

**Click on Bookmarks  
To View Travel Detail**

**TRAVEL REGISTER**  
**CCO 02/11/19**

VENDOR NAME	DOCUMENT	INVOICE	ACCOUNT DESC	AMOUNT
THE INSTITUTE OF INT	1912393	TA1900330-1	GF-GADM-TRAVEL/PROF ED	100.00
THE INSTITUTE OF INT	1912394	TA1900331-1	GF-GADM-TRAVEL/PROF ED	100.00
SKILLPATH, INC.	1912399	TA1900336-1	GF-GADM-TRAVEL/PROF ED	149.00
TEXAS TACTICAL POLIC	1912395	TA1900332-1	GF-GADM-TRAVEL/PROF ED	400.00
TEXAS TACTICAL POLIC	1912396	TA1900333-1	GF-GADM-TRAVEL/PROF ED	400.00
TEXAS TACTICAL POLIC	1912397	TA1900334-1	GF-GADM-TRAVEL/PROF ED	400.00
TEXAS TACTICAL POLIC	1912398	TA1900335-1	GF-GADM-TRAVEL/PROF ED	400.00
TYLER TECHNOLOGIES,	1912388	TA1900328-1	GF-GADM-TRAVEL/PROF ED	950.00
ELSIE WEST	1912378	TA1900324-1	GF-GADM-TRAVEL/PROF ED	570.00
ALYSSA G. PEREZ	1912400	TA1900337-1	GF-GADM-TRAVEL/PROF ED	633.96
ALYSSA G. PEREZ	1912401	TA1900337-2	GF-GADM-TRAVEL/PROF ED	537.00
NATIONAL SEMINARS TR	1912402	TA1900338-1	GF-GADM-TRAVEL/PROF ED	199.00
NATIONAL SEMINARS TR	1912403	TA1900339-1	GF-GADM-TRAVEL/PROF ED	199.00
MAYRA SALAZAR	1912383	TA1900327-1	GF-GADM-TRAVEL/PROF ED	950.00
MAYRA SALAZAR	1912384	TA1900327-2	GF-GADM-TRAVEL/PROF ED	282.60
MAYRA SALAZAR	1912385	TA1900327-3	GF-GADM-TRAVEL/PROF ED	70.00
MAYRA SALAZAR	1912386	TA1900327-4	GF-GADM-TRAVEL/PROF ED	169.00
MAYRA SALAZAR	1912387	TA1900327-5	GF-GADM-TRAVEL/PROF ED	722.68
EL PASO AREA CHAPTER	1912404	TA1900340-1	GF-GADM-TRAVEL/PROF ED	200.00
EL PASO AREA CHAPTER	1912405	TA1900341-1	GF-GADM-TRAVEL/PROF ED	200.00
EL PASO AREA CHAPTER	1912406	TA1900342-1	GF-GADM-TRAVEL/PROF ED	200.00
JORGE SANDOVAL	1912379	TA1900325-1	GF-GADM-TRAVEL/PROF ED	85.00
JOYCE GARCIA	1912380	TA1900326-1	GF-GADM-TRAVEL/PROF ED	301.98
JOYCE GARCIA	1912381	TA1900326-2	GF-GADM-TRAVEL/PROF ED	335.50
JOYCE GARCIA	1912382	TA1900326-3	GF-GADM-TRAVEL/PROF ED	555.60
CLAUDIA MELENDEZ	1912389	TA1900329-1	GF-GADM-TRAVEL/PROF ED	300.60
CLAUDIA MELENDEZ	1912390	TA1900329-2	GF-GADM-TRAVEL/PROF ED	70.00
CLAUDIA MELENDEZ	1912391	TA1900329-3	GF-GADM-TRAVEL/PROF ED	169.00
CLAUDIA MELENDEZ	1912392	TA1900329-4	GF-GADM-TRAVEL/PROF ED	722.68
REYNA E. BURKHOLDER	1908241	012219	SG-GRURALS19-OPERATING EXP	6.78
<b>Total</b>				<b>10,379.38</b>

