Click on Bookmarks

To View Travel Detail

TRAVEL REGISTER CC 08/09/2021

VENDOR NAME	DOCUMENT	INVOICE	ACCOUNT DESC	AMOUNT
DAVID STOUT	2164454	TA2100462	GF-GADM-TRAVEL/PROF ED	475.92
DAVID STOUT	2164455	TA2100463	GF-GADM-TRAVEL/PROF ED	212.43
SAM MEDRANO JR.	2164486	TA2100459	GF-GADM-TRAVEL/PROF ED	3,547.12
GWENDOLYN MCCLURE	2164487	TA2100460	GF-GADM-TRAVEL/PROF ED	2,594.01
JOYCE GARCIA	2164488	TA2100461	GF-GADM-TRAVEL/PROF ED	1,090.18
ELLWOOD WHITTEN	2164449	SHRFFTA2021-08	SR-SOLEOSE-EE TRAINING	941.04
GRACIE DE SANTIAGO	2163785	08/24/21	SG-SHACADE21-OPERATING EXP	363.51
ROBERT ROJAS	2160892	TAWASH05/13-05/1	.7RC SG-SHJUSTEQUISHAR-OPERATING EX	2,015.51
Total				11,239.72

County of El Paso Travel and Training REIMBURSEMENT Form



NAME	Da	ivid C. Stout		DEP	ARTN	IENT		Commissio	oner 2
EVENT	NACo A	annual Confere	nce	DES	ΓINA	TION		Washington	, D.C.
DATES	07/09/21	TO 07	.14.2021	1		SOURCE Format)			
			SEPARAT PURCHA		1000	COUNTY CDIT CARD		ACTUAL XPENSES	TOTAL AMOUNT
	ION - If separate chec eted Registration For				\$	515.00 ^V	\$	515.00	0.00
FRANSPORT	TATION	AIRFARE			\$	586.19	\$	586.19	0.00
SHUTTLE, T	AXI, SHARE RIDE						\$	163.92	163.92
	L (IF APPROVED, II M PURCHASING)	NCLUDE							0.00
GAS									0.00
MEAL PER DI	EM (DEPARTURE)						\$	57.00	57.00
	EM (EVENT DATES)	2 - luch	eons	TOTOL	ride	d	\$10	28.00 274.00	\$198,00
MEAL PER DI	EM (RETURN) er diem	2 - any	mers.	/ \			\$	57.00	57.00
LODGING					s	1,233.10	s	1,233.10	0.00
PARKING					***************************************			_,	0.00
OTHER									0.0
OTHER							1,	اد مید د	0.00
		TOTALS:	\$		S	2,334.29	\$	2810 21 2.886.21	\$475.98
REQUIRE	DF THIS FORM COMMENTS, INCLUDIN http://www.unds be reimbursed b	G EMPLOYME	THE COU	TMENT A NTY FRO	ND AU OM WA el%20	UTHORIZATION GES.	ON TO	DEDUCT AM	TRAVEL POLICY OUNTS OWED TO
EMPLOYE	EE)	9)	.5, 11411	e or sponsor.	DAT		
SIGNATUI DEPARTM SIGNATUI	IENT HEAD	1)9	2	-)		DAT	07.29.20 TE 07.29.20	
		FO	R AUDITO	R'S OFF	ICE U	SE ONLY			
	Forms Agenda Transportation Expenditure Vouch		Meals Lodging Ground Tra			VENDOR NU		10.	2

Cumulative Travel less than \$6,000

RECEIVED

APPROVED BY:

JUL 29 2021

	M A: County Funded Travel Disclosure Report
Emplo	byee: David Stout Signature: Dec Date: 07.29.2021
	lead: David Stout Signature: Doc Date: 07.29.2021
	: County Commissioner Precinct 2 Job Title: County Commissioner
Travel	Funding Source: XCountyGrantOther
Will a	ny funds be reimbursed by another entity? No
Travel	Account No Balance Remaining for FY;
Will p	osting travel details prior to travel jeopardize the safety of the traveler Yes \underline{X} NO
Purpos	e: (check one)
	Statutorily Required Training to Hold Elective Office Statute Reference:
	My effective office requires number of training hours annually,
	I have already 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
	Town I for I who is a / A downstine Defense Federal/State I originature
Ш	Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body,
	Including Grant Application Advocacy
	Entity Name:
	Purpose of Visit:
	Travel for Program Revenue Enhancement/Sales Opportunity
	Explain:
	Program Development Training
	Explain:
X	Travel to Professional, County, or Elected Officials' Organization
	Meeting/Convention
	(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
	Organization Name: NACo Annual Conference, Washington D.C.
	Human Resources/Management/Personal Development Training
_	("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
	Other:
	Other.

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

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JUL 29 2021

County of El Paso Travel and Training REIMBURSEMENT Form



E#	113784	VŦ	-101445			
NAME	Da	vid C. St	out	DEPARTMENT	Commissioner 2	
EVENT		an Legisl	lative Conference Summit	DESTINATION	Austin, Texas	
DATES	07.06.2021	то	07.08.2021	FUNDING SOURCE (Agenda Item Format)		

	delication	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ACTUAL EXPENSES	TOTAL AMOUNT
REGISTRATION - If separate check, p include completed Registration Form	olease				0.00
TRANSPORTATION AII	RFARE		\$ 210.99 ^V	\$ 210.99	0.00
SHUTTLE, TAXI, SHARE RIDE				\$ 73.93 V	73.93
CAR RENTAL (IF APPROVED, INC QUOTE FROM PURCHASING)	LUDE				0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				\$ 45.75	45.75
MEAL PER DIEM (EVENT DATES)				\$ 47.00	47.00
MEAL PER DIEM (RETURN) 75% of full per diem				\$ 45.75	\$45.75 0.00
LODGING					0.00
PARKING					0.00
OTHER					0.00
OTHER				4117342	4 202 0.00
1	TOTALS:	s -	\$ 210.99 ^V	\$ -377.67	#212,43 \$166.68
SIGNING OF THIS FORM CONST REQUIREMENTS, INCLUDING E http://www.	MPLOYMEN	THE COUNTY FRO	AND AUTHORIZATIO	ON TO DEDUCT AMO	
EMPLOYEE SIGNATURE	K. (8-	0	DATE 07.29.202	.1
DEPARTMENT HEAD SIGNATURE	49	1	\leftarrow	DATE 07.29.	5.57

