

**Click on Bookmarks
To View Travel Detail**

TRAVEL REGISTER
CC 08/02/2021

VENDOR NAME	DOCUMENT	INVOICE	ACCOUNT DESC	AMOUNT
JORGE DE LUNA	2160917	TA2100447	GF-GADM-TRAVEL/PROF ED	28.00
AURELIO ARIAS	2160916	TA2100446	GF-GADM-TRAVEL/PROF ED	28.00
RUBEN P. GONZALEZ, T	2160914	TA2100444	GF-GADM-TRAVEL/PROF ED	28.00
CAROLINA LOPEZ	2160915	TA2100445	GF-GADM-TRAVEL/PROF ED	28.00
JULIO C. SANCHEZ	2160918	TA2100448	GF-GADM-TRAVEL/PROF ED	28.00
JOSE MONTOYA	2160623	TA 08/14/21-08/18/21	SG-SAMHSA21-OPERATING EXP	2,499.78
VANESSA GONZALEZ	2160616	TA 08/14/21-08/18/21	SG-SAMHSA21-OPERATING EXP	2,499.78
DAISY DUARTE	2160620	TA 08/14/21-08/18/21	SG-SAMHSA21-OPERATING EXP	2,499.78
Total				7,639.34

REVIEWED

By ERIKA LIZALDE at 9:48 am, 7/19/21

County of El Paso**APPROVED**

By ERIKA LIZALDE at 9:48 am, 7/19/21

**Travel and Training ADVANCE Request Form**

EMPLOYEE# 105573 VENDOR# 138352

NAME	Julio Sanchez		DEPARTMENT	Tax Office
EVENT	2021 TAVTI/SCRC Conference Training Agenda		DESTINATION	San Marcos, Texas ✓
DATES	9/27/2021 ✓	TO	10/1/2021 ✓	FUNDING SOURCE (Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ <u>200.00</u>			200.00 ✓
TRANSPORTATION		\$ 277.95 ✓		277.95 ✓
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	* NO MEALS PROVIDED TA080221 - \$28.00		\$41.25 45.75	\$41.25 45.75
MEAL PER DIEM (EVENT DATES)			\$137.00 183.00	\$137.00 183.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$41.25 45.75	\$41.25 45.75
LODGING			\$ 599.19	599.19 ✓
PARKING				0.00
OTHER			\$818.69	0.00
TOTALS:	\$ 200.00 ✓	\$ 277.95 ✓	\$ 873.69	\$1,296.64 \$1,351.64

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

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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

http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf

EMPLOYEE SIGNATURE	<i>Julio C. Sanchez</i>	DATE	7-8-2021
DEPARTMENT HEAD SIGNATURE	<i>R.A. Aguirre</i>	DATE	7-8-2021

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Julio Sanchez Signature: Julio Sanchez Date: 7-8-2021
Dept Head: Ruben Gonzalez Signature: R. Gonzalez Date: 7-8-2021
Dept : Tax Office Job Title: Investigator
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:** _____

REVIEWED

By ERIKA LIZALDE at 10:27 am, 7/19/21

APPROVED

By ERIKA LIZALDE at 10:27 am, 7/19/21

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

EMPLOYEE# 110448 VENDOR# 101386

NAME	Jorge DeLuna	DEPARTMENT	Tax Office
EVENT	2021 TAVTI/SCRC Conference Training Agenda	DESTINATION	San Marcos, Texas
DATES	9/27/2021 TO 10/1/2021	FUNDING SOURCE	(Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ <u>200.00</u>			200.00
TRANSPORTATION		\$ 277.95 ✓		277.95 ✓
GROUND TRANSPORTATION				0.00
GAS			\$41.25	0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	* NO MEALS PROVIDED TA080221 - \$28.00		\$ 45.75	45.75
MEAL PER DIEM (EVENT DATES)			\$137.00	183.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 45.75	45.75
LODGING			\$ 599.19 ✓	599.19 ✓
PARKING		\$ 25.00 ✓		25.00 ✓
OTHER			\$843.69	0.00
TOTALS:	\$ 200.00 ✓	\$ 277.95 ✓	\$ 898.69	\$1,321.64

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

Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____

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

http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf

EMPLOYEE SIGNATURE	DATE
DEPARTMENT HEAD SIGNATURE	DATE

7/8/2021
7-8-2021

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Jorge DeLuna

Signature: [Signature]

Date: 7/8/2021

Dept Head: Ruben Gonzalez

Signature: [Signature]

Date: 7-8-2021

Dept : Tax Office

Job Title: Lead Investigator

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: _____**

REVIEWED

By ERIKA LIZALDE at 9:36 am, 7/19/21

APPROVED

By ERIKA LIZALDE at 9:37 am, 7/19/21

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

EMPLOYEE# 113870 VENDOR# 127529

NAME	Ruben Gonzalez	DEPARTMENT	Tax Office
EVENT	2021 TAVTI/SCRC Conference Training Agenda	DESTINATION	San Marcos, Texas ✓
DATES	9/27/2021 ✓	TO	10/1/2021 ✓
		FUNDING SOURCE	(Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ <u>200.00</u>			200.00 ✓
TRANSPORTATION		\$ 277.95 ✓		277.95 ✓
GROUND TRANSPORTATION				0.00
GAS			\$41.25	0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	* NO MEALS PROVIDED TA080221 - \$28.00		\$ 45.75	\$41.25 45.75
MEAL PER DIEM (EVENT DATES)			\$ 183.00	\$137.00 183.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 45.75	\$41.25 45.75
LODGING			\$ 599.19 ✓	599.19 ✓
PARKING			\$ 25.00 ✓	25.00 ✓
OTHER				0.00
TOTALS:	\$ 200.00 ✓	\$ 277.95 ✓	\$ <u>843.69</u> 898.69	\$1,321.64 1,376.64

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

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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

http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf

EMPLOYEE SIGNATURE	<i>Rub P. Gonzalez</i>	DATE	7-8-2021
DEPARTMENT HEAD SIGNATURE	<i>Rub P. Gonzalez</i>	DATE	7-8-2021