COUNTY OF EL PASO

# LOCAL Training Request Form

## REGISTRATION/PRESENTER EXPENSES ONLY



RMB

<b>DEPARTMENT</b>		HR	
<b>TRAINING</b>	Intro to Lean Six Sigma Class		
<b>DATES</b>	5/31/2019	<b>TO</b>	5/31/2019
		<b>FUNDING SOURCE</b> (Agenda Item Format)	
<b>NAME OF TRAINING ORGANIZATION</b>		<b>ADDRESS</b>	
Certstaffix		Remote online	
<b>EMPLOYEE NAME</b>	<b>EMPLOYEE SIGNATURE</b>	<b>AMOUNT</b>	
Elsie West 122303	<i>Elsie West</i>	\$570.00	
Reimburse employee			
<b>TOTAL</b>		<b>\$570.00</b>	
<p><b>SIGNING OF THIS FORM CONSTITUTES ACKNOWLEDGEMENT AND AGREEMENT WITH THE COUNTY TRAVEL POLICY REQUIREMENTS, INCLUDING EMPLOYMENT COMMITMENT AND AUTHORIZATION TO DEDUCT AMOUNTS OWED TO THE COUNTY FROM WAGES.</b></p> <p style="text-align: center;"><a href="http://www.epcounty.com/auditor/forms/Travel%20and%20Training%20Policy%20102416.pdf">http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf</a></p>			
<b>DEPARTMENT HEAD SIGNATURE</b>		<b>DATE</b>	
<i>[Signature]</i>		1/18/19	

El Paso County Travel Justification Form

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

Employee: Elsie West Signature: \_\_\_\_\_  
Dept Head: Melissa Carrillo Signature: \_\_\_\_\_  
Dept : HR Job Title: DHRO  
Travel Funding Source: x County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

Date: \_\_\_\_\_  
Date: 1/18/19

Will any funds be reimbursed by another entity? No

Travel Account No. \_\_\_\_\_ Balance Remaining for FY: \_\_\_\_\_

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference: \_\_\_\_\_  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
Please provide documentation for hours needed \_\_\_\_\_
- ☐ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_
- ☐ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_
- ☐ **Program Development Training**  
Explain: \_\_\_\_\_
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name: \_\_\_\_\_
- ☒ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_



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



**FORM B: Non-County Funded Travel Disclosure Report\***

Name: Elsie West

Position Title: Deputy Human Resources Officer

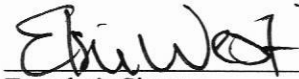
Location and dates of travel: web based 5/31/2019

Purpose of travel: development

Source(s) of Travel Funds: \_\_\_\_\_

If travel was sponsored by a third party, provide the name of the sponsor:  
\_\_\_\_\_

Estimated Amount of Travel Expense(s): \$570.00



Traveler's Signature

1-16-19

Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\*Source of funds may include private funds and public funds which are not subject to Commissioners court authority (ie. other governmental funds).

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



**County of El Paso**  
**Travel and Training REIMBURSEMENT Request Form**

RMB

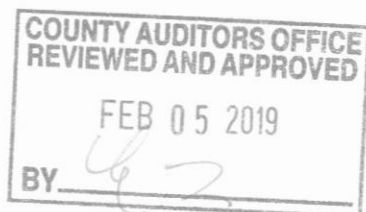
NAME	Jorge Sandoval			DEPARTMENT	El Paso County Constable Pct. 1
EVENT	Child Passenger Safety Certification			DESTINATION	1180 Joe Battle El Paso TX 79928
DATES	3/5/2019	TO	3/8/2019	FUNDING SOURCE (Agenda Item Format)	GADMIN

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE / REIMB.
REGISTRATION			\$ 85.00	85.00
TRANSPORTATION				0.00
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				0.00
MEAL PER DIEM (EVENT DATES)				0.00
MEAL PER DIEM (RETURN) 75% of full per diem				0.00
LODGING				0.00
PARKING				0.00
OTHER				0.00
OTHER				0.00
TOTALS:	\$0.00	\$0.00	\$85.00	\$85.00
APPROVED AMOUNT:		\$0.00		
REIMBURSEMENT AMOUNT:				\$85.00