	FOR AUDITOR'S OFFICE	USE ONLY
Forms	Meals	VENDOR NUMBER:
Agenda	Lodging	107
Transportation	Ground Transportation	REVIEWED BY:
Expenditure Voucher for	Previous Travel	
Cumulative Travel less th	an \$6,000	APPROVED BY:

RECEIVED

JUL 29 2021

Employe	ee: David Stout	Signature: DOC	Date: <u>07.29.2021</u>
	ead: <u>David Stout</u>	Signature: 196	Date: <u>07.29.2021</u>
Dept			Job Title: County Commissioner
Travel Fu	unding Source: XCounty	Grant	_Other
Will any	funds be reimbursed by another e	entity? No	
Travel A	account No	Balance Remaining fo	r FY:
Will post	ting travel details prior to travel je	eopardize the safety of the	e travelerYes X NO
Purpose:	(check one)		
	Statutorily Required Training to Statute Reference:	to Hold Elective Office	
	My effective office requires	number of training hou	irs annually.
	I have already fulfilledof t Estimated hours to be obtained fr		period.
	Please provide documentation for		
-			
	Professional or Technical Train		
	(peace officers, attorneys, CPAs, My effective office requires		
	I have already fulfilledof th	ese hours for this time p	eriod.
	Estimated hours to be obtained fr		
	Additional Professional or Tecl	aniaal Teaining NOT D	aguired to Maintain
	License/Certification	inical Training NOT K	equired to Maintain
-			
\boxtimes	Travel for Lobbying/Advocating		
	Federal/State Legislature, Fede		her Regulatory Body,
	Including Grant Application A	dvocacy	
	Entity Name: <u>Texas Legislature</u> Purpose of Visit: <u>Testimony on</u>	07.06.2021	
	raspose of visit. <u>restiniony on v</u>	07.00.2021	
-	Travel for Program Revenue E	nhancement/Sales Oppo	ortunity
	Explain:		
П	Program Development Trainin	σ.	
	Explain:	6	
	Travel to Professional, County	or Elected Officials' O	rganization
	Meeting/Convention (County Clerk's Association, TA	G. Conference of Urban	Counties TRIC etc.)
	Organization Name: MALC Vot		
	Hamis Daniel Ox	.//01 D	· Wastellan
	Human Resources/Managemer ("Dealing with Difficult People"		
	(Dearing with Difficult People	, suces management, "De	A Detter Leader, etc.)
	Other:		

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

RECEIVED

JUL 29 2021



C# 11	3362	V# 1013	28
NAME	tom whitten		DEPARTMENT sheriffs office
EVENT	IACP 🗸		DESTINATION New Orleans, La
DATES	9/10/2021	√ TO	9/14/2021 V FUNDING SOURCE SL-SOUEOSE -EE

	SEPARATE CK / PURCHASING	CRE	EDIT CARD ADVA	NCE TOTAL AMOUNT
REGISTRATION - If separate check, please			1	
include completed Registration Form		\$	500.00 √	500.00
TRANSPORTATION		\$	340.46	340.46
GROUND TRANSPORTATION				0.00
GAS			\$53.2	0.00
MEAL PER DIEM (DEPARTURE)				02 00 #53.2S
75% of full per diem 09/10/3	21			102.00
MEAL PER DIEM (EVENT DATES)			s \$ 213.	\$213.00 408.00
MEAL PER DIEM (RETURN)			\$53	25 \$53,25
75% of full per diem 09/14/2			\$ 4	02.00
LODGING			\$ 6	621.54 621.54
PARKING				0.00
OTHER				0.00
OTHER			40.11	0.00
TOTALS	: \$ -	\$	840.46 \$ 1.2	33.54 \$1781,50 33.54

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.

C12

FOR	M A: County Funde	d Travel Disclosure Repor	
Emple	oyee: Tuitte	Signature:	Date: 7/21/2021
Dept	Hond	Signatura: / Man	Date: 7/21/2021
Dept	: 50.	Job Title: Chief Jep.	
		CountyGrant	Other
Will a	ny funds be reimbursed by	another entity?	
Travel	Account No.	Balance Remaining t	for FY:
Will p	osting travel details prior to	o travel jeopardize the safety of t	he traveler Yes NC
Purpos	se: (check one)		
	Statute Reference: My effective office requ I have already fulfilled _ Estimated hours to be ob	ires number of training ho of these hours for this time otained from this course: tation for hours needed	ours annually.
	(peace officers, attorney My effective office requ I have already fulfilled_	cal Training to Maintain Licen s, CPAs, technical certifications, ires number of training he of these hours for this time potained from this course:	etc.) ours annually.
	Additional Professiona License/Certification	l or Technical Training NOT F	Required to Maintain
		dvocating Before Federal/State ire, Federal/State Agency, or O ication Advocacy	
	Travel for Program Re Explain:	venue Enhancement/Sales Opp	portunity
	Program Development Explain:	Training	
	Meeting/Convention	County, or Elected Officials' Continuity, or Elected Officials' Continuity	
	Human Resources/Man ("Dealing with Difficult	nagement/Personal Developmer People", stress management, "Bo	nt Training e A Better Leader", etc.)
	Other:		



