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	TAWASH05/13-05/17RC	SG-SHJUSTEQUISHAR-OPERATING E	2,015.51
Total				**11,239.72**

County of El Paso
Travel and Training REIMBURSEMENT Form

E# 113784 V# 101445

NAME	David C. Stout	DEPARTMENT	Commissioner 2
EVENT	NACo Annual Conference	DESTINATION	Washington, D.C.
DATES	07/09/21 ~~07.08.2021~~ TO 07.14.2021	FUNDING SOURCE (Agenda Item Format)	

		SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ACTUAL EXPENSES	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			$ 515.00	$ 515.00	0.00
TRANSPORTATION	AIRFARE		$ 586.19	$ 586.19	0.00
SHUTTLE, TAXI, SHARE RIDE				$ 163.92	163.92
CAR RENTAL (IF APPROVED, INCLUDE QUOTE FROM PURCHASING)					0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				$ 57.00	57.00
MEAL PER DIEM (EVENT DATES)	2 - luncheons 2 - dinners provided			$198.00 ~~$ 274.00~~	$198.00 ~~274.00~~
MEAL PER DIEM (RETURN) 75% of full per diem				$ 57.00	57.00
LODGING			$ 1,233.10	$ 1,233.10	0.00
PARKING					0.00
OTHER					0.00
OTHER					0.00
TOTALS:		$ -	$ 2,334.29	$281021 ~~$ 2,886.21~~	$475.92 ~~$551.92~~

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%20Policy%20and%20Procedures.pdf

Will any funds be reimbursed by third party? YES/NO If yes, name of sponsor. _____

EMPLOYEE SIGNATURE	D C S	DATE 07.29.2021
DEPARTMENT HEAD SIGNATURE	D C S	DATE 07.29.2021

FOR AUDITOR'S OFFICE USE ONLY

- [ ] Forms
- [ ] Agenda
- [ ] Transportation
- [ ] Expenditure Voucher for Previous Travel
- [ ] Cumulative Travel less than $6,000
- [ ] Meals
- [ ] Lodging
- [ ] Ground Transportation

VENDOR NUMBER: _____

REVIEWED BY: _____

APPROVED BY: _____

RECEIVED
JUL 29 2021
OFFICE OF THE COUNTY AUDITORS

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: David Stout Signature: DSC Date: 07.29.2021
Dept Head: David Stout Signature: DSC Date: 07.29.2021
Dept : County Commissioner Precinct 2 Job Title: County Commissioner
Travel Funding Source: XCounty _____Grant _____Other

Will any funds be reimbursed by another entity? No

Travel Account No. _____ Balance Remaining for FY: _____

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

Purpose: (check one)

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

☐ **Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)
My effective office requires _____ number of training hours annually.
I have already fulfilled_____of these hours for this time period.
Estimated hours to be obtained from this course:_____

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

☐ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: _____
Purpose of Visit: _____

☐ **Travel for Program Revenue Enhancement/Sales Opportunity**
Explain: _____

☐ **Program Development Training**
Explain: _____

☒ **Travel to Professional, County, or Elected Officials' Organization Meeting/Convention**
(County Clerk's Association, TAG, Conference of Urban Counties, TBIC, etc.)
Organization Name: NACo Annual Conference, Washington D.C.

☐ **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

RECEIVED
JUL 29 2021
OFFICE OF THE COUNTY AUDITORS

County of El Paso
Travel and Training REIMBURSEMENT Form

E# 113784 V# 101445

NAME	David C. Stout	**DEPARTMENT**	**Commissioner 2**
EVENT	Mexican American Legislative Conference Voting Rights Summit	**DESTINATION**	**Austin, Texas**
DATES	07.06.2021 **TO** 07.08.2021	**FUNDING SOURCE** (Agenda Item Format)	

		SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ACTUAL EXPENSES	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form					**0.00**
TRANSPORTATION	AIRFARE		**$ 210.99**	**$ 210.99**	**0.00**
SHUTTLE, TAXI, SHARE RIDE				**$ 73.93**	**73.93**
CAR RENTAL (IF APPROVED, INCLUDE QUOTE FROM PURCHASING)					**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	$45.75 ~~**0.00**~~
LODGING					**0.00**
PARKING					**0.00**
OTHER					**0.00**
OTHER					**0.00**
TOTALS:		**$ -**	**$ 210.99**	$423.42 ~~**$ 377.67**~~	$212.43 ~~**$166.68**~~

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%20Policy%20and%20Procedures.pdf

