

**Click on Bookmarks
To View Travel Detail**

TRAVEL REGISTER
CC 07/26/2021

VENDOR NAME	DOCUMENT	INVOICE	ACCOUNT DESC	AMOUNT
LETICIA RAMOS	2160194	TA2100428	GF-GADM-TRAVEL/PROF ED	719.00
ANGELA BRINKLEY	2160195	TA2100429	GF-GADM-TRAVEL/PROF ED	719.00
MIREYA G. CEPEDA	2160283	TA2100438	GF-GADM-TRAVEL/PROF ED	810.72
TEXAS ASSOCIATION OF	2159483	TA2100417	GF-GADM-TRAVEL/PROF ED	200.00
TEXAS ASSOCIATION OF	2159488	TA2100418	GF-GADM-TRAVEL/PROF ED	200.00
TEXAS STATE UNIVERSI	2158890	TA2100409	GF-GADM-TRAVEL/PROF ED	50.00
TEXAS STATE UNIVERSI	2158891	TA2100402	GF-GADM-TRAVEL/PROF ED	50.00
TEXAS STATE UNIVERSI	2158892	TA2100403	GF-GADM-TRAVEL/PROF ED	50.00
TEXAS STATE UNIVERSI	2158893	TA2100404	GF-GADM-TRAVEL/PROF ED	50.00
TEXAS STATE UNIVERSI	2158894	TA2100405	GF-GADM-TRAVEL/PROF ED	50.00
TEXAS STATE UNIVERSI	2158895	TA2100406	GF-GADM-TRAVEL/PROF ED	50.00
TEXAS STATE UNIVERSI	2158896	TA2100407	GF-GADM-TRAVEL/PROF ED	50.00
TEXAS STATE UNIVERSI	2158897	TA2100408	GF-GADM-TRAVEL/PROF ED	50.00
TEXAS ASSOCIATION OF	2160128	TA2100419	GF-GADM-TRAVEL/PROF ED	285.00
TEXAS ASSOCIATION OF	2160129	TA2100420	GF-GADM-TRAVEL/PROF ED	285.00
TEXAS ASSOCIATION OF	2160130	TA2100421	GF-GADM-TRAVEL/PROF ED	285.00
ELIZABETH M AUGUSTAI	2160282	TA2100437	GF-GADM-TRAVEL/PROF ED	2,074.96
TEXAS ASSOCIATION OF	2160174	TA2100422	GF-GADM-TRAVEL/PROF ED	200.00
TEXAS ASSOCIATION OF	2160181	TA2100423	GF-GADM-TRAVEL/PROF ED	200.00
TEXAS ASSOCIATION OF	2160183	TA2100424	GF-GADM-TRAVEL/PROF ED	200.00
TEXAS ASSOCIATION OF	2160184	TA2100425	GF-GADM-TRAVEL/PROF ED	200.00
TEXAS ASSOCIATION OF	2160186	TA2100426	GF-GADM-TRAVEL/PROF ED	200.00
RUBEN P. GONZALEZ, T	2160193	TA2100427	GF-GADM-TRAVEL/PROF ED	779.00
ROSA ARZAVALA	2160278	TA2100433	GF-GADM-TRAVEL/PROF ED	673.97
FRANCISCO BALDERRAMA	2159471	TA0601-0221	SG-R1BRPRU20-OPERATING EXP	622.80
Total				9,054.45

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



DEPARTMENT JP 4

TRAINING 2021 Legislative Update

DATES

8/31/2021

TO

8/31/2021

FUNDING SOURCE

(Agenda Item Format)

GADMINGF -6705. G/L

NAME OF TRAINING ORGANIZATION

ADDRESS

TJCTC

VENDOR #120344-4

EMPLOYEE NAME	EMPLOYEE SIGNATURE	AMOUNT
Judge Rebeca Bustamante		\$50.00 ✓
Alice Rosas		\$50.00 ✓
Claudia Fernandez		\$50.00 ✓
Amanda Morales		\$50.00 ✓
April Martinez		\$50.00 ✓
Frances Arias		\$50.00 ✓
Ivette Velaquez		\$50.00 ✓
M. Carmen Diaz		\$50.00 ✓
TOTAL		\$400.00