NAME	Carlos Madrid				DEP	ARTMENT	Count	inty Attorney			
EVENT	Grievances, Arl	rbitrations & Past Practices		ces	DESTINATION		-	Las Vegas, NV.			
DATES	09/22/21	то	09/24	/21	FUNI	DING SOUR da Item Forma	CE	-5,	CA COM	M-6705	
DECICEDA	PLON. 16			ARATI RCHAS		COUN'		A	DVANCE	TOTAL AMOUNT	
include com	ΓΙΟΝ - If separate α pleted Registration I	check, please Form	\$	79	5.00					795.00	
TRANSPOR	TATION	AIRFARE						\$	319.19	319.19	
SHUTTLE,	TAXI, SHARE RID	E				h			517.17	0.00	
CAR RENTA	AL (IF APPROVED)						NAME:			
GAS			-0.00							0.00	
	IEM (DEPARTURE)						_			0.00	
75% of full p	per diem						C.W.W.	\$	45.75	45.75	
	IEM (EVENT DATES	1						\$	70.00	70.00	
MEAL PER D 75% of full p	EM (RETURN) per diem							\$	45.75		
LODGING			10					\$	T	45.75	
PARKING								3	281.04	281.04	
OTHER										0.00	
OTHER								*/		0.00	
						110001-				0.00	
OTHER										0.00	
-		TOTALS	: \$	795	5.00	\$	-	\$	761.73	\$1,556.73	
SIGNING REQUIREM	OF THIS FORM C MENTS, INCLUDIN http:	CONSTITUTES A IG EMPLOYMEN //www.epcounty	ii COM	COUNTY	T ANI	WAGES.	ATION '	TO DE	DUCT AMOUNT	AVEL BOX ION	
MUM A	unds be reimburs			YES		avel allu Iral	ning Po	пісу 10	<u>J2416.pdf</u>		

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

EMPLOYEE
SIGNATURE

DATE
July 26, 2021

DEPARTMENT HEAD
SIGNATURE

DATE
T/27/2021

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

Employee: Carlos Madrid Signature On Date: July 26, 202	1
Dept. Head: Jo Anne Bernal Signature Signature Date: 7/27/202	
Dept: County Attorney's Off Job Title: Division Chief	
Travel Funding Source: County Grant Other	
Will any funds be reimbursed by another entity?	
Travel Account No: Balance Remaining for FY:	
Purpose: (check one)	
Statutorily Required Training to Hold Elective Office	
Statue Refrence:	
My effective office requires number of training hours annually.	
I have already fulfilled of these hours for this time period.	
Estimated hours to be obtained from this cours?	
Please provide documentation for hours needed.	
X Professional or Technical Training to Maintain License/Certification	
(peace officers, attorneys, CPAs, technical certifications, etc.)	
My effective office requires 15 number of training hours annually. I have already fulfilled 0 of these hours for this time period.(2022)	
Estimated hours to be obtained from this cours? Up to 12.5	
Additional Professional or Technical Training NOT Required to Maintain	
License/Certification	
Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/	
State Legislature, Federal/State Agency, or Other Regulatory Body, Including	~
Grant Application Advocacy	<u>s</u>
Entity Name:	
Purpose of Visit:	—
Travel for Program Revenue Enhancement/Sales Opportunity	
Explain:	
Program Development Training	
Explain:	
Travel to Professional, County, or Elected Officials' Organization	
Meeting/Convention	
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)	
Organization Name:	
Human Resources/Management/Personal Development Training	
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)	
Other:	



NAME	Diana Shearer			DEPARTMENT	Γ County	aty Attorney		
EVENT Grievances, Arbitrations & Past Prac		Past Practices	DESTINATION					
DATES	09/22/21	то	09/24/21	FUNDING SOU (Agenda Item Form		CA COMMA CODE		
DEGYOTE			SEPARA' PURCH			ADVANCE	TOTAL AMOUNT	

		_	(Agend	a Item	Format)		0,1,001,1	
REGISTRATION - If separa			ARATE CK / RCHASING		COUNTY EDIT CARD	A	DVANCE	TOTAL AMOUNT
include completed Registration	on Form	\$	795.00					795.00
TRANSPORTATION	AIRFARE			\$	194.41			194.41
SHUTTLE, TAXI, SHARE R	NIDE							0.00
CAR RENTAL (IF APPROV	ED)					1000		W
GAS			TATES INC.					0.00
MEAL PER DIEM (DEPARTUR	RE)			70				0.00
75% of full per diem						\$	45.75	45.75
MEAL PER DIEM (EVENT DAT	TES)					\$	70.00	70.00
MEAL PER DIEM (RETURN) 75% of full per diem				****	···	\$	45.75	***
LODGING						1		45.75
PARKING						\$	281.04	281.04
OTHER	and the second s							0.00
						77.74		0.00
OTHER								0.00
OTHER								0.00
	TOTALS:	\$	795.00	\$	194.41	\$	442.54	\$1,431.95
SIGNING OF THIS FORM REQUIREMENTS, INCLUI ht Will any funds be reimber	ttp://www.epcounty.c	COM Com/au	MITMENT AND OUNTY FROM	WAGI	HORIZATION ES.	TO DE	DUCT AMOUNT	RAVEL POLICY S OWED TO THE
EMPLOYEE	-	-				DATE		
	/Diana Shearer						7/29/21	
DEPARTMENT HEAD SIGNATURE	2 Sosa	حـ				DATE	August 3, 20)21
Checklist	FO	R AU	DITOR'S OFFI		SE ONLY VENDOR NU	MBER:		