Will any funds be reimbursed by third party? YES/NO If yes, name of sponsor. _____

EMPLOYEE SIGNATURE	**DATE** 07.29.2021
DEPARTMENT HEAD SIGNATURE	**DATE** 07.29.2021

FOR AUDITOR'S OFFICE USE ONLY

- [ ] Forms
- [ ] Agenda
- [ ] Transportation
- [ ] Expenditure Voucher for Previous Travel
- [ ] Cumulative Travel less than $6,000
- [ ] Meals
- [ ] Lodging
- [ ] Ground Transportation

VENDOR NUMBER: _____

REVIEWED BY: _____

APPROVED BY: _____

RECEIVED
JUL 29 2021
OFFICE OF THE COUNTY AUDITORS

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: David Stout Signature: DSC Date: 07.29.2021
Dept Head: David Stout Signature: DSC Date: 07.29.2021
Dept : County Commissioner Precinct 2 Job Title: County Commissioner
Travel Funding Source: XCounty _____Grant _____Other

Will any funds be reimbursed by another entity? No

Travel Account No. _____ Balance Remaining for FY: _____

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

Purpose: (check one)

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

☐ **Professional or Technical Training to Maintain License/Certification**
(peace officers, attorneys, CPAs, technical certifications, etc.)
My effective office requires _____ number of training hours annually.
I have already fulfilled_____of these hours for this time period.
Estimated hours to be obtained from this course:_____

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

☒ **Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy**
Entity Name: Texas Legislature
Purpose of Visit: Testimony on 07.06.2021

☐ **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: MALC Voting Rights Summit 07.07.2021

☐ **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

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JUL 29 2021
OFFICE OF THE COUNTY AUDITORS

County of El Paso
Travel and Training ADVANCE Request Form

E# 113362 V# 101328

NAME	tom whitten	**DEPARTMENT**	sheriffs office
EVENT	IACP ✓	**DESTINATION**	New Orleans, La ✓
DATES	9/10/2021 ✓ **TO** 9/14/2021 ✓	**FUNDING SOURCE (Agenda Item Format)**	SR-SOLEOSE-EE

		SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			$ 500.00 ✓		500.00 ✓
TRANSPORTATION			$ 340.46 ✓		340.46 ✓
GROUND TRANSPORTATION					0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	09/10/21			$ ~~102.00~~ $53.25	~~102.00~~ $53.25
MEAL PER DIEM (EVENT DATES)	09/11-09/13/21			$ ~~408.00~~ $213.00	~~408.00~~ $213.00
MEAL PER DIEM (RETURN) 75% of full per diem	09/14/21			$ ~~102.00~~ $53.25	~~102.00~~ $53.25
LODGING				$ 621.54 ✓	621.54 ✓
PARKING					0.00
OTHER					0.00
OTHER					0.00
TOTALS:		$ -	$ 840.46 ✓	$ ~~1,233.54~~ $941.04	~~$2,074.00~~ $1781.50

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

EMPLOYEE SIGNATURE		**DATE**	7/21/2021
DEPARTMENT HEAD SIGNATURE		**DATE**	7/21/2021

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Twitt Signature: [illegible] Date: 7/21/2021
Dept Head: ____ Signature: [illegible] Date: 7/21/2021
Dept : SO. Job Title: Chief Dep.
Travel Funding Source: ____County ____Grant ____Other

Will any funds be reimbursed by another entity? no

Travel Account No. ____ Balance Remaining for FY: ____

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

Purpose: (check one)

☐ **Statutorily Required Training to Hold Elective Office**
Statute Reference:
My effective office requires ____ 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** I.A.C.P.
(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
Travel and Training ADVANCE Request Form

NAME	Carlos Madrid			DEPARTMENT	County Attorney
EVENT	Grievances,Arbitrations & Past Practices			DESTINATION	Las Vegas, NV.
DATES	09/22/21	TO	09/24/21	FUNDING SOURCE (Agenda Item Format)	CA COMM-6705

		SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form		$ 795.00			795.00
TRANSPORTATION	AIRFARE			$ 319.19	319.19
SHUTTLE, TAXI, SHARE RIDE					0.00
CAR RENTAL (IF APPROVED)					0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				$ 45.75	45.75
MEAL PER DIEM (EVENT DATES)				$ 70.00	70.00
MEAL PER DIEM (RETURN) 75% of full per diem				$ 45.75	45.75
LODGING				$ 281.04	281.04
PARKING					0.00
OTHER					0.00
OTHER					0.00
OTHER					0.00
TOTALS:		$ 795.00	$ -	$ 761.73	$1,556.73