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

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

EMPLOYEE SIGNATURE	DATE
DEPARTMENT HEAD SIGNATURE	DATE



GM 2/5/19

El Paso County Travel Justification Form

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

Employee: Jorge Sandoval Signature: [Signature] Date: 11/31/19  
Dept Head: Oscar Ugarte Signature: [Signature] Date: 11/31/19  
Dept : El Paso County Constable Pct. 1 Job Title: Deputy Constable  
Travel Funding Source: \_\_\_\_\_ County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

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

Travel Account No. \_\_\_\_\_ Balance Remaining for FY: \_\_\_\_\_

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference:  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
Please provide documentation for hours needed
- ☐ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_
- ☒ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_
- ☐ **Program Development Training**  
Explain: \_\_\_\_\_
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name: \_\_\_\_\_
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_

# County of El Paso Travel and Training ADVANCE Request Form



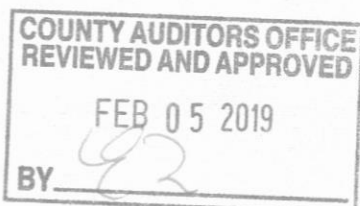
<b>NAME</b>	Joyce Garcia <span style="margin-left: 50px;">135919</span>	<b>DEPARTMENT</b>	DRO
<b>EVENT</b>	Enforcement Training for New AAG's-ATT101	<b>DESTINATION</b>	San Antonio, Texas
<b>DATES</b>	3/10/2019 <input checked="" type="checkbox"/> <b>TO</b> 3/15/2019 <input checked="" type="checkbox"/>	<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				0.00
TRANSPORTATION			\$ 301.98	301.98
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem <span style="margin-left: 50px;">3/10</span>			\$ 45.75	45.75
MEAL PER DIEM (EVENT DATES) <span style="margin-left: 50px;">3/11 - 3/14</span>			\$ 244.00	244.00
MEAL PER DIEM (RETURN) 75% of full per diem <span style="margin-left: 50px;">3/15</span>			\$ 45.75	45.75
LODGING			\$ 555.60	555.60
PARKING				0.00
OTHER				0.00
<b>TOTALS:</b>	\$ -	\$ -	\$ 1,193.08	\$1,193.08

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

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b> 2/4/19
<b>DEPARTMENT HEAD SIGNATURE</b>	<b>DATE</b> 2-4-19



*EM 2/5/19*

El Paso County Travel Justification Form

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

Employee: Joyce Garcia

Signature: [Signature]

Date: 2/4/19

Dept Head: Brian Stanley

Signature: [Signature]

Date: 2-4-19

Dept : DRO

Job Title: Trial Attorney

Travel Funding Source: XCounty     Grant     Other

Will any funds be reimbursed by another entity? YES

Travel Account No.     

Balance Remaining for FY:     

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

Purpose: (check one)

☐

**Statutorily Required Training to Hold Elective Office**

Statute Reference:

My effective office requires      number of training hours annually.

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

Estimated hours to be obtained from this course:     

Please provide documentation for hours needed

☐

**Professional or Technical Training to Maintain License/Certification**

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

My effective office requires      number of training hours annually.

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

Estimated hours to be obtained from this course:     

☒

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

☐

**Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**

Entity Name:     

Purpose of Visit:     

☐

**Travel for Program Revenue Enhancement/Sales Opportunity**

Explain:     

☐

**Program Development Training**

Explain:     

☐

**Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**

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

Organization Name:     

☐

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

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

☐

Other:

# County of El Paso Travel and Training ADVANCE Request Form



<b>NAME</b>	Mayra Salazar <span style="margin-left: 50px;">128790</span>	<b>DEPARTMENT</b>	County Auditor
<b>EVENT</b>	Tyler Connect 2019	<b>DESTINATION</b>	Dallas, TX
<b>DATES</b>	4/7/2019 ✓	<b>TO</b>	4/10/2019 ✓
		<b>FUNDING SOURCE</b> (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 950.00 ✓	950.00
TRANSPORTATION			\$ 282.60 ✓	282.60
GROUND TRANSPORTATION			\$ 70.00 ✓	70.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 49.50 ✓	49.50
MEAL PER DIEM (EVENT DATES)			\$ <del>88.00</del> 70.00 ✓	88.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 49.50 ✓	49.50
LODGING			\$ 722.68 ✓	722.68
PARKING				0.00
OTHER			\$ 2194.28 ✓	0.00
<b>TOTALS:</b>	\$ -	\$ -	\$ 2,212.28	\$2,212.28

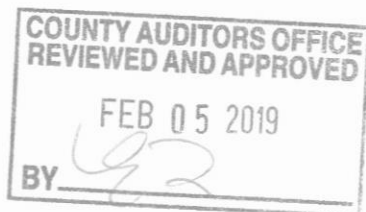
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[http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf](http://www.epcounty.com/auditor/forms/Travel%20and%20Training%20Policy%20102416.pdf)

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
	1/31/2019
<b>DEPARTMENT HEAD SIGNATURE</b>	<b>DATE</b>
	2/4/19

itp 1/31/19

GNY 2/5/19





El Paso County Travel Justification Form

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

Employee: Mayra Salazar

Signature: *Mayra Salazar*

Date: 1/31/2019

Dept Head: Edward A. Dion

Signature: *EAD*

Date: 2/9/19

Dept : County Auditor's

Job Title: Accountant

Travel Funding Source: XCounty

\_\_\_\_ Grant \_\_\_\_ Other

Will any funds be reimbursed by another entity? No

Travel Account No. \_\_\_\_

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

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

Purpose: (check one)

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

Statute Reference:

My effective office requires \_\_\_\_ number of training hours annually.

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

Estimated hours to be obtained from this course: \_\_\_\_

Please provide documentation for hours needed

☐ **Professional or Technical Training to Maintain License/Certification**

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

My effective office requires \_\_\_\_ number of training hours annually.

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

Estimated hours to be obtained from this course: \_\_\_\_

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

☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**

Entity Name: \_\_\_\_

Purpose of Visit: \_\_\_\_

☐ **Travel for Program Revenue Enhancement/Sales Opportunity**

Explain: \_\_\_\_

☐ **Program Development Training**

Explain: \_\_\_\_

☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**

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

Organization Name: \_\_\_\_

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

☐ **Other:** \_\_\_\_

# County of El Paso

## Travel and Training ADVANCE Request Form



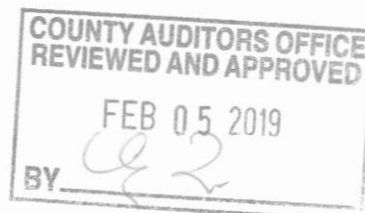
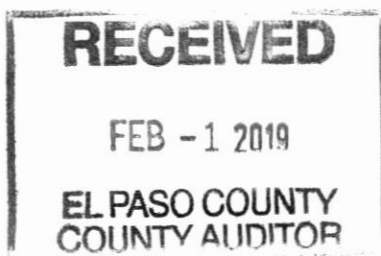
NAME	Claudia <i>Melendez</i>	DEPARTMENT	County Auditor
EVENT	Tyler Connect 2019	DESTINATION	Dallas, TX
DATES	4/7/2019 ✓	TO	4/10/2019 ✓
FUNDING SOURCE (Agenda Item Format)		GADM-TRAVEL/PROF ED	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ 950.00			950.00
TRANSPORTATION	1277.00		\$ 300.60 ✓	300.60
GROUND TRANSPORTATION			\$ 70.00 ✓	70.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem 4/7			\$ 49.50 ✓	49.50
MEAL PER DIEM (EVENT DATES) 4/8-4/9			<del>\$ 98.00</del> 70.00	98.00
MEAL PER DIEM (RETURN) 75% of full per diem 4/10			\$ 49.50 ✓	49.50
LODGING			\$ 722.68 ✓	722.68
PARKING				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$ 950.00</b>	<b>\$ -</b>	<b>\$ <del>1,290.28</del> 1,262.28</b>	<b>\$2,240.28</b>