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

Employee:	Diana Shearer Signature /s,	Diana Shearer Date: 7/29/21
Dept. Head:	Jo Anne Bernal Signature 5	Sosa Date: August 3, 2021
Dept:	County Attorney's Off Job Title: Pr	incipal Attorney
	funds be reimbursed by another entity?	ant Other
		James Demokring Con DV
Travel A	CCOUNT IVO.	lance Remaining for FY:
Purpose:	: (check one)	
	Statutorily Required Training to Hold El	ective Office
	Statue Refrence:	
		umber of training hours annually.
		e hours for this time period.
	Estimated hours to be obtained from this co	
	Please provide documentation for hours nee	ded.
X	Professional or Technical Training to Ma	intain License/Certification
	(peace officers, attorneys, CPAs, technical c	
		umber of training hours annually.
	Section Control of the control of th	e hours for this time period.
	Estimated hours to be obtained from this con	urs? up to 12.5 hours
	Additional Professional or Technical Trai	ining NOT Required to Maintain
	License/Certification	ming 1001 Required to Maintain
4-25	Travel for Lobbying/Advocating Before I	
	State Legislature, Federal/State Agency, o	or Other Regulatory Body, <u>Including</u>
	Grant Application Advocacy	
	Entity Name: Purpose of Visit:	
***************************************	Turpose of Visit.	
	Travel for Program Revenue Enhanceme	nt/Sales Opportunity
	Explain:	
	Program Development Training	
The same of the sa	Explain:	
	Travel to Professional, County, or Elected	l Officials' Organization
	Meeting/Convention	
	(County Clerk's Association, TAG, Conference Organization Name:	nce of Urban Counties, TBIC, etc.)
	- Commence of the commence of	
Name and Address of the Owner, where	Human Resources/Management/Personal	
	("Dealing with Difficult People", stress man	agement, "Be A Better Leader", etc.)
	Other:	
-		



NAME	Joyce Garcia E	MP #115	5536	DEPARTMENT	Domestic Relations Office
EVENT	TADRO 36th Ann	nual Confe	erence	DESTINATION	Houston, Texas
DATES	10/6/2021	то	10/8/2021	FUNDING SOUR (Agenda Item Formal	GADM-TRAVEL/PROFED

	RATE CK / CHASING	CREDIT CARD	A	DVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			s	200.00	200.00
TRANSPORTATION			\$	344.96	344.96/
GROUND TRANSPORTATION					0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$	45.7 5 \$2	6.25 45.75
MEAL PER DIEM (EVENT DATES)			\$		5.00 61.00
MEAL PER DIEM (RETURN) 75% of full per diem			\$	45.75 V	45.75/
LODGING			\$	428.22 \	428.22
PARKING					0.00
OTHER			64 0	000 10 01	0.00
TOTALS:	\$ 	\$ -	\$ -	90.18 \$1 1,125.68	,090.18 \$1,125.68

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 TO THE STATE OF THE ST	DATE
SIGNATURE	7-22-2021
DEPARTMENT HEAD Brian Stanley SIGNATURE	DATE 7-22-2021

10/6 - 75% & DINN PROV	\$26.25
(61 - 26)*75% 10/7 - LUNCH PROV	\$45.00
(61 - 16) 10/8 - 75%	\$45.75

County Funded Justification Form

Empl	loyee: Joyce Garcia	Signature:	Teno San	Date: 7-22-2021
	. Head: Brian Stanley	Signature:	Brian Stanley	Date: 7-22-2021
	.: Domestic Relations Office		Trial Attorney	
Trave	el Funding Source: X County Grant	Other		
Willa	any funds be reimbursed by another entity?			•
Trave	el Account No.	B	Balance Remaining for FY:	
Will p	posting travel details prior to travel jeopardize the	he safety of the tr	raveler? Yes _X_ No	
Purpo	se: (Check One)			
	Statutorily Required Training to Hold Electric Reference: My effective office requires number of these hours. I have already fulfilled of these hours. Estimated hours to be obtained from this couplease provide documentation for hours need.	of training hours for this time peri urse:		
	Professional or Technical Training to Mai (Peace Officers, Attorneys, CPAs, Technical My effective office requires number of I have already fulfilled of these hours to Estimated hours to be obtained from this cou	l Certifications, e of training hours for this time perio	etc.) annually.	
	Additional Professional or Technical Trai	ning NOT Requ	ired to Maintain License/Cer	tification
	Travel for Lobbying/Advocating Before F or Other Regulatory Body, Including Grant Application Advocacy Entity Name: Purpose of Visit:		gislature, Federal/State Legis	
	Travel for Program Revenue Enhancemen	nt/Sales Opports	unity	
	Program Development Training Explain:			
	Travel to Professional, County, or Elected (County Clerk's Association, TAG, Conference Organization Name:			
	Human Resources/Management/Personal ("Dealing with Difficult People", Stress Man			
V	Other: TADRO 36th Annual Conference			



NAME	Gwendolyn McClur	e EM	P #112699	DEPARTMENT	Domestic Relations Office			
EVENT	AFCC and AAML 2	2021 Con	ference	DESTINATION	Washington DC			
DATES	9/20/2021	то	9/25/2021	FUNDING SOUR (Agenda Item Forma	GADM-TRAVEL/PROFED			