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

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

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

EMPLOYEE SIGNATURE	DATE July 26, 2021
DEPARTMENT HEAD SIGNATURE E Sosa	DATE 7/27/2021

FOR AUDITOR'S OFFICE USE ONLY

- [ ] Checklist
- [ ] Justification Form
- [ ] Employee Agreement
- [ ] Expenditure Voucher for Previous Travel
- [ ] Cummulative Travel less than $4,000

VENDOR NUMBER: _____

REVIEWED BY: _____

APPROVED BY: _____

El Paso County Travel Justification Form

Employee: Carlos Madrid Signature Date: July 26, 2021
Dept. Head: Jo Anne Bernal Signature Date: 7/27/2021
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**
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:

Adopted by the El Paso County Commissioners Court on November 17, 2003

County of El Paso
Travel and Training ADVANCE Request Form

NAME	Diana Shearer			**DEPARTMENT**	County Attorney
EVENT	Grievances,Arbitrations & Past Practices			**DESTINATION**	Las Vegas, NV.
DATES	09/22/21	**TO**	09/24/21	**FUNDING SOURCE (Agenda Item Format)**	CA COMM-6705

		SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form		$ 795.00			795.00
TRANSPORTATION	AIRFARE		$ 194.41		194.41
SHUTTLE, TAXI, SHARE RIDE					0.00
CAR RENTAL (IF APPROVED)					0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				$ 45.75	45.75
MEAL PER DIEM (EVENT DATES)				$ 70.00	70.00
MEAL PER DIEM (RETURN) 75% of full per diem				$ 45.75	45.75
LODGING				$ 281.04	281.04
PARKING					0.00
OTHER					0.00
OTHER					0.00
OTHER					0.00
TOTALS:		$ 795.00	$ 194.41	$ 442.54	$1,431.95

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

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

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

EMPLOYEE SIGNATURE /s/ Diana Shearer	**DATE** 7/29/21
DEPARTMENT HEAD SIGNATURE E Sosa	**DATE** August 3, 2021

FOR AUDITOR'S OFFICE USE ONLY

- [ ] Checklist
- [ ] Justification Form
- [ ] Employee Agreement
- [ ] Expenditure Voucher for Previous Travel
- [ ] Cummulative Travel less than $4,000

VENDOR NUMBER: _____

REVIEWED BY: _____

APPROVED BY: _____

El Paso County Travel Justification Form

Employee: Diana Shearer Signature /s/ Diana Shearer Date: 7/29/21
Dept. Head: Jo Anne Bernal Signature E Sosa Date: August 3, 2021
Dept: County Attorney's Off Job Title: Principal Attorney

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 _____ number of training hours annually.
I have already fulfilled _____ of these hours for this time period.
Estimated hours to be obtained from this cours? up to 12.5 hours

[ ] **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: _____

Adopted by the El Paso County Commissioners Court on November 17, 2003

REVIEWED AND APPROVED BY: MARIBEL G. RUIZ

County of El Paso
Travel and Training ADVANCE Request Form

NAME	Joyce Garcia EMP #115536	DEPARTMENT	Domestic Relations Office
EVENT	TADRO 36th Annual Conference	DESTINATION	Houston, Texas
DATES	10/6/2021 TO 10/8/2021	FUNDING SOURCE (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			$ 200.00	200.00
TRANSPORTATION			$ 344.96	344.96
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			$ ~~45.75~~ $26.25	~~45.75~~
MEAL PER DIEM (EVENT DATES)			$ ~~61.00~~ $45.00	~~61.00~~
MEAL PER DIEM (RETURN) 75% of full per diem			$ 45.75	45.75
LODGING			$ 428.22	428.22
PARKING				0.00
OTHER				0.00
TOTALS:	$ -	$ -	$ ~~1,125.68~~ $1,090.18	~~$1,125.68~~ $1,090.18

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	Joyce Garcia	DATE	7-22-2021
DEPARTMENT HEAD SIGNATURE	Brian Stanley	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

Employee: Joyce Garcia Signature: Date: 7-22-2021
Dept. Head: Brian Stanley Signature: Brian Stanley Date: 7-22-2021
Dept.: Domestic Relations Office Job Title: Trial Attorney