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Ruben Gonzalez

Signature: R. Gonzalez

Date: 7-8-2021

Dept Head: Ruben Gonzalez

Signature: R. Gonzalez

Date: 7-6-2021

Dept : Tax Office

Job Title: Tax Assessor-Collector

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:** _____

REVIEWED

By ERIKA LIZALDE at 10:09 am, 7/19/21

APPROVED

By ERIKA LIZALDE at 10:10 am, 7/19/21

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

E# 113636

NAME	Aurelio Arias		DEPARTMENT	Tax Office	
EVENT	2021 TAVTI/SCRC Conference Training Agenda		DESTINATION	San Marcos, Texas	
DATES	9/27/2021 ✓	TO	10/1/2021 ✓	FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ <u>200.00</u>			200.00 ✓
TRANSPORTATION		\$ 277.95 ✓		277.95 ✓
GROUND TRANSPORTATION	\$ 434.83 ✓			434.83 ✓
GAS			\$ 50.00 ✓	50.00 ✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem	* NO MEALS PROVIDED TA080221 - \$28.00		\$ 41.25 45.75	\$41.25 45.75
MEAL PER DIEM (EVENT DATES)			\$ 137.00 183.00	\$137.00 183.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 41.25 45.75	\$41.25 45.75
LODGING			\$ 599.19 ✓	599.19 ✓
PARKING			\$ 75.00 ✓	75.00 ✓
OTHER				0.00
			\$943.69	\$1,856.47
TOTALS:	\$ 634.83 ✓	\$ 277.95 ✓	\$ 998.69	\$1,911.47

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

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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

http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf

EMPLOYEE SIGNATURE	<i>Aurelio Arias</i>	DATE	7/18/21
DEPARTMENT HEAD SIGNATURE	<i>R. A. Aguilar</i>	DATE	7-8-2021

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Aurelio Arias

Signature: [Signature]

Date: 7/8/21

Dept Head: Ruben Gonzalez

Signature: [Signature]

Date: 7-8-21

Dept : Tax Office

Job Title: Enforcement Director

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:** _____

REVIEWED

By ERIKA LIZALDE at 10:00 am, 7/19/21

APPROVED

By ERIKA LIZALDE at 10:01 am, 7/19/21

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

NAME	Carolina Lopez		DEPARTMENT	Tax Office	
EVENT	2021 TAVTI/SCRC Conference Training Agenda		DESTINATION	San Marcos, Texas	
DATES	9/27/2021 ✓	TO	10/1/2021 ✓	FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form	\$ <u>200.00</u>			200.00 ✓
TRANSPORTATION		\$ 277.95 ✓		277.95 ✓
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	* NO MEALS PROVIDED TA080221 - \$28.00		\$ 41.25 45.75	\$41.25 45.75
MEAL PER DIEM (EVENT DATES)			\$ 137.00 183.00	\$137.00 183.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 41.25 45.75	41.25 45.75
LODGING			\$ 599.19 ✓	599.19 ✓
PARKING				0.00
OTHER				0.00
TOTALS:	\$ 200.00 ✓	\$ 277.95 ✓	\$ <u>818.69</u> 873.69	\$1,296.64 1,351.64

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

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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

https://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf

EMPLOYEE SIGNATURE	<i>Carolina Lopez</i>	DATE	7/8/2021
DEPARTMENT HEAD SIGNATURE	<i>R. A. Reyes</i>	DATE	7-8-2021

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Carolina Lopez

Signature: [Signature]

Date: 7/8/2025

Dept Head: Ruben Gonzalez

Signature: [Signature]

Date: 7-8-21

Dept : Tax Office

Job Title: Investigator

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:** _____

GRANT FUNDS

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



APPROVED

By Lizeth Veliz at 9:33 am, Jul 26, 2021

DEPARTMENT Sheriff's Office

TRAINING Investigative Grand Slam

DATES 8/2/2021 TO 8/6/2021

FUNDING SOURCE
(Agenda Item Format)

SW Border Rural Law Enforcement

NAME OF TRAINING ORGANIZATION

ADDRESS

Brian Harris Interviewing

18015 Spell Brook DR, Houston, Texas 77084

EMPLOYEE NAME	EMPLOYEE SIGNATURE	AMOUNT
Robert Flores		\$395.00
Robert Rojas		\$395.00
Jim Belknap		\$395.00
Jorge Andrade		\$395.00
Elizabeth Avila		\$395.00
Victor Cordero		\$395.00
Eduardo Gutierrez		\$395.00
Moises Gutierrez		\$395.00
James M. Nance		\$395.00
Omar Montoya		\$395.00
Cesar Paredes		\$395.00
Eric Orozco		\$395.00
Joel Padilla		\$395.00
Eric Vela		\$395.00
Angel Cordero		\$395.00
TOTAL		\$5,925.00

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

DEPARTMENT HEAD
SIGNATURE

DATE

5/26/21

5/26/21

B.H.I.
Brian Harris Interviewing B.H.I.
18015 Spell Brook Drive, Houston Texas 77084
077548529
brianharrisinterviewing@gmail.com
281-732-3434

Course:

Dates: August 2-6

Fees: 395.00 per student

Investigative Grand Slam; Child Death, Basic Homicide, Officer Involved Shooting Prime Time Interviewing

1 16 hour course on interviewing
Three 8 hour courses in specialized fields of Investigation.
Course cost per individual 495.00
Host agency discount 100 off per student for that agency

Total Cost 395 x15 El Paso COUNTY S.O. 5925.00

Twenty slots to outside agencies for 495 need a min of 10 from outside agencies paying the 495.00
Outside agencies can register through website brianharrisinterviewing.com. If an agency cannot or does not have means to sign up on line they may contact Brian Harris at brianharrisinterviewing@gmail.com and other arrangements can be made.

Payment is due on or before the first hour of instruction. Instruction day consists of eight hours of classroom time. Instructor can provide host agency with a propriety letter. Payment is in cash or check made payable to Brian Harris, (unless Other Arrangements have been made between BHI and the El Paso County Sheriff Office)

BHI will provide host agency with instructor BIO, propriety letter for each class, and test if agency requests a test be taken. BHI can provide template for certificates.

Host agency will provide facility for the course, handle TCOLE submission, big screen with excellent sound system able to handle Word Powerpoint.

P.R.I.M.E. T.I.M.E INTERVIEWING AND INTERROGATIONS – Two Day Course

This three-day session will provide an in-depth look at the P.R.I.M.E. T.I.M.E. interview techniques utilized when questioning witnesses and suspects. Attendees will participate in an interactive training with current confession clips and class exercises that will provide useful tools and build confidence needed in the interview room. The Houston Police Department has instituted this school as mandatory training for all new detectives. The instructors have been featured on 20/20 and have traveled the United States training officers with this approach.

CHILD DEATH INVESTIGATION - ONE DAY COURSE

This is a one-day intense child death investigation course. It is a comprehensive overview of the proper response to a child death scene. This class will give the investigator the perspective from the prosecutor, medical examiner and child protective services. The team approach is a unique approach utilized in the investigation of injury and deaths involving children.