		RATE CK / CHASING	CREDIT CARD	1	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				\$	910.00	910.00 <mark>\</mark>
TRANSPORTATION				\$	118.01	118.01
GROUND TRANSPORTATION				\$	32.00	32.00
GAS						0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem 09/20				\$	57.00	57.00 \
MEAL PER DIEM (EVENT DATES) 09/21 - 09/2	24			\$	304.00 \$23	3.00
MEAL PER DIEM (RETURN) 75% of full per diem 09/25				\$	57.00	57.00
LODGING				\$	1,145.00	1,145.00
PARKING				\$	42.00	42.00
OTHER						0.00
TOTALS	\$	-	s -	\$2, \$	594.01 \$2 2,665.01	,594.01 \$2,665.01

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

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

EMPLOYEE	DATE	
SIGNATURE Gwendolyn McClure	7-20-2021	
DEPARTMENT HEAD Brian Stanley	DATE 7-20-2021	

9/20 - 75%	\$57.00
9/21 - NO MEALS PROV	\$76.00
9/22 - NO MEALS PROV	\$76.00
9/23 - DINNER PROV	\$42.00
(76 - 34)	
9/24 - BREAKF & LUNCH PRO\	/ \$39.00
(76 - 18 - 19)	
9/25 - 75%	\$57.00

County Funded Justification Form

Employee: Gwendolyn McClure		Signature: Gwendolyn McClure Date: 7-20-2021
Dept	. Head: Brian Stanley	Signature Brian Stanley Date: 7-20-2021
Dept	: Domestic Relations Office	Job Title: Social Worker
Trave	el Funding Source: X County Grant	Other
Willa	any funds be reimbursed by another entity?	
Trave	el Account No	Balance Remaining for FY:
Will	posting travel details prior to travel jeopardize th	ne safety of the traveler? YesX _No
Purpo	ose: (Check One)	
	Statutorily Required Training to Hold Ele Statute Reference:	
	My effective office requires number of I have already fulfilled of these hours Estimated hours to be obtained from this cou	for this time period.
	Please provide documentation for hours need	
	Professional or Technical Training to Mai (Peace Officers, Attorneys, CPAs, Technical My effective office requires number of I have already fulfilled of these hours for Estimated hours to be obtained from this countries.	Certifications, etc.) of training hours annually. or this time period.
	Additional Professional or Technical Trai	ning NOT Required to Maintain License/Certification
	or Other Regulatory Body, Including Grant Application Advocacy Entity Name:	ederal/State Legislature, Federal/State Legislature, Federal/State Agency,
	Travel for Program Revenue Enhancemen Explain:	nt/Sales Opportunity
	Program Development Training Explain:	
	Travel to Professional, County, or Elected (County Clerk's Association, TAG, Conferer Organization Name:	Officials' Organization Meeting/Convention nce of Urban Counties, TBIC, etc.)
	Human Resources/Management/Personal ("Dealing with Difficult People", Stress Man	Development Training agement. "Be A Better Leader", etc.)
V	Other: AFCC and AAML 2021 Conferen	ce



NAME	Sam Medrano, Jr.	o, Jr. EMP #106241 DEPARTME				District Court
EVENT	Handling Capital Cases			DESTINATION	New Or	leans, LA
DATES	10/4/2021	то	10/7/2021	FUNDING SOURCE (Agenda Item Format)		GADM-TRAVEL/PROF ED

	A CONTRACTOR OF THE PARTY OF TH	ATE CK / HASING	CREDIT CARD	A	DVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				\$	1,948.00	1,948.00
TRANSPORTATION				\$	519.46	519.46
GROUND TRANSPORTATION				\$	70.00	70.00
GAS	1234					0.00
MEAL PER DIEM (DEPARTURE) 10/03 75% of full per diem				\$	53.25	53.25
MEAL PER DIEM (EVENT DATES) 10/04 - 10/	06			\$	-284.00 \$	108.00284.00
MEAL PER DIEM (RETURN) 75% of full per diem 10/07					\$27.00	\$27.00 0.00
LODGING				\$	821.41	821.41
PARKING						0.00
OTHER				\$	3,547,12	0.00
TOTALS	s: \$	-	\$ -	\$	-3,696.1 2	\$3,696.12

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

EMPLOYEE SIGNATURE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

DATE

SIGNATURE

DATE

10/3 - 75% 10/4 - BF & LUNCH PROV	\$53.25 \$36.00
(71 - 17 - 18)	
10/5 - BF & LUNCH PROV (71 - 17 - 18)	\$36.00
10/6 - BF & LUNCH PROV (71 - 17 - 18)	\$36.00
10/7 - 75% & BF & LUNCH PROV (71 - 17 - 18)*75%	\$27.00