Travel Funding Source: X County ____ Grant ____ Other

Will any funds be reimbursed by another entity? _____

Travel Account No. _____ Balance Remaining for FY: _____

Will posting travel details prior to travel jeopardize the safety of the traveler? ____ Yes X No

Purpose: (Check One)

☐ **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:** TADRO 36th Annual Conference

REVIEWED AND APPROVED BY: MARIBEL G. RUIZ

County of El Paso
Travel and Training ADVANCE Request Form

NAME	Gwendolyn McClure EMP #112699	DEPARTMENT	Domestic Relations Office
EVENT	AFCC and AAML 2021 Conference	DESTINATION	Washington DC
DATES	9/20/2021 TO 9/25/2021	FUNDING SOURCE (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			$ 910.00	910.00
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 - 09/24			$ ~~304.00~~ $233.00	~~304.00~~
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:	$ -	$ -	$ ~~2,665.01~~ $2,594.01	~~$2,665.01~~ $2,594.01

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 SIGNATURE	Gwendolyn McClure	DATE	7-20-2021
DEPARTMENT HEAD SIGNATURE	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 (76 - 34)	$42.00
9/24 - BREAKF & LUNCH PROV (76 - 18 - 19)	$39.00
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

Travel Funding Source: X County ____ Grant ____ Other

Will any funds be reimbursed by another entity? _____

Travel Account No. _____ Balance Remaining for FY: _____

Will posting travel details prior to travel jeopardize the safety of the traveler? ____ Yes X No

Purpose: (Check One)

☐ **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:** AFCC and AAML 2021 Conference

REVIEWED AND APPROVED BY: MARIBEL G. RUIZ

County of El Paso
Travel and Training ADVANCE Request Form

NAME	Sam Medrano, Jr. EMP #106241			DEPARTMENT	409th District Court
EVENT	Handling Capital Cases			DESTINATION	New Orleans, LA
DATES	10/4/2021	TO	10/7/2021	FUNDING SOURCE (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			$ 1,948.00	1,948.00
TRANSPORTATION			$ 519.46	519.46
GROUND TRANSPORTATION			$ 70.00	70.00
GAS				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~~ $108.00	~~284.00~~
MEAL PER DIEM (RETURN) 10/07 75% of full per diem			$27.00	$27.00 0.00
LODGING			$ 821.41	821.41
PARKING				0.00
OTHER				0.00
TOTALS:	$ -	$ -	$ ~~3,696.12~~ $3,547.12	~~$3,696.12~~ $3,547.12

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.

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

EMPLOYEE SIGNATURE	DATE
DEPARTMENT HEAD SIGNATURE	DATE August 3, 2021

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

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Sam Medrano,Jr. Signature: _____ Date: 8-3-21
Dept Head: Sam Medrano, Jr. Signature: _____ Date: 8-3-21
Dept : 409th District Court Job Title: Judge
Travel Funding Source: _____County GAD-Travel/Prof Ed Grant _____Other

Will any funds be reimbursed by another entity? Yes,(Pending Scholarship to be paid by The National Judical

Travel Account No. GADM-Travel/Prof Ed 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 15 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**: 409th District Court has the State of Texas vs. Patrick Crusius (Wal-mart Case)

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

County of El Paso
Travel and Training ADVANCE Request Form

NAME	Robert C. Rojas			**DEPARTMENT**	Sheriff's Office
EVENT	Police Weekend 2021			**DESTINATION**	Washington DC
DATES	10/13/2021	**TO**	10/17/2021	**FUNDING SOURCE** (Agenda Item Format)	Justice FF

	SEPARATE CK / PURCHASING	CREDIT CARD	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:	$ -	$ -	$ 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 SIGNATURE	**DATE** 07-20-21
DEPARTMENT HEAD SIGNATURE	**DATE** 7-20-21

APPROVED

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

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Robert C. Rojas Signature: _____ Date: 07/20/21
Dept Head: Robert Flores Signature: _____ Date: 07/20/21
Dept : Sheriff's Office Job Title: ~~Lieutenant~~ Commander
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**: Police Weekend 2021

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

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

This Employee Training/Professional Certification Agreement is between Robert C. Rojas, **(hereafter "Employee") an employee of the** Sheriff's Office **Department, and the County of El Paso, Texas.**

Terms of Agreement

Employee wishes to further his/her professional development by undertaking additional training and/or obtaining a professional certification. In consideration of Employee's agreement below, El Paso County will pay, for the benefit of Employee, the amount of $2,015.51 for:

☒ Police Weekend 2021 in Washington DC ; or

☐ applicable initial dues, training materials, and testing fee reimbursements for obtaining the following professional certification:

Employee agrees that if Employee voluntarily terminates his/her employment after the completion of Employee's training/professional certification, and within the following Range Scale, Employee shall repay the pro-rated cost of the training/professional certification. Further, Employee agrees to repay any such funds immediately, if for any reason Employee does not actually spend the funds as designated, or fails to attend the training or obtain the professional certification.