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

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

DEPARTMENT HEAD
SIGNATURE

DATE

06/25/2021

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Rebeca Bustamante Signature: Rebeca Bustamante Date: 6/29/2021
Dept Head: Rebeca Bustamante Signature: Rebeca Bustamante Date: 6/29/2021
Dept : JP 4 Job Title: Judge
Travel Funding Source: x County Grant Other
GADMINGF-6705 G/L



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:** Virtual Webinar

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Alice Rosas Signature: *Alice Rosas* Date: 6/28/2021
Dept Head: Judge Rebeca Bustamante Signature: *Rebeca Bustamante* Date: 6/29/2021
Dept : JP 4 Job Title: Aministrative Special Senior
Travel Funding Source: X County Grant Other

GADMIINGF-6705.G/L



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: Virtual Webinar

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: Claudia B. Fernandez

Signature: [Signature]

Date: 06/28/21

Dept Head: _____

Signature: [Signature]

Date: 06/29/2021

Dept : 4

Job Title: Administrative Specialist Senior

Travel Funding Source: X County _____ Grant _____ Other _____

GADMINGF-6705 G/L

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: _____

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: April Martinez Signature: [Signature] Date: 6/28/21
Dept Head: Judge Rebecca Bustamante Signature: [Signature] Date: 6/29/2021
Dept : _____ Job Title: _____
Travel Funding Source: X County _____ Grant _____ Other _____

GADMINGF -6705 G/L

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.)

x


☒

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: Frances Arias Signature: [Signature] Date: 6/29/21
Dept Head: Judge Rebeca Bustamante Signature: [Signature] Date: 6/29/2021
Dept : JP4 Job Title: Court Clerk
Travel Funding Source: X County Grant Other 

GADMIINGF-6705 G/L

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:**

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: Maria Carmen Diaz Signature: [Signature] Date: 6/24/2021
Dept Head: Judge Rebeca Bustamante Signature: [Signature] Date: 6/29/2021
Dept : JP 4 Job Title: JP 4 Clerk Court
Travel Funding Source: X County Grant Other

GADMINGF-6705 G/L

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: Ivette Velasquez
Dept Head: Judge Rebeca Bustamante

Signature: [Signature] Date: 6/28/21
Signature: [Signature] Date: 06/29/2021

Dept : JP4 Job Title: Court Clerk
Travel Funding Source: X County Grant Other
GADMINGF -6705, G/L

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: AMANDA MORALES
Dept Head: REBECA BUSTAMANTE

Signature: [Signature] Date: 6/28/2021
Signature: [Signature] Date: 06/29/2021

Dept : JP4 Job Title: COURT CLERK
Travel Funding Source: X County Grant Other
GADMINGF -6705 G/L

Will any funds be reimbursed by another entity?

Travel Account No. Balance Remaining for FY:

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

Purpose: (check one)

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



County of El Paso

Travel and Training ADVANCE Request Form

NAME	Rosa I. Arzavala EMP #106080	DEPARTMENT	Justice of the Peace Precinct #5
EVENT	New Court Personnel Seminar	DESTINATION	Austin, Texas (Austin Marriott)
DATES	8/11/2021 TO 13-Aug-21	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			\$ 150.00✓	150.00✓
TRANSPORTATION			\$ 271.97✓	271.97✓
GROUND TRANSPORTATION			\$ 30.00✓	30.00✓
GAS				0.00✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 45.75✓	45.75✓
MEAL PER DIEM (EVENT DATES)			\$ 61.00 \$31.00	61.00 \$31.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 45.75 \$35.25	45.75 \$35.25
LODGING			\$ 110.00✓	110.00✓
PARKING				0.00
OTHER				0.00
TOTALS:	\$ -	\$ -	\$ \$673.97 714.47	\$673.91 \$714.47

