

**Click on Bookmarks
To View Travel Detail**

TRAVEL REGISTER
CCO 06/22/2020

VENDOR NAME	DOCUMENT	INVOICE	ACCOUNT DESC	AMOUNT
GRANT WRITING USA	2076573	ZSNZV2WM2WP	SG-COVID19-OPERATING EXP	595.00
Total				595.00

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



DEPARTMENT	El Paso County Attorney's Office				
TRAINING	Grant Management USA Live/CARES Act				
DATES	6/18/2020	TO	19-Jun-20	FUNDING SOURCE (Agenda Item Format)	SG-COVID19-OPERATING EXP - 600309
NAME OF TRAINING ORGANIZATION			ADDRESS		
Grant Management USA Live			cs@grantmanagementusa.com/1.800.814.8191		

EMPLOYEE NAME	EMPLOYEE SIGNATURE	AMOUNT
Ryan Kerr	 6/9/20	\$595.00
TOTAL		\$595.00

GRANT
FUNDS

APPROVED
 By Susana Estrada at 1:34 pm, Jun 17, 2020

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

DEPARTMENT HEAD SIGNATURE <i>s/ Christina R. Sanchez</i>	6/17/2020
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El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: X Signature: [Signature] Date: 6/9/20
Dept Head: _____ Signature: [Signature] Date: 6/17/20
Dept : County Attorney's Office Job Title: _____
Travel Funding Source: _____ County X Grant _____ Other

Will any funds be reimbursed by another entity? _____

Travel Account No. _____ Balance Remaining for FY: _____

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

Purpose: (check one)

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

THIS CHECKLIST IS REQUIRED FOR ALL TRAVEL SUBMISSIONS

The following is provided to assist in expediting Travel Advance/Reimbursement Requests by ensuring supporting documentation has been reviewed for reasonableness prior to submission to the County Auditor's Office. As per the County's Travel and Training Policy, all relevant travel and training forms shall be submitted to the County Auditor's Office at least 45 days prior to the date of travel. The issuance of travel related checks follows paid claims guidelines and Commissioners Court Agenda Deadlines. In most cases it takes more than a week to issue a check.

- Complete all applicable travel and training request forms including justification form and this checklist. All forms must be signed by the employee attending the training and the department head, or designee. Incomplete packets will not be accepted.
- W/A If the total cost of the trip is in excess of \$1,000.00, a signed employee training and professional certification agreement must be submitted.
- W/A Travel and training expenditure form with actual expense receipts from previous training must be submitted to the Auditor's Office before a new travel and training request is submitted.
- Travel dates were verified for consistency with training dates (Explanation was provided justifying dates prior or after training dates, if warranted).
- W/A Airfare was secured at least 21 days prior to trip (Explanation was provided justifying exceptions, if warranted).
- W/A Hotel was secured at government rate and at location of training site (Explanation was provided justifying exception, if warranted or if travel dates are inconsistent with training dates).
- W/A Ground transportation was verified to include availability of transportation (shuttle/taxi/Uber/Lyft) to/from hotel and airport. If a rental car is needed and justified within policy guidelines then a reservation should be coordinated with the County Purchasing department using the County's contracted rental car vendor. Car rental quote or reservation must be included. Written justification for rental car **must** be included.
- Registration cost was verified and indication was noted for a separate vendor check payment or advance for direct payment of registration by attendee.
- W/A Per diem meals estimates by day were verified with policy guidelines. (Explanation was provided justifying exceptions, if warranted)
- Other estimates have been reviewed for accuracy and reasonableness.
- Travel advance requested was verified for reasonableness and accuracy.
- All related documents are signed by employee and department head/elected official.

County Administrator Approval Signature: _____

Date of Trip: 6/18/20-6/19/20 Purpose: CRKES ACT GRANT TRAINING Destination: Webinar

Signature of Employee requesting funds: _____ Date: 6/9/20

Signature of Department Head review: Christian Sanchez Date: 6/17/20



Checks payable and mail to:

Grant Writing USA
PO Box 50249 - Henderson, NV 89016
TEL 800.814.8191
Federal Tax ID 88-0376316

Print our signed W9 at <http://grantwritingusa.com/W9.html>

If mailing a check please reference confirmation number below or include a copy of this invoice.