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

EMPLOYEE SIGNATURE <i>[Signature]</i>	DATE 02/01/19
DEPARTMENT HEAD SIGNATURE <i>Barbara Franco for Edward Dion</i>	DATE 2/1/19



*gm 2/1/19 2/5/19*



El Paso County Travel Justification Form

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

Employee: Claudia G Melendez Signature: [Signature] Date: 2/01/2019  
Dept Head: Edward Dion Signature: [Signature] Date: 2/6/19  
Dept : Auditor Job Title: Intermediate Accountant  
Travel Funding Source: x County      Grant      Other     

Will any funds be reimbursed by another entity? NO

Travel Account No.      Balance Remaining for FY:     

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference:       
My effective office requires      number of training hours annually.  
I have already fulfilled      of these hours for this time period.  
Estimated hours to be obtained from this course:       
Please provide documentation for hours needed
- ☐ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires      number of training hours annually.  
I have already fulfilled      of these hours for this time period.  
Estimated hours to be obtained from this course:
- ☒ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name:       
Purpose of Visit:
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain:
- ☐ **Program Development Training**  
Explain:
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name:
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:**

[illegible]

El Paso County Travel Justification Form

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

Employee: James O'Neal Signature: [Signature] Date: 2/4/19  
Dept Head: Edward A. Dion Signature: [Signature] Date: 2/4/19  
Dept : County Auditor's Office Job Title: County Auditor Manager-Senior  
Travel Funding Source: X County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

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

Travel Account No. \_\_\_\_\_ Balance Remaining for FY: \_\_\_\_\_

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference: \_\_\_\_\_  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
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- ☐ **Professional or Technical Training to Maintain License/Certification**  
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Estimated hours to be obtained from this course: \_\_\_\_\_
- ☒ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_
- ☐ **Program Development Training**  
Explain: \_\_\_\_\_
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name: \_\_\_\_\_
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_

El Paso County Travel Justification Form

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

Employee: Phillip Trevizo

Signature: Phillip Trevizo

Date: 1-22-19

Dept Head: Edward A. Dion

Signature: Edward A. Dion

Date: 2/4/19

Dept : County Auditor's Office

Job Title: Internal Auditor

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

Will any funds be reimbursed by another entity? No

Travel Account No. \_\_\_\_\_

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

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

Purpose: (check one)

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

Statute Reference: \_\_\_\_\_

My effective office requires \_\_\_\_\_ number of training hours annually.

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

Estimated hours to be obtained from this course: \_\_\_\_\_

Please provide documentation for hours needed \_\_\_\_\_

☐ **Professional or Technical Training to Maintain License/Certification**

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

My effective office requires \_\_\_\_\_ number of training hours annually.

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

Estimated hours to be obtained from this course: \_\_\_\_\_

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

☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**

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

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

1-24-19

El Paso County Travel Justification Form

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

Employee: ERIC VELA

Signature: [Signature]

Date: 1-14-19

Dept Head: [Signature]

Signature: [Signature]

Date: 1-15-19

Dept : \_\_\_\_\_

Job Title: \_\_\_\_\_

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

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

Travel Account No. \_\_\_\_\_

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

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

Purpose: (check one)

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

Statute Reference:

My effective office requires \_\_\_\_\_ number of training hours annually.

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

Estimated hours to be obtained from this course: \_\_\_\_\_

Please provide documentation for hours needed

☒ **Professional or Technical Training to Maintain License/Certification**

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

My effective office requires \_\_\_\_\_ number of training hours annually.