The investigator will learn the common practices of a Homicide response, the practices of Child Protective Services, and the Medical Examiner. The investigator will learn what is required for prosecution of cases involving children as victims. The investigator will learn about cause of death findings in cases in sudden natural deaths including infectious diseases and inherited conditions. Sudden Infant Death Syndrome will be covered in depth, with emphasis on important interview questions, scene investigations, and autopsy findings. The information will be taught through visual presentation of cases, including scene findings, and autopsy findings.

BASIC HOMICIDE INVESTIGATION - One DAY COURSE

Death investigations are complex and unique. No other type of criminal investigation is as demanding on an agency's resources nor draws more public attention than death investigations. This two-day course provides criminal justice professionals with the requisite basic knowledge required to successfully investigate a death investigation. The training focuses on proven techniques and procedures to manage, investigate, and successfully prosecute homicide cases. The course is designed for personnel with little or no experience investigating death cases and provides a step by step process for investigators to follow in order to bring the case to a successful conclusion.

OFFICER INVOLVED SHOOTING - ONE DAY COURSE

The purpose of this course is to teach the procedures and investigative techniques that are necessary for conducting a thorough investigation into an officer involved shooting. These are Three separate, but necessary investigations and each has its unique characteristics, requirements, and limitations. This course will provide instruction on how to begin an officer involved shooting call out by gathering information, making assignments, and notifications. It will provide instruction on how to conduct on-scene responsibilities and how to effectively cooperate with all investigative agencies, such as the District Attorney, Police Integrity Division and the Medical Examiner's Office. The course is designed to provide an understanding of both the criminal and internal aspects of an officer involved shooting.

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Robert Flores Signature: [Signature] Date: 05/20/21
Dept Head: Sylvia Aguilar Signature: [Signature] Date: 05/20/21
Dept : El Paso County Sheriff's Office Job Title: Chief Deputy
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 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

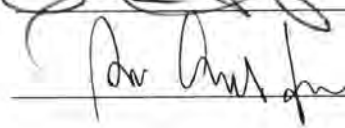
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- ☒ Complete all applicable travel and training request forms including justification form and this checklist. All forms must be signed by the employee attending the training and the department head, or designee. Incomplete packets will not be accepted.
- ☒ 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.
- ☒ 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).
- ☒ Airfare was secured at least 21 days prior to trip (Explanation was provided justifying exceptions, if warranted).
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- ☒ 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.
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County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Robert Rojas Signature: [Signature] Date: 05/20/21
Dept Head: Robert Flores Signature: [Signature] Date: 05/20/21
Dept : El Paso County Sheriff's Office Job Title: Commander
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 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

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County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds: R-IR-7 Date: 05/20/21

Signature of Department Head review: [Signature] Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: VICTOR CARDANO

Signature: [Signature]

Date: 05/20/21

Dept Head: Robert C. Rojas

Signature: [Signature]

Date: 05/20/21

Dept : El Paso County Sheriff's Office

Job Title: Lieutenant

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 _____ 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.)

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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

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- County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Elizabeth Avila

Signature: [Signature]

Date: 05/20/21

Dept Head: Robert C. Rojas

Signature: [Signature]

Date: 05/20/21

Dept : El Paso County Sheriff's Office

Job Title: Lieutenant

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.)

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

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☒ **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
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County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds: EC [Signature] # 5791 Date: 05/20/21

Signature of Department Head review: R-1 [Signature] Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Omar Montoya Signature: [Signature] Date: 05/20/21
Dept Head: Robert C. Rojas Signature: [Signature] Date: 05/20/21
Dept : El Paso County Sheriff's Office Job Title: Lieutenant
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 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.
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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:
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("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
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County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: James M. Nance Signature: [Signature] Date: 05/20/21
Dept Head: Robert C. Rojas Signature: [Signature] Date: 05/20/21
Dept : El Paso County Sheriff's Office Job Title: Lieutenant
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 _____ NO

Purpose: (check one)

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Statute Reference: _____
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Entity Name: _____
Purpose of Visit: _____
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Explain: _____
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Explain: _____
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Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Arises Gutierrez Signature: [Signature] Date: 05/20/21
Dept Head: Robert C. Rojas Signature: [Signature] Date: 05/20/21
Dept : El Paso County Sheriff's Office Job Title: Lieutenant
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 NO

Purpose: (check one)

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Entity Name:
Purpose of Visit:
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**
Explain:
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County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: James Belknap

Signature: [Signature]

Date: 05/20/21

Dept Head: Robert C. Rojas

Signature: [Signature]

Date: 05/20/21

Dept : El Paso County Sheriff's Office

Job Title: Lieutenant

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 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

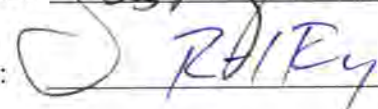
The following is provided to assist in expediting Travel Advance/Reimbursement Requests by ensuring supporting documentation has been reviewed for reasonableness prior to submission to the County Auditor's Office. As per the County's Travel and Training Policy, all relevant travel and training forms 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.
- ☒ 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.
- ☒ 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).
- ☒ Airfare was secured at least 21 days prior to trip (Explanation was provided justifying exceptions, if warranted).
- ☒ 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).
- ☒ 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.
- ☒ 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.
- ☒ **Note: If this travel will take place at a Resort, Casino, Offshore or outside of the United States or costs significantly exceed authorized per diem rates, signature approval by the County Administrator is required prior to submission to the County Auditor.**

County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: J. Andrade

Signature: [Signature]

Date: 05/20/21

Dept Head: Robert C. Rojas

Signature: [Signature]

Date: 05/20/21

Dept : El Paso County Sheriff's Office

Job Title: Lieutenant

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 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

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County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds: _____ Date: 05/20/21

Signature of Department Head review: _____ Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Joel O. Padilla Signature: [Signature] Date: 05/20/21
Dept Head: Robert C. Rojas Signature: [Signature] Date: 05/20/21
Dept : El Paso County Sheriff's Office Job Title: Lieutenant
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 _____ NO

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**
Statute Reference:
My effective office requires _____ number of training hours annually.
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- ☐ **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

COUNTY OF EL PASO, TEXAS
County Auditor Office Travel/Training Pre-Check List

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County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: ERIC VELA Signature: [Signature] Date: 05/20/21
Dept Head: Robert C. Rojas Signature: [Signature] Date: 05/20/21
Dept : El Paso County Sheriff's Office Job Title: Lieutenant
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 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