Confirmation Number: ZSNZV2WM2WP

Ryan Kerr
El Paso County Attorney's Office
500 E. San Antonio, Room 501
El Paso, TX 79902
806-789-0217

Event: Grant Management USA Live CT/ET Zoom Class
Dates: Thursday, June 18, 2020 - Friday, June 19, 2020

Primary Registrant (Ryan Kerr)							
Order Date	Invoice #	Order Type	Item	Item Type	Amt Ordered	Amt Paid	Amt Due
Friday, June 5, 2020	ZOME2-062020-1699	Offline Charge	Tuition	Admission Item	\$595.00	\$0.00	\$595.00
					Amt Ordered	Amt Paid	Amt Due
				Total	\$595.00	\$0.00	\$595.00

**GRANT
FUNDS**

APPROVED

By Susana Estrada at 1:35 pm, Jun 17, 2020

From: [Ryan B. Kerr](#)
To: [Christina Sanchez \(County Attorney\)](#)
Subject: FW: [EXTERNAL] Grant Management USA Live CT/ET Zoom Class
Date: Tuesday, June 9, 2020 1:47:59 PM
Attachments: [Ryan Kerr.pdf](#)
[W9 Management.pdf](#)

See email below.

Sincerely,

Ryan Kerr

Assistant County Attorney

General Counsel Division

El Paso County Attorney's Office

500 E. San Antonio, Room 503

El Paso, Texas 79901

915-546-2081

From: Brittny Burnam [mailto:brittny@grantwritingusa.net]

Sent: Monday, June 8, 2020 1:27 PM

To: Ryan B. Kerr

Subject: [EXTERNAL] Grant Management USA Live CT/ET Zoom Class

CAUTION: This email was sent from an EXTERNAL source, use caution when clicking links or opening attachments.

If you believe this to be a malicious and/or phishing email, please forward this email to helpdesk@epcounty.com.

Hi Ryan,

Thank you for your registration, I hope you enjoy the training. I have attached a copy of your invoice for the Grant Management USA Live Zoom Class and a copy of our W9 for Grant Management USA should you need it to process payment. If you have any questions please let me know, I am happy to help. If you would like to pay by credit card you can call customer service at 800-814-8191.

FORM B: Non-County Funded Travel Disclosure Report*

Name: Ryan Kerr

Position Title: Assistant County Attorney

Location and dates of travel: June 18-19, 2020/8:30-3:30 CT/Webinar

Purpose of travel: To attend webinar on CARES Act grant compliance

Source(s) of Travel Funds: CARES Act

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

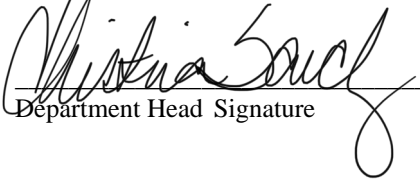
Estimated Amount of Travel Expense(s): \$595.00



Traveler's Signature

6/9/20

Date



Department Head Signature

6/17/20

Date

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

From: [Betsy C. Keller](#)
To: [Auditors Travel Training Request](#)
Cc: [Christina Sanchez \(County Attorney\)](#); [Wallace Hardgrove](#)
Subject: Additional grant training
Date: Tuesday, June 2, 2020 8:27:02 PM

I also support having one of our legal team who is advising on the CARES Act funding attend the 2 day training.

Thank you!

Betsy C. Keller, CM, SPHR | Chief Administrator

County Administration

*Excellence * Professionalism * Integrity * Creativity*

(P) [915.546.2215](tel:915.546.2215) | (F) 915.546-2217

500 E. San Antonio Ave., Room 302A | El Paso, TX 79901

www.epcounty.com