FORM	A: County Funded Tra	avel Disclosure Rep	ort		0.00					
Employe			e:		: 8-3-21					
Dept He		Signature	e:	Date	: 8-3-21					
Dept	409th District Court	Job Title	: Judge							
	anding Source:Count		f Ed Grant	Other						
Will any Judical	funds be reimbursed by another	er entity? Yes,(Pending S	Scholarship to be	paid by The N	<u>Vational</u>					
Travel A	ccount No. GADM-Travel/Pro	of Ed_	Balance Remaini	ng for FY: _	_					
	ing travel details prior to trave		f the traveler.	Yes	_NO					
		4.6								
	(check one)									
\boxtimes	Statutorily Required Training	ng to Hold Elective Off	ice							
	Statute Reference: My effective office requires 1	5 number of training hou	irs annually							
	I have already fulfilled	of these hours for this tir	ne period.							
	Estimated hours to be obtaine	d from this course:	ne periou.							
	Please provide documentation	for hours needed	-							
	Professional or Technical T	raining to Maintain Lic	ense/Certificati	on						
	(peace officers, attorneys, CP	As technical certification	ns. etc.)							
	My effective office requires	number of training	hours annually.							
	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	d from this course:	-							
	Additional Professional or	Technical Training NO	T Required to M	Taintain						
_	License/Certification									
	Travel for Lobbying/Advoc	ating Before Federal/St	tate Legislature	0.2.7						
-	Federal/State Legislature, I	Federal/State Agency, o	r Other Regulat	tory Body,						
	Including Grant Application	on Advocacy								
	Entity Name:									
	Purpose of Visit:									
	Travel for Program Revent	ue Enhancement/Sales	Opportunity							
	Explain:									
T	Program Development Tra	ining								
	Explain:									
	Travel to Professional, Cou	inty, or Elected Official	ls' Organization	P. II						
_	Manding/Convention									
	(County Clerk's Association Organization Name:	, TAG, Conference of U	rban Counties, T	BIC, etc.)						
	Human Resources/Manage	ement/Personal Develor	ment Training							
	("Dealing with Difficult Peo	ple", stress management	, "Be A Better L	eader", etc.)						
\square	Other: 409th District Court	has the State of Texas vs	s. Patrick Crusius	(Wal-mart Ca	ase)					
\bowtie	Other. 407 District Court			W E FATA						

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



NAME	Robert C. Rojas			DEPARTMENT	T Sheriff's Office			
EVENT	Police Weekend 2021			DESTINATION	Wash	ington DC		
DATES	10/13/2021	то	10/17/2021	FUNDING SOUR (Agenda Item Format		Justice FF		

		RATE CK / CHASING	CREDIT CARD	1	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form						0.00
TRANSPORTATION				\$	481.17	481.17
GROUND TRANSPORTATION						0.00
GAS						0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				\$	57.00	57.00
MEAL PER DIEM (EVENT DATES)				\$	228.00	228.00
MEAL PER DIEM (RETURN) 75% of full per diem				\$	57.00	57.00
LODGING				\$	1,192.34	1,192.34
PARKING						0.00
OTHER						0.00
TOTALS	: \$	12	s -	\$	2,015.51	\$2,015.51

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

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

EMPLOYEE	DATE
SIGNATURE	07-20-21
DEPARTMENT HEAD	DATE
SIGNATURE	7.20-21

APPROVED

By Sergio Vasquez at 12:31 pm, Jul 28, 2021

	M A: County Funded Travel Disclosure Report Ovee: Robert C. Rojas Signature: Date: 07/20/
Emplo Dept l	
Dept	
	Funding Source:CountyGrantOther
Havei	runding sourceCountyGrantOuter
Will a	ny funds be reimbursed by another entity?
Travel	Account No Balance Remaining for FY:
Will p	osting travel details prior to travel jeopardize the safety of the traveler Yes NO
Purpos	e: (check one)
	Statutorily Required Training to Hold Elective Office Statute Reference:
	My effective office requires number of training hours annually.
	I have already fulfilledof these hours for this time period. Estimated hours to be obtained from this course:
	Please provide documentation for hours needed
	. Touse provide accumentation for notice accurate
	Professional or Technical Training to Maintain License/Certification
	(peace officers, attorneys, CPAs, technical certifications, etc.)
	My effective office requires number of training hours annually.
	I have already fulfilledof these hours for this time period. Estimated hours to be obtained from this course:
	Estimated floats to be obtained from any course.
	Additional Professional or Technical Training NOT Required to Maintain
4-20	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:
	Explain.
	Program Development Training
_	Explain:
ш	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.)
\square	Other: Police Weekend 2021
	Office. Fonce weekend 2021

Employee Training & Professional Certification Agreement

Purpose: To document a training agreement between an employee and the County for County funded travel, or professional certification expenses, that is in excess of \$1,000, and to explain the process for repayment of such funds if an employee voluntarily terminates his/her employment within a certain time.



Employee & Department Name

	ing/Professional Certification Agreement is between Robert C. Rojas, (hereafter mployee of the Sheriff's Office Department, and the County of El Paso, Texas.
Terms of Agreement	
Employee wishes to furth a professional certificatio of Employee, the amount	ner his/her professional development by undertaking additional training and/or obtaining n. In consideration of Employee's agreement below, El Paso County will pay, for the benefit tof \$2,015.51 for:
Police Weekend 202	1 in Washington DC ; or
applicable initial due following professions	es, training materials, and testing fee reimbursements for obtaining the al certification:
training/professional cert the training/professional	Employee voluntarily terminates his/her employment after the completion of Employee's tification, and within the following Range Scale, Employee shall repay the pro-rated cost of certification. Further, Employee agrees to repay any such funds immediately, if for any not actually spend the funds as designated, or fails to attend the training or obtain the
Range Scale: \$1,000 - \$1,999 spent: \$2,000 - \$4,999 spent: Above \$5,000 spent:	Employee Commitment to County Employment (post completion of training/certification): 12 months 24 months 36 months
	id repayment shall be deducted from the employee's final paycheck. If the final paycheck e repayment amount, then Employee agrees to pay the difference to the County of El Paso tion.
This Agreement shall be	effective on the first day of training, regardless of its date of execution.
Signatures	
In witness whereof, the p	parties execute this Agreement.
THE COUNTY OF EL PASC):
RIKI	07-20-21
Employee	Date
6	7-20-21

Date

Department Head

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

THIS CHECKLIST IS REQUIRED FOR ALL TRAVEL SUMBMISSIONS

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.