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County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: ANGEL LOPEZ Signature: [Signature] Date: 05/20/21
Dept Head: Robert C. Rojas Signature: [Signature] Date: 05/20/21
Dept : El Paso County Sheriff's Office Job Title: Lieutenant
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 NO

Purpose: (check one)

- ☐ **Statutorily Required Training to Hold Elective Office**
Statute Reference: _____
My effective office requires _____ number of training hours annually.
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Entity Name: _____
Purpose of Visit: _____
- ☐ **Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: _____
- ☐ **Program Development Training**
Explain: _____
- ☐ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
Organization Name: _____
- ☐ **Human Resources/Management/Personal Development Training**
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- ☐ **Other:** _____

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County Auditor Office Travel/Training Pre-Check List

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County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Eric Orozco Signature: [Signature] Date: 05/20/21
Dept Head: Robert C. Rojas Signature: [Signature] Date: 05/20/21
Dept : El Paso County Sheriff's Office Job Title: Lieutenant
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.
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Entity Name: _____
Purpose of Visit: _____
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Explain: _____
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Explain: _____
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Organization Name: _____
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County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  3797 Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Robert C. Rojas

Signature: [Signature]

Date: 05/20/21

Dept Head: Robert C. Rojas

Signature: [Signature]

Date: 05/20/21

Dept : El Paso County Sheriff's Office

Job Title: Lieutenant

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: _____
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Explain: _____
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 - ☒ Travel dates were verified for consistency with training dates (Explanation was provided justifying dates prior or after training dates, if warranted).
 - ☒ Airfare was secured at least 21 days prior to trip (Explanation was provided justifying exceptions, if warranted).
 - ☒ 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).
 - ☒ 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.
 - ☒ 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.
 - ☒ **Note: If this travel will take place at a Resort, Casino, Offshore or outside of the United States or costs significantly exceed authorized per diem rates, signature approval by the County Administrator is required prior to submission to the County Auditor.**
- County Administrator Approval Signature: _____

Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Eduardo Contreras Jr

Signature: [Signature]

Date: 05/20/21

Dept Head: Robert C. Rojas

Signature: [Signature]

Date: 05/20/21

Dept : El Paso County Sheriff's Office

Job/Title: Lieutenant

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 _____ 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.
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Date of Trip: 08/02 - 08/06/21 Purpose: Investigation Training Destination: El Paso County Texas

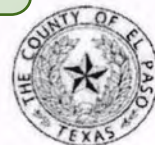
Signature of Employee requesting funds:  Date: 05/20/21

Signature of Department Head review:  Date: 05/20/21

GRANT FUNDS

APPROVED

By Savanah Pedroza at 3:13 pm, Jul 26, 2021



County of El Paso Travel and Training ADVANCE Request Form

NAME	DAISY DUARTE (ALIVIANE COUNSELOR)			DEPARTMENT	CCR2-DWI COURT
EVENT	NADCP RISE 21			DESTINATION	WASHINGTON, DC
DATES	8/14/2021	TO	8/18/2021	FUNDING SOURCE (Agenda Item Format)	GSAMHSA21-600817

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 745.00	745.00
TRANSPORTATION			503.96	503.96
GROUND TRANSPORTATION			163. ¹⁸	163. ¹⁸
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 57. ⁰⁰	57. ⁰⁰
MEAL PER DIEM (EVENT DATES)			\$ 174.00	174.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 57.00	57.00
LODGING			\$ 799.64	799.64
PARKING				0.00
OTHER				0.00
TOTALS:	\$ -	\$ -	\$ 2499.78	\$2499.78

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

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

EMPLOYEE SIGNATURE		DATE	6-25-21
DEPARTMENT HEAD SIGNATURE		DATE	6.25.2021

COUNTY OF EL PASO, TEXAS
County Auditor Office Travel/Training Pre-Check List

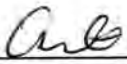
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- ☒ Complete all applicable travel and training request forms including justification form and this checklist. All forms must be signed by the employee attending the training and the department head, or designee. Incomplete packets will not be accepted.
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- ☒ 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.
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- ☒ 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: 08/14/21 - 08/18/21 Purpose: Training / conference Destination: Washington DC

Signature of Employee requesting funds:  Date: 7-15-21

Signature of Department Head review:  Date: 7/15/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Daisy Duarte Signature: [Signature] Date: 7/5/21
Dept Head: Judge Anchondo Signature: [Signature] Date:
Dept : CCRS/DUI program Job Title: Treatment Provider
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 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:** _____



August 15-18, 2021 | National Harbor, MD

TAX ID: 54-1791197

Invoice Date: June 29, 2021
Invoice Number: INV_40987

INVOICE - REMIT WITH YOUR PAYMENT

THIS IS NOT A REGISTRATION CONFIRMATION

Your registration is not confirmed until payment has been received. Confirmations will be sent upon receipt of payment and waiver acceptance.

Bill To:

Reference:

RISE21 Registration

Description	Amount (USD)
Non-Member Conference Fee - 1	
Daisy Duarte	\$ 745.00
	TOTAL USD
	\$ 745.00

DUE DATE: July 29, 2021

SEND PAYMENT TO

NADCP
PO Box 79289
Baltimore, MD 21279-0289
registration@allrise.org

Invoice Number: INV_40987

To send a payment:
1) Write your check to NADCP
2) Write your invoice number on your check
3) Please send the check, along with a copy of this entire invoice

AMOUNT DUE: \$ 745.00

Due: July 29, 2021

AUGUST 14 - AUGUST 18

ELP ✈ DCA

El Paso to Wash. D.C. (Reagan)

Confirmation # **4IM5FI**

Confirmation date: 07/01/2021

PASSENGER

RAPID REWARDS # [Join \[t.ifly.southwest.com\]](#) or [Log in \[t.ifly.southwest.com\]](#)

TICKET # 5261405620264

EXPIRATION* July 1, 2022

EST. POINTS EARNED 2,555

Rapid Rewards® points are only estimations.