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

Estimated hours to be obtained from this course: \_\_\_\_\_

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

☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**

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

Purpose of Visit: \_\_\_\_\_

☐ **Travel for Program Revenue Enhancement/Sales Opportunity**

Explain: \_\_\_\_\_

☐ **Program Development Training**

Explain: \_\_\_\_\_

☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**

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

Organization Name: Major Sheriff's Association Conference

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

☐ **Other:** \_\_\_\_\_

El Paso County Travel Justification Form

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

Employee: Jose Luis Girones Signature: [Signature] Date: 1/11/2019  
Dept Head: R. Urearte Signature: [Signature] Date: 1-15-19  
Dept : \_\_\_\_\_ Job Title: Deputy  
Travel Funding Source: ☒ County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

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

Travel Account No. \_\_\_\_\_ Balance Remaining for FY: \_\_\_\_\_

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference:  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
Please provide documentation for hours needed
- ☒ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_
- ☒ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_
- ☐ **Program Development Training**  
Explain: \_\_\_\_\_
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name: Major Sheriff's Association Conference
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_

El Paso County Travel Justification Form

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

Employee: Juan Soto Signature: [Signature]  
Dept Head: P. Vannith Signature: [Signature]  
Dept : EP50 Job Title: DEPUTY  
Travel Funding Source: XCounty     Grant     Other

Date: 01/11/19.  
Date: 1-15-19

Will any funds be reimbursed by another entity?     

Travel Account No.      Balance Remaining for FY:     

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference: \_\_\_\_\_  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
Please provide documentation for hours needed \_\_\_\_\_
- ☒ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_
- ☒ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_
- ☐ **Program Development Training**  
Explain: \_\_\_\_\_
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name: Major Sheriff's Association Conference
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_



El Paso County Travel Justification Form

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

Employee: Robert D. Jimenez

Signature: Robert D. Jimenez ID# 5334

Date: 01/11/19

Dept Head: R. V. ...

Signature: [Signature]

Date: 1/5/19

Dept : El Paso County Sheriff's Office

Job Title: Deputy

Travel Funding Source: XCounty

       Grant        Other

Will any funds be reimbursed by another entity?       

Travel Account No.       

Balance Remaining for FY:       

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

Purpose: (check one)

☐

**Statutorily Required Training to Hold Elective Office**

Statute Reference:

My effective office requires        number of training hours annually.

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

Estimated hours to be obtained from this course:       

Please provide documentation for hours needed

☒

**Professional or Technical Training to Maintain License/Certification**

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

My effective office requires        number of training hours annually.

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

Estimated hours to be obtained from this course:       

☒

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

☐

**Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**

Entity Name:       

Purpose of Visit:       

☐

**Travel for Program Revenue Enhancement/Sales Opportunity**

Explain:       

☐

**Program Development Training**

Explain:       

☐

**Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**

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

Organization Name: Major Sheriff's Association Conference

☐

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

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

☐

Other:       

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

El Paso County Travel Justification Form

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

Employee: Daniel Dominguez Signature: [Signature] Date: 01/14/19  
Dept Head: R. Vazquez Signature: [Signature] Date: 1-15-19  
Dept : \_\_\_\_\_ Job Title: \_\_\_\_\_  
Travel Funding Source: XCounty \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

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

Travel Account No. \_\_\_\_\_ Balance Remaining for FY: \_\_\_\_\_

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference: \_\_\_\_\_  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
Please provide documentation for hours needed \_\_\_\_\_
- ☒ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_
- ☒ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_
- ☐ **Program Development Training**  
Explain: \_\_\_\_\_
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name: Major Sheriff's Association Conference
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_

[illegible]

El Paso County Travel Justification Form

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

Employee: Elisa Herndon

Signature: [Signature]

Date: 2-4-19

Dept Head: Brian Stanley

Signature: [Signature]

Date: 2-4-19

Dept : DRO

Job Title: Probation Officer Sr.

Travel Funding Source: XCounty

      Grant

      Other

Will any funds be reimbursed by another entity? NO

Travel Account No.       

Balance Remaining for FY:       

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

Purpose: (check one)

☐

**Statutorily Required Training to Hold Elective Office**

Statute Reference:

My effective office requires        number of training hours annually.

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

Estimated hours to be obtained from this course:       

Please provide documentation for hours needed

☐

**Professional or Technical Training to Maintain License/Certification**

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

My effective office requires        number of training hours annually.