Al	omplete all applicable travel and training request forms including justification form and this checklist. Il forms must be signed by the employee attending the training and the department head, or designee, complete packets will not be accepted.
	the total cost of the trip is in excess of \$1,000.00, a signed employee training and professional ertification agreement must be submitted.
	ravel and training expenditure form with actual expense receipts from previous training must be abmitted to the Auditor's Office before a new travel and training request is submitted.
	ravel dates were verified for consistency with training dates (Explanation was provided justifying dates ior or after training dates, if warranted).
	irfare was secured at least 21 days prior to trip (Explanation was provided justifying exceptions, if arranted).
	otel was secured at government rate and at location of training site (Explanation was provided stifying exception, if warranted or if travel dates are inconsistent with training dates).
to/ res	round transportation was verified to include availability of transportation (shuttle/taxi/Uber/Lyft) from hotel and airport. If a rental car is needed and justified within policy guidelines then a servation should be coordinated with the County Purchasing department using the County's contracted ntal car vendor. Car rental quote or reservation must be included. Written justification for rental car ust be included.
	egistration cost was verified and indication was noted for a separate vendor check payment or advance or direct payment of registration by attendee.
	er diem meals estimates by day were verified with policy guidelines. (Explanation was provided stifying exceptions, if warranted)
Ot	ther estimates have been reviewed for accuracy and reasonableness.
Tr	ravel advance requested was verified for reasonableness and accuracy.
A	Il related documents are signed by employee and department head/elected official.
No co	ote: If this travel will take place at a Resort, Casino, Offshore or outside of the United States of osts significantly exceed authorized per diem rates, signature approval by the County dministrator is required prior to submission to the County Auditor. ounty Administrator Approval Signature:
Date of Tr	ip: 10-13 / 10.17 = 1 Purpose: Police week Destination: washington D.C
Signature	of Employee requesting funds: Date: 03-20-21
Signature	of Department Head review: Date: 7-20-21

OCT. 13 - 17

Mark your calendar for the following programs and events during Police Weekend 2021!

SCHEDULE OF EVENTS

WEDNESDAY, OCT. 13

10:00 a.m. - 5 p.m. | Museum Open 2:00 - 3:00 p.m. | Police Unity Tour Bicycle Ride-In | Memorial 3:00 - 3:30 p.m. | Police Unity Tour Ceremony | Memorial

THURSDAY, OCT. 14

10:00 a.m. - 5 p.m. | Museum Open 6:00 - 8:30 p.m. | Candlelight Vigil | National Mall and Livestream

FRIDAY, OCT. 15

8:00 a.m. - 5 p.m. | Destination Zero Conference | Invitation Only and Livestream
10:00 a.m. - 5 p.m. | Museum Open
8:00 p.m. | Destination Zero Awards Ceremony | Invitation Only and Livestream

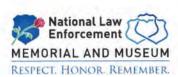
SATURDAY, OCT. 16

10:00 a.m. - 5 p.m. | Museum Open 2:00 - 3:00 p.m. | Wreath Laying | Memorial 2:00 p.m. - Midnight | Stand Watch for the Fallen | Memorial

SUNDAY, OCT. 17

9:00 - 10:30 a.m. | 30th Anniversary Commemoration | Memorial 10:00 a.m. - 5 p.m. | Museum Open

Note: All Times Eastern Time Zone





THANK YOU TO OUR POLICE WEEKEND 2021 SPONSORS

Presenting Sponsor



Platinum Sponsor



MOTOROLA SOLUTIONS
FOUNDATION

Stand Watch for the Fallen



Silver Sponsor

Wrap Technologies

Corporate Partners





Brosnan Risk Consultants | Thin Blue Line USA Off Duty Management | ReLEntless Defender Leica Geosystems | Police1

Bronze Sponsors

Datum | GOVX | IACP Innocent Armor | Trustar Bank Partnership for Safe Medicines POLICE Magazine





Sign In Join

Plans Change

Look for our flexible booking options with free changes and cancellations available at every hotel.

Embassy Suites by Hilton Alexandria Old Town

Edit stay

13 Oct - 17 Oct 2021

Payment and Guest Details

Step 3 of 3

Total for stay

\$1,192.34

Hide price details

Avg \$257.00/night in \$USD

Us Government on Duty Travel

13 Oct 2021 \$257.00 14 Oct 2021 \$257.00

15 Oct 2021 \$257.00

16 Oct 2021 \$257.00

Total room charge \$1,028.00

6.00 % per room, per night

9.50 % per room, per night

\$1.25 per room, per night

Total taxes \$164.34

Total for stay: \$1,192.34

All fields are required unless marked optional.



Payment

Card number





Robert Rojas <rcrojas2@gmail.com>

Robert Christopher Rojas's 10/13 Wash. D.C. (Reagan) trip (44XV9M): Your reservation is confirmed.

1 message

Southwest Airlines <southwestairlines@ifly.southwest.com> Reply-To: Southwest Airlines <no-reply@ifly.southwest.com> To: rcrojas2@gmail.com

Thu, Jun 17, 2021 at 5:17 PM

Here's your itinerary and other important travel information.

View our mobile site | View in browser



Manage Flight | Flight Status | My Account

Confirmation date: 06/17/2021

Coronavirus (COVID-19) Travel Advisory:

Your destination currently has a travel restriction in place that may impact your trip.