Your itinerary

Flight 1:	Saturday, 08/14/2021	Est. Travel Time: 7h 15m	Wanna Get Away®
------------------	-----------------------------	---------------------------------	---------------------------------

FLIGHT # 3431	DEPARTS	ARRIVES
	ELP 07:05AM El Paso	HOU 10:00AM Houston (Hobby)

Stop: ✈ ✈ Change planes

FLIGHT # 3581	DEPARTS	ARRIVES
	HOU 12:20PM Houston (Hobby)	DCA 04:20PM Wash. D.C. (Reagan)

Flight 2:	Wednesday, 08/18/2021	Est. Travel Time: 6h 50m	Wanna Get Away®
------------------	------------------------------	---------------------------------	---------------------------------

FLIGHT # 5618	DEPARTS	ARRIVES
	DCA 05:05PM Wash. D.C. (Reagan)	HOU 07:20PM Houston (Hobby)

Stop: ✈ ✈ Change planes

FLIGHT
2694

DEPARTS
HOU 09:05PM
Houston (Hobby)



ARRIVES
ELP 09:55PM
El Paso

Payment information

Total cost

Air - 4IM5FI


Base Fare	\$	425.64
U S Transportation Tax	\$	31.92
U S 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	17.20
U S Passenger Facility Chg	\$	18.00
Total	\$	503.96

Payment

Visa ending in 2878

Date: July 1, 2021

Payment Amount: \$503.96

 Travel advisory: [Covid-19 \[ihg.com\]](#) and [IHG Way of Clean \[ihg.com\]](#)

Hotel Indigo Old Town Alexandria
[\[click.tx.ihg.com\]](#)

220 South Union Street
Alexandria, VA United States 22314

Hotel Front Desk: 17037213800
Email: hotelindigoalexandria@ihg.com

Guest Name: .

Check In:	Check Out:	Rooms:	Adults:
14 Aug 2021 — 18 Aug 2021		1	1
3:00 PM	11:00 AM		

[Modify Reservation](#)
[\[click.tx.ihg.com\]](#)

[Customer Care](#)
[\[click.tx.ihg.com\]](#)

[Download the IHG App](#)
[\[click.tx.ihg.com\]](#)

[Ground Transportation](#)
[\[click.tx.ihg.com\]](#)

[Cancel Reservation](#)
[\[click.tx.ihg.com\]](#)

Your confirmation number is: 29217481

Standard Room

Rate Type: STATE GOVERNMENT

Number of Rooms: 1

Room Rate Per Night:

Sat 14 Aug 2021 - Wed 18 Aug 2021 \$172.00 (USD)

Total Taxes: \$111.64 (USD)

Estimated Total Price: \$799.64 (USD)

[View More Reservation Details](#)
[\[click.tx.ihg.com\]](#)

[\[click.tx.ihg.com\]](#)



[\[click.tx.ihg.com\]](#)

Earn points on your stay, redeem them for free nights, and get our best rates every time.

[Join IHG Rewards Now \[click.tx.ihg.com\]](#)

Cancellation Policy: Canceling your reservation before 6:00 PM (local hotel time) on Thursday, 12 August, 2021 will result in no charge. Canceling your reservation after 6:00 PM (local hotel time) on 12 August, 2021, or failing to show, will result in a charge equal to the first night's stay per room to your credit card or other guaranteed payment method. Taxes may apply. Failing to call or show before check-out time after the first night of a reservation will result in cancellation of the remainder of your reservation.

Hotel Information:

For your health and safety and in-line with current legislation and best practices, some services could be modified or reduced (e.g. reduction in restaurant or bar service, alternative guest room furnishings and/or amenities during your stay).

[Click here for our updated face coverings policies.](#)
[\[click.tx.ihg.com\]](#)

Early Departure Fee: \$100.00 (USD)

Daily Parking Fee: \$30.00 (USD)

Pet Policy: Maximum of 2 Pets per room, up to 80 lbs each are welcome. A 50.00 USD non refundable fee is applied per pet per stay. Pets must be on a leash while in hotel public areas and must be placed in a crate or pet carrier while the guest leaves the premises.

* Additional taxes and charges may apply. Other hotel-specific service charges may also apply.

Weapon Policy: † This hotel does not allow any guns on its premises. This prohibition includes concealed and openly carried handguns.

Estimated Earnings:

6880 IHG REWARDS CLUB POINTS

[\[click.tx.ihg.com\]](#)

See. Do. Buy.

Hotel Indigo is part of the neighborhood—and we want you to join us!

[Start Exploring \[click.tx.ihg.com\]](#)

Taste. Drink. Hear.

Get a little more connected to the neighborhood before check in.

[See What's Nearby \[click.tx.ihg.com\]](#)

How much does a ride with the Uber app cost?

Plan your next trip with the price estimator.

Round trip: \$27.34

x 5 days

\$136.70

Uber price estimator

- o 220 S Union St, Alexandria, Virginia (Hotel)
- o Gaylord National Resort & Convention Center, 201 Waterfront St, National Harbor

Your options

• UberX	\$13.67	i
Pool - Unavailable	\$13.67	i
Connect	\$13.77	i

[View all options](#)

Request now

Schedule for later

Sign up to ride

Sample rider prices are estimates only and do not reflect variations due to discounts, geography, traffic delays, or other factors. Flat rates and minimum fees may apply. Actual prices for rides and scheduled rides may vary.

How much does a ride with the Uber app cost?

Plan your next trip with the price estimator.

Uber price estimator

- 2401 Smith Blvd, Arlington, Virginia *Airport*
- 220 S Union St, Alexandria, Virginia

$$\begin{array}{r} \$13.24 \\ \times 2 \\ \hline 26.48 \end{array}$$

Your options

● Connect	\$13.24	ⓘ
UberX	\$18.20	ⓘ
Pool - Unavailable	\$18.20	ⓘ


[View all options](#)

[Request now](#)

[Schedule for later](#)

[Sign up to ride](#)

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 An official website of the United States government

FY 2021 Per Diem Rates for District of Columbia, District of Columbia

I'm interested in:

Lodging by month (excluding taxes) | October 2020 - September 2021

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the [National Association of Counties \(NACO\) website \(a non-federal website\)](#).

Primary Destination ⓘ	County ⓘ	2020 Oct	Nov	Dec	2021 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
District of Columbia	Washington DC (also the cities of Alexandria, Falls Church and Fairfax, and the counties of Arlington and Fairfax, in Virginia; and the counties of Montgomery and Prince George's in Maryland)	\$257	\$188	\$188	\$188	\$188	\$258	\$258	\$258	\$258	\$172	\$172	\$257

Meals & Incidentals (M&IE) Breakdown ⓘ

Use this table to find the following information for federal employee travel:

M&IE Total - the full daily amount received for a single calendar day of travel when that day is neither the first nor last day of travel.