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 07-01-2021
DEPARTMENT HEAD SIGNATURE	DATE 7/2/2021

8/11 - 75% \$45.75
 8/12 - BREAKF & LUNCH PROV \$31.00
 (61 - 14 - 16)
 8/13 - 75% & BREAKF PROV \$35.25
 (61 - 14)*75%

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Rosa I. Arzavala

Signature: 

Date: 7-1-2021

Dept Head: John C. Chatman

Signature: 

Date: 7/2/2021

Dept : JP#5

Job Title: Criminal Court Clerk Intermediate

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: _____

☐ **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	Elizabeth M. Augustain EMP #112397	DEPARTMENT	65th District Court Protective Order
EVENT	National Court Reporter Association Seminar	DESTINATION	Las Vegas, Nevada
DATES	7/28/2021	TO	8/1/2021
		FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 950.00 ✓	950.00 ✓
TRANSPORTATION			\$ 555.97 \$395.96	555.97 \$395.96
GROUND TRANSPORTATION				0.00 ✓
GAS				0.00 ✓
MEAL PER DIEM (DEPARTURE) 7/29 75% of full per diem 7/28			\$ 41.25 \$26.25	41.25 \$26.25
MEAL PER DIEM (EVENT DATES) 7/30 - 7/31 7/29 - 7/31			\$ 110.00 \$0.00	110.00 \$0.00
MEAL PER DIEM (RETURN) 8/1 75% of full per diem			\$ 41.25 \$45.75	41.25 \$45.75
LODGING			\$ 726.00 \$657.00	726.00 \$657.00
PARKING				0.00 ✓
OTHER				0.00 ✓
TOTALS:	\$ -	\$ -	\$2,074.96 \$2,074.96	\$2,074.96 \$2,074.96

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 Elizabeth M. Augustain	DATE 7/6/21 ✓
DEPARTMENT HEAD SIGNATURE J. Augustain	DATE 7/6/21

7/29 - 75% & DINNER PROV \$26.25
(61 - 26)*75%
7/30 - ALL MEALS PROVIDED \$0.00
7/31 - ALL MEALS PROVIDED \$0.00
8/1 - 75% \$45.75

7/28 IS REGISTRATION FOR MAIN EVENT & SEPARATE TICKETED EVENTS NOT INCLUDED IN THIS REQUEST. TRAINING RELATED TRAVEL DATES WILL COVER 7/29-8/1.
 MR

(SEE AGENDA ATTACHED)

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Elizabeth Auguste Signature: [Signature] Date: 7/6/21
Dept Head: Victor Salazar Signature: [Signature] Date:
Dept : 65th Dist Ct Job Title: Court Reporter
Travel Funding Source: ☒ County ☐ Grant ☐ Other



Will any funds be reimbursed by another entity? No

Travel Account No. Balance Remaining for FY:

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

Purpose: (check one)

☐

Statutorily Required Training to Hold Elective Office

Statute Reference:

My effective office requires 12.5 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 12.5 number of training hours annually.

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

Estimated hours to be obtained from this course: 12.5

☐

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 of El Paso

Travel and Training ADVANCE Request Form

NAME	Mireya Cepeda EMP #113057	DEPARTMENT	Domestic Relations Office
EVENT	TADRO 36th Annual Conference	DESTINATION	Houston, Texas
DATES	10/5/2021	TO	10/8/2021
		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			\$ 200.00✓	200.00✓
TRANSPORTATION			\$ 11.00✓	11.00✓
GROUND TRANSPORTATION				0.00✓
GAS				0.00✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 45.75✓	45.75✓
MEAL PER DIEM (EVENT DATES)			\$ 122.00 \$80.00	122.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 45.75✓	45.75✓
LODGING			\$ 428.22✓	428.22✓
PARKING				0.00✓
OTHER				0.00✓
TOTALS:	\$ -	\$ -	\$ 852.72 \$810.72	852.72 \$810.72