.earn more >



Travel notice

Federal law requires each person to wear a mask at all times in the airport and throughout the flight, including during boarding and deplaning. Passengers who may be exempt from wearing a face covering due to a disability must contact us before travel. Learn more.



Hi Robert Christopher,

We're looking forward to flying together! It can't come soon enough. Below you'll find your itinerary, important travel information, and trip receipt. See you onboard soon!

OCTOBER 13 - OCTOBER 17

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

Confirmation # 44XV9M

Robert Christopher Rojas PASSENGER

20122191913 RAPID REWARDS # TICKET#

5261400474139

EXPIRATION¹

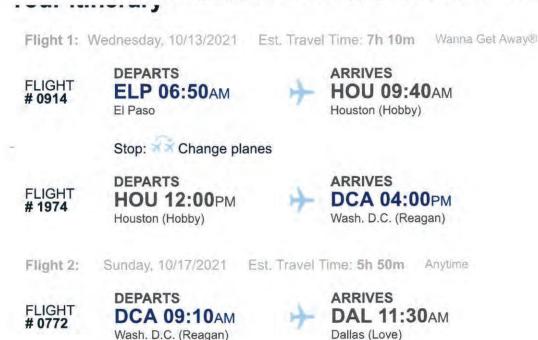
June 17, 2022

EST. POINTS EARNED

3,637

Rapid Rewards® points are only estimations.

Your itinerary



Stop: Change planes

DEPARTS ARRIVES **FLIGHT** DAL 12:15PM ELP 01:00_{PM} # 1514 Dallas (Love)

Payment information

Total	\$ 481.17	
U.S. Passenger Facility Chg	\$ 18.00	
U.S. Flight Segment Tax	\$ 17.20	
U.S. 9/11 Security Fee	\$ 11.20	
U.S. Transportation Tax	\$ 30.33	Payment Amount: \$481.17
Air - 44XV9M Base Fare	\$ 404.44	Visa ending in 2962 Date: June 17, 2021
Total cost		Payment

Fare Rules: If you decide to make a change to your current itinerary it may result in a fare increase. In the case you're left with travel funds from this confirmation number, you're in luck! We're happy to let you use them towards a future flight for the individual named on the ticket, as long as the new travel is completed by the expiration date.

Your ticket number: 5261400474139

Prepare for takeoff

For a touch-free day of travel download the Southwest® app.







FY 2021 Per Diem Rates for ZIP 20003

Meals & Incidentals (M&IE) Breakdown

Primary Destination	County	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & LastDay 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

Per diem 10/13/21 \$57.00 10/14/21 \$76.00 10/15/21 \$76.00 10/16/21 \$76.00 10/17/21 \$57.00 Total \$342.00

about:blank 7/27/2021



NAME	Gracie De Santia	go		DEPARTMENT	Training Academy			
EVENT	TCOLE-New Training Coord. Training		rd. Training	DESTINATION	Webster, TX			
DATES	8/24/2021	то	8/25/2021	FUNDING SOUR (Agenda Item Forma				

		SEPARATE C PURCHASIN	(IT CARD	Al	DVANCE	TOTAL AMOUNT
	N - If separate check, please ed Registration Form						0.00
TRANSPORTA	TION				\$	192.46	192.46
GROUND TRANSPORTA	TION						0.00
GAS							0.00
MEAL PER DIEM 75% of full per					\$	45.75	45.75
MEAL PER DIEN	1 (EVENT DATES)				\$		0.00
MEAL PER DIEM 75% of full per					\$	45.75	45.75
LODGING	APPROVED				\$	79.55	79.55
PARKING	By Marcella Ortega a	t 10:15 am, Au	g 04, 2021				0.00
	CDAN	IT FUND	15				0.00
OTHER	GNAN	II FUNL	73				0.00
	TOTALS	s: s -	S	4	S	363.51	\$363.51

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EMPLOYEE SIGNATURE
DEPARTMENT HEAD
SIGNATURE

DATE
SIGNATURE

DATE

8/3/2/

DATE

8/3/2/

DATE

8/3/2/2/

Employee: Gracie De Santiago Dept Head: Lt J. Leedom Signature: Date: 8/03/2021 Dept : Training Academy Travel Funding Source: County County Funded Travel Disclosure Report Date: 8/03/2021 Date: 8/03/2021 Date: 8/03/2021 Job Title: Training Director Grant Other	<u>3/2021</u>
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	y .
Purpose: (check one) Statutorily Required Training to Hold Elective Office Statute Reference: My effective office requires number of training hours annually. I have already fulfilled of these hours for this time period. Estimated hours to be obtained from this course: Please provide documentation for hours needed	
Professional or Technical Training to Maintain License/Certification (peace officers, attorneys, CPAs, technical certifications, etc.) My effective office requires number of training hours annually. I have already fulfilled of these hours for this time period. Estimated hours to be obtained from this course:	
Additional Professional or Technical Training NOT Required to Maintain License/Certification	
Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy Entity Name: Purpose of Visit:	
Travel for Program Revenue Enhancement/Sales Opportunity Explain:	
Program Development Training Explain:	
Travel to Professional, County, or Elected Officials' Organization Meeting/Convention (County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.) Organization Name: Major Sheriff's Association Conference	
Human Resources/Management/Personal Development Training ("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)	
Other:	

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

THIS CHECKLIST IS REQUIRED FOR ALL TRAVEL SUMBMISSIONS

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 designed 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, i 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 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 advanced 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 of 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: 8/24/2021 Purpose: TRUINING Destination: Webster, TX
Signature of Employee requesting funds: Date: 8/3/21
Signature of Department Head review: All 1958 Lt Jleedom Date: 8/3/2021