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

Estimated hours to be obtained from this course:       

☒

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

☐

**Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**

Entity Name:       

Purpose of Visit:       

☐

**Travel for Program Revenue Enhancement/Sales Opportunity**

Explain:       

☐

**Program Development Training**

Explain:       

☐

**Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**

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

Organization Name:       

☐

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

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

☐

**Other:**

# County of El Paso

## Travel and Training ADVANCE Request Form



125356

NAME	ALYSSA G. PEREZ	DEPARTMENT	210TH DISTRICT COURT
EVENT	EL PASO BAR ASSOC ANNUAL CRIM. CIVIL CLC	DESTINATION	LAS VEGAS, NV
DATES	2/14/19 TO 2/16/19	FUNDING SOURCE (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			N/A	0.00
TRANSPORTATION AIRFARE		\$633.96	563.12	0.00
SHUTTLE, TAXI, SHARE RIDE				0.00
CAR RENTAL (IF APPROVED)				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				0.00
MEAL PER DIEM (EVENT DATES)				0.00
MEAL PER DIEM (RETURN) 75% of full per diem				0.00
LODGING			537.00	0.00
PARKING				0.00
OTHER				0.00
OTHER				0.00
OTHER			\$1170.96	0.00
<b>TOTALS:</b>	\$ -	\$ -	\$1100.12	\$0.00

COUNTY AUDITORS OFFICE  
 REVIEWED AND APPROVED  
 FEB 06 2019  
 BY [Signature]

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

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

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

EMPLOYEE SIGNATURE	DATE
<div style="position: relative; height: 100%;"> <span style="position: absolute; top: 0; left: 0; right: 0; bottom: 0;">[Signature]</span> </div>	
DEPARTMENT HEAD SIGNATURE	DATE
<div style="position: relative; height: 100%;"> <span style="position: absolute; top: 0; left: 0; right: 0; bottom: 0;">[Signature]</span> </div>	2/5/2019

### FOR AUDITOR'S OFFICE USE ONLY

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

VENDOR NUMBER: \_\_\_\_\_  
  
 REVIEWED BY: \_\_\_\_\_  
  
 APPROVED BY: [Signature] 2/6/19

County Funded Justification Form

Employee: \_\_\_\_\_ Signature: [Signature] Date: \_\_\_\_\_  
Dept Head: Alyssa G. Perez Signature: [Signature] Date: 2/5/2019  
Dept : 210th Dist. Court Job Title: Judge  
Travel Funding Source: County Grant Other

Will any funds be reimbursed by another entity? NO

Travel Account No. \_\_\_\_\_ Balance Remaining for FY: \_\_\_\_\_

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference: \_\_\_\_\_  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
Please provide documentation for hours needed
- ☐ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_
- ☐ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_
- ☐ **Program Development Training**  
Explain: \_\_\_\_\_
- ☒ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name: El Paso Prob. Association Annual CLE
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_



COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED  
FEB 06 2019  
BY 42

**RECEIVED**  
FEB - 6 2019  
EL PASO COUNTY  
COUNTY AUDITOR

FOR AUDITOR'S OFFICE USE ONLY	
<input type="checkbox"/>	Checklist
<input type="checkbox"/>	Justification Form
<input type="checkbox"/>	Employee Agreement
<input type="checkbox"/>	Expenditure Voucher for Previous Travel
<input type="checkbox"/>	Cummulative Travel less than \$4,000

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

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

APPROVED BY: 9/11/19

County Funded Justification Form

Employee: Imelda T. Gaytan Signature: Imelda T. Gaytan  
Dept Head: Edward A. Dion Signature: EAD  
Dept Name: County Auditor Job Title: Payroll & Benefits Reporting Audit  
Travel Funding Source: X County        Grant        Other

Date: 2/1/2019

Date: 2/6/19

Will any funds be reimbursed by another entity? No

Travel Account No.        Balance Remaining for FY:       

Will posting travel details prior to travel jeopardize the safety of the traveler?        YES        NO