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

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

EMPLOYEE SIGNATURE	DATE
<i>Mireya Cepeda</i>	7-20-2021
DEPARTMENT HEAD SIGNATURE	DATE
<i>Brian Stanley</i>	7-20-2021

10/5 - 75% \$45.75
 10/6 - DINNER PROV \$35.00
 (61 - 26)
 10/7 - LUNCH PROV \$45.00
 (61 - 16)
 10/8 - 75% \$45.75

County Funded Justification Form

Employee: Mireya Cepeda Signature: Mireya Cepeda Date: 7-20-2021
 Dept. Head: Brian Stanley Signature: Brian Stanley Date: 7-20-2021
 Dept.: Domestic Relations Office Job Title: Clinical Services 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 X No

Purpose: (Check One)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | <p>Statutorily Required Training to Hold Elective Office</p> <p>Statute Reference: _____</p> <p>My effective office requires _____ number of training hours annually.</p> <p>I have already fulfilled _____ of these hours for this time period.</p> <p>Estimated hours to be obtained from this course: _____</p> <p>Please provide documentation for hours needed. _____</p> |
| <input type="checkbox"/> | <p>Professional or Technical Training to Maintain License/Certification
(Peace Officers, Attorneys, CPAs, Technical Certifications, etc.)</p> <p>My effective office requires _____ number of training hours annually.</p> <p>I have already fulfilled _____ of these hours for this time period.</p> <p>Estimated hours to be obtained from this course: _____</p> |
| <input type="checkbox"/> | <p>Additional Professional or Technical Training NOT Required to Maintain License/Certification</p> |
| <input type="checkbox"/> | <p>Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, <u>Including Grant Application Advocacy</u></p> <p>Entity Name: _____</p> <p>Purpose of Visit: _____</p> |
| <input type="checkbox"/> | <p>Travel for Program Revenue Enhancement/Sales Opportunity</p> <p>Explain: _____</p> |
| <input type="checkbox"/> | <p>Program Development Training</p> <p>Explain: _____</p> |
| <input type="checkbox"/> | <p>Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)</p> <p>Organization Name: _____</p> |
| <input type="checkbox"/> | <p>Human Resources/Management/Personal Development Training
("Dealing with Difficult People", Stress Management, "Be A Better Leader", etc.)</p> |
| <input checked="" type="checkbox"/> | <p>Other: TADRO 36th Annual Conference</p> |

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



DEPARTMENT JP 4

TRAINING 2021 Legislative Update

DATES

8/31/2021

TO

8/31/2021

FUNDING SOURCE

(Agenda Item Format)

GADMINGF -6705. G/L

NAME OF TRAINING ORGANIZATION

ADDRESS

TJCTC

VENDOR #120344-4

EMPLOYEE NAME	EMPLOYEE SIGNATURE	AMOUNT
Judge Rebeca Bustamante		\$50.00 ✓
Alice Rosas		\$50.00 ✓
Claudia Fernandez		\$50.00 ✓
Amanda Morales		\$50.00 ✓
April Martinez		\$50.00 ✓
Frances Arias		\$50.00 ✓
Ivette Velaquez		\$50.00 ✓
M. Carmen Diaz		\$50.00 ✓

TOTAL

\$400.00

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

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

DEPARTMENT HEAD
SIGNATURE

DATE

06/25/2021

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Rebeca Bustamante Signature: Rebeca Bustamante Date: 6/29/2021
Dept Head: Rebeca Bustamante Signature: Rebeca Bustamante Date: 6/29/2021
Dept : JP 4 Job Title: Judge
Travel Funding Source: x County Grant Other
GADMINGF-6705 G/L