Breakfast, lunch, dinner, incidentals - Separate amounts for meals and incidentals. M&IE Total = Breakfast + Lunch + Dinner + Incidentals. Sometimes meal amounts must be deducted from trip voucher. [See More Information](#)

First & last day of travel - amount received on the first and last day of travel and equals 75% of total M&IE.

Primary Destination ⓘ	County ⓘ	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & Last Day of Travel ⓘ
District of Columbia	Washington DC (also the cities of Alexandria, Falls Church and Fairfax, and the counties of Arlington and Fairfax, in Virginia; and the counties of Montgomery and Prince George's in Maryland)	\$76	\$18	\$19	\$34	\$5	\$57.00

I'm interested in:

Questions? We've Got Answers

I booked hotel rooms before the dates changed. What should I do?

If you booked your housing within the NADCP hotel room block, your reservation will be automatically cancelled, and you will receive a cancellation confirmation via email. Any deposit you paid will be refunded to the method of payment on file.

You will be notified when housing reopens so you can re-book your stay.

I registered before the dates changed. What should I do?

If you are currently registered for RISE21 you will receive an email from NADCP with information on transferring or cancelling your registration.

Is there a list of future and past NADCP conferences?

Yes! [Click here](#).

Will there be any food and beverage offered during the conference?

Yes, a daily continental breakfast will be offered.

What are the housing reservation deadline and hotel rates?

July 2, 2021 is the deadline to book your room. For hotel rates, [click here](#).

What are the registration fees to attend RISE21?

Registration fees and deadlines can be [found here](#).

Future Conferences

RISE21

Gaylord National Resort & Convention Center
August 15-18, 2021
National Harbor, MD

RISE22

Gaylord Opryland Resort & Convention Center
July 25-28, 2022
Nashville, TN

RISE23

Houston Convention Center
June 26-29, 2023

GRANT FUNDS

APPROVED

By Savannah Pedroza at 3:12 pm, Jul 26, 2021



County of El Paso Travel and Training ADVANCE Request Form

NAME	JOSE MONTOYA	DEPARTMENT	CCR2-DWI COURT
EVENT	NADCP RISE 21	DESTINATION	WASHINGTON, DC
DATES	8/14/2021	TO	8/18/2021
		FUNDING SOURCE (Agenda Item Format)	65AMHSA21-600817

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 745.00	745.00
TRANSPORTATION			\$ 503.96	503.96
GROUND TRANSPORTATION			163.18	163.18
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 57.00	57.00
MEAL PER DIEM (EVENT DATES)			\$ 174.00	174.00
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PARKING				0.00
OTHER				0.00
TOTALS:	\$ -	\$ -	\$ 2499.78	2499.78

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

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

EMPLOYEE SIGNATURE		DATE	6-25-2021
DEPARTMENT HEAD SIGNATURE		DATE	6-25-2021

COUNTY OF EL PASO, TEXAS
County Auditor Office Travel/Training Pre-Check List


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- ☒ 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: 08/14/21 - 08/18/21 Purpose: Training / conference Destination: Washington DC

Signature of Employee requesting funds:  Date: 7/15/21

Signature of Department Head review:  Date: 7/15/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Jose Montoya Signature: [Signature] Date: _____
Dept Head: Judge Anchondo Signature: [Signature] Date: _____
Dept: CCES/Out Program Job Title: Peer Support Coach
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: _____



August 15-18, 2021 | National Harbor, MD

TAX ID: 54-1791197

Invoice Date: June 29, 2021
Invoice Number: INV_40987

INVOICE - REMIT WITH YOUR PAYMENT

THIS IS NOT A REGISTRATION CONFIRMATION

Your registration is not confirmed until payment has been received. Confirmations will be sent upon receipt of payment and waiver acceptance.

Bill To:

Reference:

RISE21 Registration

Description	Amount (USD)
Non-Member Conference Fee - 1	
Daisy Duarte	\$ 745.00
	TOTAL USD
	\$ 745.00
DUE DATE: July 29, 2021	

SEND PAYMENT TO

NADCP
PO Box 79289
Baltimore, MD 21279-0289
registration@allrise.org

Invoice Number: INV_40987

To send a payment:
1) Write your check to NADCP
2) Write your invoice number on your check
3) Please send the check, along with a copy of this entire invoice

AMOUNT DUE: \$ 745.00

Due: July 29, 2021

AUGUST 14 - AUGUST 18

ELP ✈ DCA

El Paso to Wash. D.C. (Reagan)

Confirmation # **4IM5FI**

Confirmation date: 07/01/2021

PASSENGER

RAPID REWARDS # [Join \[t.ifly.southwest.com\]](#) or [Log in \[t.ifly.southwest.com\]](#)

TICKET # 5261405620264

EXPIRATION¹ July 1, 2022

EST. POINTS EARNED 2,555

Rapid Rewards® points are only estimations.

Your itinerary

Flight 1:	Saturday, 08/14/2021	Est. Travel Time: 7h 15m	Wanna Get Away®
------------------	-----------------------------	---------------------------------	--

FLIGHT # 3431	DEPARTS		ARRIVES
	ELP 07:05AM El Paso		HOU 10:00AM Houston (Hobby)

Stop: ✈ Change planes

FLIGHT # 3581	DEPARTS		ARRIVES
	HOU 12:20PM Houston (Hobby)		DCA 04:20PM Wash. D.C. (Reagan)

Flight 2:	Wednesday, 08/18/2021	Est. Travel Time: 6h 50m	Wanna Get Away®
------------------	------------------------------	---------------------------------	--

FLIGHT # 5618	DEPARTS		ARRIVES
	DCA 05:05PM Wash. D.C. (Reagan)		HOU 07:20PM Houston (Hobby)

Stop: ✈ Change planes

FLIGHT
2694

DEPARTS
HOU 09:05PM
Houston (Hobby)



ARRIVES
ELP 09:55PM
El Paso

Payment information

Total cost

Air - 4IM5FI


Base Fare	\$	425.64
U.S. Transportation Tax	\$	31.92
U.S. 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	17.20
U.S. Passenger Facility Chg	\$	18.00

Total	\$	503.96
--------------	-----------	---------------

Payment

Visa ending in 2878
Date: July 1, 2021

Payment Amount: \$503.96

 Travel advisory: [Covid-19 \[ihg.com\]](#) and [IHG Way of Clean \[ihg.com\]](#)

Hotel Indigo Old Town Alexandria [\[click.tx.ihg.com\]](#)

220 South Union Street
Alexandria, VA United States 22314

Hotel Front Desk: 17037213800
Email: hotelindigoalexandria@ihg.com

Guest Name:

Check In:	Check Out:	Rooms:	Adults:
14 Aug 2021 — 18 Aug 2021		1	1
3:00 PM	11:00 AM		

[Modify Reservation](#)
[\[click.tx.ihg.com\]](#)

[Customer Care](#)
[\[click.tx.ihg.com\]](#)

[Download the IHG App](#)
[\[click.tx.ihg.com\]](#)

[Ground Transportation](#)
[\[click.tx.ihg.com\]](#)

[Cancel Reservation](#)
[\[click.tx.ihg.com\]](#)

Your confirmation number is: 29217481

Standard Room

Rate Type: STATE GOVERNMENT

Number of Rooms: 1

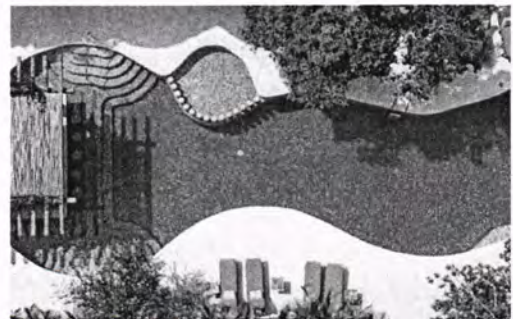
Room Rate Per Night:

Sat 14 Aug 2021 - Wed 18 Aug 2021 \$172.00 (USD)

Total Taxes: \$111.64 (USD)

Estimated Total Price: **\$799.64 (USD)**

[View More Reservation Details](#)
[\[click.tx.ihg.com\]](#)



[\[click.tx.ihg.com\]](#)

Earn points on your stay, redeem them for free nights, and get our best rates every time.

[Join IHG Rewards Now \[click.tx.ihg.com\]](#)

[\[click.tx.ihg.com\]](#)

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Hotel Information:

For your health and safety and in-line with current legislation and best practices, some services could be modified or reduced (e.g. reduction in restaurant or bar service, alternative guest room furnishings and/or amenities during your stay).

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[\[click.tx.ihg.com\]](#)

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Daily Parking Fee: \$30.00 (USD)

Pet Policy: Maximum of 2 Pets per room, up to 80 lbs each are welcome. A 50.00 USD non refundable fee is applied per pet per stay. Pets must be on a leash while in hotel public areas and must be placed in a crate or pet carrier while the guest leaves the premises.

* Additional taxes and charges may apply. Other hotel-specific service charges may also apply.

Weapon Policy: † This hotel does not allow any guns on its premises. This prohibition includes concealed and openly carried handguns.

Estimated Earnings:

6880 IHG REWARDS CLUB POINTS

[\[click.tx.ihg.com\]](#)

See. Do. Buy.

Hotel Indigo is part of the neighborhood—and we want you to join us!

[Start Exploring \[click.tx.ihg.com\]](#)

Taste. Drink. Hear.

Get a little more connected to the neighborhood before check in.

[See What's Nearby \[click.tx.ihg.com\]](#)

[Sign up](#)

How much does a ride with the Uber app cost?

Plan your next trip with the price estimator.

Uber price estimator

Round trip: \$27.34
x 5 days

\$136.70

- o 220 S Union St, Alexandria, Virginia (Hotel)
- o Gaylord National Resort & Convention Center, 201 Waterfront St, National Harbor

Your options

- | | | |
|--------------------|---------|----------|
| • UberX | \$13.67 | i |
| Pool - Unavailable | \$13.67 | i |
| Connect | \$13.77 | i |

[View all options](#)

[Request ride](#)

[Schedule for later](#)

[Sign up to ride](#)

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Sign up

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Plan your next trip with the price estimator.

Uber price estimator

- 2401 Smith Blvd, Arlington, Virginia *Airport*
- 220 S Union St, Alexandria, Virginia

$$\begin{array}{r} \$13.24 \\ \times 2 \\ \hline 26.48 \end{array}$$

Your options

- **Connect** \$13.24 ⓘ
- **UberX** \$18.20 ⓘ
- **Pool - Unavailable** \$18.20 ⓘ

[View all options](#)

[Schedule for later](#)

[Sign up to ride](#)

Sample rider prices are estimates only and do not reflect variations due to discounts, geography, traffic delays, or other factors. Flat rates and minimum fees may apply. Actual prices for rides and scheduled rides may vary.

 An official website of the United States government



U.S. General Services Administration

FY 2021 Per Diem Rates for District of Columbia, District of Columbia

I'm interested in:

Lodging by month (excluding taxes) | October 2020 - September 2021

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the [National Association of Counties \(NACO\) website \(a non-federal website\)](#).

Primary Destination ⁱ	County ⁱ	2020 Oct	Nov	Dec	2021 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
District of Columbia	Washington DC (also the cities of Alexandria, Falls Church and Fairfax, and the counties of Arlington and Fairfax, in Virginia; and the counties of Montgomery and Prince George's in Maryland)	\$257	\$188	\$188	\$188	\$188	\$258	\$258	\$258	\$258	\$172	\$172	\$257

Meals & Incidentals (M&IE) Breakdown ⁱ

Use this table to find the following information for federal employee travel:

M&IE Total - the full daily amount received for a single calendar day of travel when that day is neither the first nor last day of travel.

Breakfast, lunch, dinner, incidentals - Separate amounts for meals and incidentals. M&IE Total = Breakfast + Lunch + Dinner + Incidentals. Sometimes meal amounts must be deducted from trip voucher. [See More Information](#)

First & last day of travel - amount received on the first and last day of travel and equals 75% of total M&IE.

Primary Destination ⁱ	County ⁱ	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & Last Day of Travel ⁱ
District of Columbia	Washington DC (also the cities of Alexandria, Falls Church and Fairfax, and the counties of Arlington and Fairfax, in Virginia; and the counties of Montgomery and Prince George's in Maryland)	\$76	\$18	\$19	\$34	\$5	\$57.00

I'm interested in:

Last Reviewed: 2020-01-10

Questions? We've Got Answers

I booked hotel rooms before the dates changed. What should I do?

If you booked your housing within the NADCP hotel room block, your reservation will be automatically cancelled, and you will receive a cancellation confirmation via email. Any deposit you paid will be refunded to the method of payment on file.

You will be notified when housing reopens so you can re-book your stay.

I registered before the dates changed. What should I do?

If you are currently registered for RISE21 you will receive an email from NADCP with information on transferring or cancelling your registration.

Is there a list of future and past NADCP conferences?

Yes! [Click here](#).

Will there be any food and beverage offered during the conference?