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference: \_\_\_\_\_  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
Please provide documentation for hours needed \_\_\_\_\_
- ☒ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires 60 number of training hours annually.  
I have already fulfilled 28.5 of these hours for this time period.  
Estimated hours to be obtained from this course: 5.5
- ☐ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_
- ☐ **Program Development Training**  
Explain: \_\_\_\_\_
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name: \_\_\_\_\_
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_



County Funded Justification Form

Employee: Denise Ceballos

Signature: D. Ceballos

Date: 1/31/19

Dept Head: \_\_\_\_\_

Signature: CAA

Date: 2/6/19

Dept Name: County Auditor's

Job Title: Accountant

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

Will any funds be reimbursed by another entity? No

Travel Account No. \_\_\_\_\_ Balance Remaining for FY: \_\_\_\_\_

Will posting travel details prior to travel jeopardize the safety of the traveler? \_\_\_\_\_ YES \_\_\_\_\_ NO

Purpose: (check one)

☐

**Statutorily Required Training to Hold Elective Office**

Statute Reference:

My effective office requires \_\_\_\_\_ number of training hours annually.

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

Estimated hours to be obtained from this course: \_\_\_\_\_

Please provide documentation for hours needed

☐

**Professional or Technical Training to Maintain License/Certification**

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

My effective office requires \_\_\_\_\_ number of training hours annually.

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

Estimated hours to be obtained from this course: \_\_\_\_\_

☒

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

☐

**Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**

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

Purpose of Visit: \_\_\_\_\_

☐

**Travel for Program Revenue Enhancement/Sales Opportunity**

Explain: \_\_\_\_\_

☐

**Program Development Training**

Explain: \_\_\_\_\_

☐

**Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**

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

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

☐

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

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

☐

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

[illegible]

El Paso County Travel Justification Form

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

Employee: Esteban Fernandez Signature: [Signature] Date: 2/6/19  
Dept Head: Edmund Dunn Signature: [Signature] Date: 2/6/19  
Dept : Auditors Job Title: Bus. App. Manager  
Travel Funding Source: X County      Grant      Other

Will any funds be reimbursed by another entity?     

Travel Account No.      Balance Remaining for FY:     

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference: \_\_\_\_\_  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
Please provide documentation for hours needed
- ☐ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_
- ☒ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_
- ☐ **Program Development Training**  
Explain: \_\_\_\_\_
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name: \_\_\_\_\_
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_

El Paso County Travel Justification Form

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

Employee: Kreuelo Granados Signature: [Signature] Date: 2/6/19  
Dept Head: Edward D. Jr Signature: [Signature] Date: 2/6/19  
Dept : Auditor Job Title: Senior Accountant  
Travel Funding Source: X County      Grant      Other

Will any funds be reimbursed by another entity?     

Travel Account No.      Balance Remaining for FY:     

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference: \_\_\_\_\_  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
Please provide documentation for hours needed
- ☐ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_
- ☒ **Additional Professional or Technical Training NOT Required to Maintain License/Certification**
- ☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**  
Entity Name: \_\_\_\_\_  
Purpose of Visit: \_\_\_\_\_
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_
- ☐ **Program Development Training**  
Explain: \_\_\_\_\_
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**  
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)  
Organization Name: \_\_\_\_\_
- ☐ **Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** \_\_\_\_\_

El Paso County Travel Justification Form

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

Employee: Michael Lamas Signature: [Signature] Date: 2/11/19  
Dept Head: Edward Dion Signature: [Signature] Date: 2/6/19  
Dept : Auditors Job Title: Senior Accountant  
Travel Funding Source: X County      Grant      Other

Will any funds be reimbursed by another entity? No

Travel Account No.      Balance Remaining for FY:     

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**  
Statute Reference: \_\_\_\_\_  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: \_\_\_\_\_  
Please provide documentation for hours needed
- ☒ **Professional or Technical Training to Maintain License/Certification**  
(peace officers, attorneys, CPAs, technical certifications, etc.)  
My effective office requires \_\_\_\_\_ number of training hours annually.  
I have already fulfilled \_\_\_\_\_ of these hours for this time period.  
Estimated hours to be obtained from this course: 8
- ☐ **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:** \_\_\_\_\_