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:** Virtual Webinar

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Alice Rosas Signature: *Alice Rosas* Date: 6/28/2021
Dept Head: Judge Rebeca Bustamante Signature: *Rebeca Bustamante* Date: 6/29/2021
Dept : JP 4 Job Title: Aministrative Special Senior
Travel Funding Source: X County Grant Other

GADMIINGF-6705.G/L



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: Virtual Webinar

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: Claudia B. Fernandez

Signature: [Signature]

Date: 06/28/21

Dept Head: _____

Signature: [Signature]

Date: 06/29/2021

Dept : 4

Job Title: Administrative Specialist Senior

Travel Funding Source: X County _____ Grant _____ Other _____

GADMINGF-6705 G/L

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: _____

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: April Martinez Signature: [Signature] Date: 6/28/21
Dept Head: Judge Rebeca Bustamante Signature: [Signature] Date: 6/29/2021
Dept : _____ Job Title: _____
Travel Funding Source: X County _____ Grant _____ Other _____

GADMINGF -6705 G/L

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: _____

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: Frances Arias Signature: [Signature] Date: 6/29/21
Dept Head: Judge Rebeca Bustamante Signature: [Signature] Date: 6/29/2021
Dept : JP4 Job Title: Court Clerk
Travel Funding Source: X County Grant Other 

GADMIINGF-6705 G/L

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:**

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: Maria Carmen Diaz Signature: [Signature] Date: 6/24/2021
Dept Head: Judge Rebeca Bustamante Signature: [Signature] Date: 6/29/2021
Dept : JP 4 Job Title: JP 4 Clerk Court
Travel Funding Source: X County Grant Other

GADMINGF-6705 G/L

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: Ivette Velasquez

Signature: [Signature]

Date: 6/28/21

Dept Head: Judge Rebeca Bustamante

Signature: [Signature]

Date: 06/29/2021

Dept : JP4 Job Title: Court Clerk

Travel Funding Source: X County Grant Other

GADMINGF -6705, G/L

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: AMANDA MORALES
Dept Head: REBECA BUSTAMANTE

Signature: [Signature] Date: 6/28/2021
Signature: [Signature] Date: 06/29/2021

Dept : JP4 Job Title: COURT CLERK
Travel Funding Source: X County Grant Other
GADMINGF -6705 G/L

Will any funds be reimbursed by another entity?

Travel Account No. Balance Remaining for FY:

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

Purpose: (check one)

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



County of El Paso

Travel and Training ADVANCE Request Form

NAME	Rosa I. Arzavala EMP #106080	DEPARTMENT	Justice of the Peace Precinct #5
EVENT	New Court Personnel Seminar	DESTINATION	Austin, Texas (Austin Marriott)
DATES	8/11/2021 TO 13-Aug-21	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			\$ 150.00✓	150.00✓
TRANSPORTATION			\$ 271.97✓	271.97✓
GROUND TRANSPORTATION			\$ 30.00✓	30.00✓
GAS				0.00✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 45.75✓	45.75✓
MEAL PER DIEM (EVENT DATES)			\$ 61.00 \$31.00	61.00 \$31.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 45.75 \$35.25	45.75 \$35.25
LODGING			\$ 110.00✓	110.00✓
PARKING				0.00
OTHER				0.00
TOTALS:	\$ -	\$ -	\$ \$673.97 714.47	\$673.91 \$714.47

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 07-01-2021
DEPARTMENT HEAD SIGNATURE	DATE 7/2/2021

8/11 - 75% \$45.75
 8/12 - BREAKF & LUNCH PROV \$31.00
 (61 - 14 - 16)
 8/13 - 75% & BREAKF PROV \$35.25
 (61 - 14)*75%

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Rosa I. Arzavala

Signature: 

Date: 7-1-2021

Dept Head: John C. Chatman

Signature: 

