regulato	ry Body,
	Including Grant Application	Advocacy	
	Entity Name:		
	Purpose of Visit:		
	Travel for Program Revenue	Enhancement/Sales Opportunity	
	Explain:	- Pr	
	Program Development Train	ing	
	Explain:		
M	Travel to Professional, Count	ty, or Elected Officials' Organization	
A	Meeting/Convention	.,, or 2.,, or	
	(County Clerk's Association, T	AG, Conference of Urban Counties, TBI	C, etc.)
	Organization Name: SHIPN	n national	RECEIVED
	Human Resources/Managem	ent/Personal Development Training	
		e", stress management, "Be A Better Lead	DEC 2 1 2018
	, zmm8 mm zmmem i copi	,	EL PASO COUNTY
	Other:		AUDITOR

County of El Paso Travel EXPENDITURE VOUCHER



NAME	Rebe	eca Bustan	nante	DEPARTMENT	Justice of the Peace 4	
EVENT	Texas Justice Court		Training	DESTINATION	Austin	
DATES	January 13, TO		17th, 2019	FUNDING SOURCE (Agenda Item Format)	GADM-TRAVEL/PROF ED	

		PURC	RATE CK / CHASING / DIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE
REGISTRATION				Ør.	JUS	HH (00 0.01
TRANSPORTATION	AIRFARE			4.	\$ 722.00	(722.00
SHUTTLE, TAXI, SHARE RIDE						0.00
CAR RENTAL (IF APPROVED)						0.0
GAS						0.0
MEAL PER DIEM (DEPARTURE)					117.75	0.0
75% of full per diem	1/13				45.75	
MEAL PER DIEM (EVENT DATES) MEAL PER DIEM (RETURN)	1/14-1/16				135.00	0.0
75% of full per diem	1/17				45.75	0.0
ODGING					\$ 253.00	(253.0
ARKING					204.35	0.0
THER						0.0
THER						0.0
THER					-\$1713.63	0.0
	TOTALS:	\$	-	\$0.00	\$975.00	(975.0
CHECK No.						
Deposit Warrant No.				Reimbursen	ent to Employee	(\$975.0
SIGNING OF THIS FORM COREQUIREMENTS, INCLUDING http:// Will any funds be reimburse	G EMPLOYMEN	COMM CO com/auc	UNTY FROM	DAUTHORIZATION	TO DEDUCT AMOUN	
EMPLOYEE /					DATE (>//	
	2 Tarta	all	Te.		DATE PINE	1018
SIGNATURE X 18	THE LOW				DATE	

FOR AUDITO	OR'S OFFICE USE ONLY	
Checklist	VENDOR NUMBER:	4196
Justification Form		
Employee Agreement	REVIEWED BY:	
Expenditure Voucher for Previous Travel		11.61
Cummulative Travel less than \$4,000	APPROVED BY:	11/1/3/9