Yes, a daily continental breakfast will be offered.

What are the housing reservation deadline and hotel rates?

July 2, 2021 is the deadline to book your room. For hotel rates, [click here](#).

What are the registration fees to attend RISE21?

Registration fees and deadlines can be [found here](#).

Future Conferences

RISE21

Gaylord National Resort & Convention Center
August 15-18, 2021
National Harbor, MD

RISE22

Gaylord Opryland Resort & Convention Center
July 25-28, 2022
Nashville, TN

RISE23

Houston Convention Center
June 26-29, 2023

GRANT FUNDS

APPROVED

By Savannah Pedroza at 3:10 pm, Jul 26, 2021



County of El Paso Travel and Training ADVANCE Request Form

NAME	VANESSA GONZALEZ (ALIVIANE COUN)			DEPARTMENT	CCR2-DWI COURT
EVENT	NADCP RISE 21			DESTINATION	WASHINGTON, DC
DATES	8/14/2021	TO	8/18/2021	FUNDING SOURCE (Agenda Item Format)	65AMHSA21-600817

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 745.00	745.00
TRANSPORTATION			503. ⁹⁶	503. ⁹⁶
GROUND TRANSPORTATION			163. ¹⁸	163. ¹⁸
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 57. ⁰⁰	57. ⁰⁰
MEAL PER DIEM (EVENT DATES)			\$ 174.00	174.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 57.00	57.00
LODGING			\$ 799. ⁶⁴	799. ⁶⁴
PARKING				0.00
OTHER				0.00
TOTALS:	\$ -	\$ -	\$ 2499. ⁷⁸	2499. ⁷⁸

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

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

EMPLOYEE SIGNATURE		DATE	6-25-21
DEPARTMENT HEAD SIGNATURE		DATE	6-25-21

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.
- ☒ N/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.
- ☒ 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).
- ☒ Airfare was secured at least 21 days prior to trip (Explanation was provided justifying exceptions, if warranted).
- ☒ 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).
- ☒ 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.
- ☒ 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: 08/14/21 - 08/18/21 Purpose: Training / Conference Destination: Washington DC

Signature of Employee requesting funds: _____ Date: 7/15/21

Signature of Department Head review: _____ Date: 7/15/21

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Vanessa Gonzalez Signature: [Signature] Date: _____
Dept Head: Jorge Anchondo Signature: [Signature] Date: _____
Dept : CORA/OUT program Job Title: Treatment Provider
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: _____



August 15-18, 2021 | National Harbor, MD

TAX ID: 54-1791197

Invoice Date: June 29, 2021
Invoice Number: INV_40987

INVOICE - REMIT WITH YOUR PAYMENT

THIS IS NOT A REGISTRATION CONFIRMATION

Your registration is not confirmed until payment has been received. Confirmations will be sent upon receipt of payment and waiver acceptance.

Bill To:

Reference:

RISE21 Registration

Description	Amount (USD)
Non-Member Conference Fee - 1	
Daisy Duarte	\$ 745.00
	TOTAL USD
	\$ 745.00

DUE DATE: July 29, 2021

SEND PAYMENT TO

NADCP
PO Box 79289
Baltimore, MD 21279-0289
registration@allrise.org

Invoice Number: INV_40987

To send a payment:
1) Write your check to NADCP
2) Write your invoice number on your check
3) Please send the check, along with a copy of this entire invoice

AMOUNT DUE: \$ 745.00

Due: July 29, 2021

AUGUST 14 - AUGUST 18

ELP → DCA

El Paso to Wash. D.C. (Reagan)

Confirmation # **4IM5FI**

Confirmation date: 07/01/2021

PASSENGER

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EXPIRATION* July 1, 2022
EST. POINTS EARNED 2,555

Rapid Rewards® points are only estimations.

Your itinerary

Flight 1:	Saturday, 08/14/2021	Est. Travel Time: 7h 15m	Wanna Get Away®
------------------	-----------------------------	---------------------------------	---------------------------------

FLIGHT # 3431	DEPARTS	ARRIVES
	ELP 07:05AM El Paso	HOU 10:00AM Houston (Hobby)

Stop: ✕ Change planes

FLIGHT # 3581	DEPARTS	ARRIVES
	HOU 12:20PM Houston (Hobby)	DCA 04:20PM Wash. D.C. (Reagan)

Flight 2:	Wednesday, 08/18/2021	Est. Travel Time: 6h 50m	Wanna Get Away®
------------------	------------------------------	---------------------------------	---------------------------------

FLIGHT # 5618	DEPARTS	ARRIVES
	DCA 05:05PM Wash. D.C. (Reagan)	HOU 07:20PM Houston (Hobby)

Stop: ✕ Change planes

FLIGHT # 2694	DEPARTS HOU 09:05PM Houston (Hobby)	ARRIVES  ELP 09:55PM El Paso
------------------	--	--

Payment information

Total cost

Air - 4IM5FI

Base Fare	\$	425.64
U.S. Transportation Tax	\$	31.92
U.S. 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	17.20
U.S. Passenger Facility Chg	\$	18.00
Total	\$	503.96

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Visa ending in 2878

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Hotel Indigo Old Town Alexandria
[\[click.tx.ihg.com\]](#)

220 South Union Street
Alexandria, VA United States 22314

Hotel Front Desk: 17037213800
Email: hotelindigoalexandria@ihg.com

Guest Name: .

Check In:	Check Out:	Rooms:	Adults:
14 Aug 2021 — 18 Aug 2021		1	1
3:00 PM	11:00 AM		

[Modify Reservation](#)
[\[click.tx.ihg.com\]](#)

[Customer Care](#)
[\[click.tx.ihg.com\]](#)

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[Cancel Reservation](#)
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Your confirmation number is: 29217481

Standard Room

Rate Type: STATE GOVERNMENT

Number of Rooms: 1

Room Rate Per Night:

Sat 14 Aug 2021 - Wed 18 Aug 2021 \$172.00 (USD)

Total Taxes: \$111.64 (USD)

Estimated Total Price: \$799.64 (USD)

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[\[click.tx.ihg.com\]](#)



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Round trip: \$27.34
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\$136.70

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Your options

- UberX \$13.67 ⓘ
- Pool - Unavailable \$13.67 ⓘ
- Connect \$13.77 ⓘ

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Schedule for later

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Unavailable

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August 15-18, 2021
National Harbor, MD

RISE22

Gaylord Opryland Resort & Convention Center
July 25-28, 2022
Nashville, TN

RISE23

Houston Convention Center
June 26-29, 2023