Date: 7/2/2021

Dept : JP#5

Job Title: Criminal Court Clerk Intermediate

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: _____

☐ **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	Elizabeth M. Augustain EMP #112397	DEPARTMENT	65th District Court Protective Order
EVENT	National Court Reporter Association Seminar	DESTINATION	Las Vegas, Nevada
DATES	7/28/2021	TO	8/1/2021
		FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 950.00 ✓	950.00 ✓
TRANSPORTATION			\$ 555.97 \$395.96	555.97 \$395.96
GROUND TRANSPORTATION				0.00 ✓
GAS				0.00 ✓
MEAL PER DIEM (DEPARTURE) 7/29 75% of full per diem 7/28			\$ 41.25 \$26.25	41.25 \$26.25
MEAL PER DIEM (EVENT DATES) 7/30 - 7/31 7/29 - 7/31			\$ 110.00 \$0.00	110.00 \$0.00
MEAL PER DIEM (RETURN) 8/1 75% of full per diem			\$ 41.25 \$45.75	41.25 \$45.75
LODGING			\$ 726.00 \$657.00	726.00 \$657.00
PARKING				0.00 ✓
OTHER				0.00 ✓
TOTALS:	\$ -	\$ -	\$2,074.96 \$2,074.96	\$2,074.96 \$2,074.96

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 Elizabeth M. Augustain	DATE 7/6/21 ✓
DEPARTMENT HEAD SIGNATURE J. Augustain	DATE 7/6/21

7/29 - 75% & DINNER PROV \$26.25
 (61 - 26)*75%
 7/30 - ALL MEALS PROVIDED \$0.00
 7/31 - ALL MEALS PROVIDED \$0.00
 8/1 - 75% \$45.75

7/28 IS REGISTRATION FOR MAIN EVENT & SEPARATE TICKETED EVENTS NOT INCLUDED IN THIS REQUEST. TRAINING RELATED TRAVEL DATES WILL COVER 7/29-8/1.
 MR

(SEE AGENDA ATTACHED)

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Elizabeth Auguste Signature: [Signature] Date: 7/6/21
Dept Head: Victor Salazar Signature: [Signature] Date:
Dept : 65th Dist Ct Job Title: Court Reporter
Travel Funding Source: ☒ County ☐ Grant ☐ Other

Will any funds be reimbursed by another entity? No

Travel Account No. Balance Remaining for FY:

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

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**
Statute Reference: _____
My effective office requires 12.5 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 12.5 number of training hours annually.
I have already fulfilled of these hours for this time period.
Estimated hours to be obtained from this course: 12.5
- ☐ **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 of El Paso

Travel and Training REIMBURSEMENT Request Form

GRANT FUNDS

NAME	Francisco Balderrama	DEPARTMENT	DA OFFICE
EVENT	BPU-Murder Trial	DESTINATION	IRVING, TX
DATES	6/1/2021	TO	6/2/2021
		FUNDING SOURCE (Agenda Item Format)	GRIPBRPRU-20-600811

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE / REIMB.
REGISTRATION			\$494.80	0.00
TRANSPORTATION			\$ 498.80	498.80
GROUND TRANSPORTATION				0.00
GAS				0.00
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem				0.00
<u>MEAL PER DIEM (EVENT DATES)</u>				0.00
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem				0.00
LODGING			\$ 128.00	128.00
PARKING				0.00
OTHER				0.00
OTHER			\$622.80	0.00
TOTALS:	\$0.00	\$0.00	\$626.80	\$626.80
APPROVED AMOUNT:		\$0.00	✓	\$622.80
			REIMBURSEMENT AMOUNT:	\$626.80

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
	07-15-21
DEPARTMENT HEAD SIGNATURE	DATE
	7-19-21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

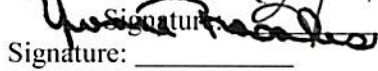
Employee: Francisco Balderrama

Dept Head: Yvonne Rosales

Dept : _____

Job Title: _____

Travel Funding Source: _____ County ☒ Grant _____ Other

Signature: 

Date: 07-15-21
7-19-21

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: BPU-MURDER TRIAL