Range Scale:	**Employee Commitment to County Employment (post completion of training/certification):**
$1,000 - $1,999 spent:	12 months
$2,000 - $4,999 spent:	24 months
Above $5,000 spent:	36 months

Employee agrees that said repayment shall be deducted from the employee's final paycheck. If the final paycheck is insufficient to cover the repayment amount, then Employee agrees to pay the difference to the County of El Paso within 90 days of separation.

This Agreement shall be effective on the first day of training, regardless of its date of execution.

Signatures

In witness whereof, the parties execute this Agreement.

THE COUNTY OF EL PASO:

Employee	Date: 07-20-21
Department Head	Date: 7-20-21

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 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: 10-13 / 10-17-21 Purpose: Police week Destination: Washington D.C

Signature of Employee requesting funds: [signature] Date: 07-20-21

Signature of Department Head review: [signature] Date: 7-20-21

OCT. 13 – 17

POLICE WEEKEND 2021
OCTOBER 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

National Law Enforcement MEMORIAL AND MUSEUM
RESPECT. HONOR. REMEMBER.

THANK YOU TO OUR POLICE WEEKEND 2021 SPONSORS

Presenting Sponsor

verizon

Platinum Sponsor

MOTOROLA SOLUTIONS FOUNDATION

Corporate Partners

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Off Duty Management | ReLEntless Defender
Leica Geosystems | Police1

Stand Watch for the Fallen

verizon

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Wrap Technologies

Bronze Sponsors

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

444 E Street, NW, Washington, DC 20001 | 202.737.3400
info@nleomf.org | LawMemorial.org | LawEnforcementMuseum.org

Hilton HONORS

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

Month

Year

Gmail

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> Thu, Jun 17, 2021 at 5:17 PM
Reply-To: Southwest Airlines <no-reply@ifly.southwest.com>
To: rcrojas2@gmail.com

Here's your itinerary and other important travel information.

View our mobile site | View in browser

Southwest

Manage Flight | Flight Status | My Account

Coronavirus (COVID-19) Travel Advisory:
Your destination currently has a travel restriction in place that may impact your trip.
Learn 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

ELP → DCA

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

Confirmation # **44XV9M** Confirmation date: 06/17/2021

PASSENGER	**Robert Christopher Rojas**
RAPID REWARDS #	20122191913
TICKET #	5261400474139
EXPIRATION[1]	June 17, 2022
EST. POINTS EARNED	3,637

Rapid Rewards® points are only estimations.

Your itinerary

Flight 1: Wednesday, 10/13/2021 Est. Travel Time: 7h 10m Wanna Get Away®

FLIGHT # 0914

DEPARTS
ELP 06:50AM
El Paso

ARRIVES
HOU 09:40AM
Houston (Hobby)

Stop: Change planes

FLIGHT # 1974

DEPARTS
HOU 12:00PM
Houston (Hobby)

ARRIVES
DCA 04:00PM
Wash. D.C. (Reagan)

Flight 2: Sunday, 10/17/2021 Est. Travel Time: 5h 50m Anytime

FLIGHT # 0772

DEPARTS
DCA 09:10AM
Wash. D.C. (Reagan)

ARRIVES
DAL 11:30AM
Dallas (Love)

Stop: Change planes

FLIGHT # 1514

DEPARTS
DAL 12:15PM
Dallas (Love)

ARRIVES
ELP 01:00PM
El Paso

Payment information

Total cost

Air - 44XV9M

Base Fare	$	404.44
U.S. Transportation Tax	$	30.33
U.S. 9/11 Security Fee	$	11.20
U.S. Flight Segment Tax	$	17.20
U.S. Passenger Facility Chg	$	18.00
Total	**$**	**481.17**

Payment

Visa ending in 2962
Date: June 17, 2021

Payment Amount: $481.17

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.

Download app now

Download app now

U.S. General Services Administration

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

County of El Paso
Travel and Training ADVANCE Request Form

NAME	Gracie De Santiago	DEPARTMENT	Training Academy
EVENT	TCOLE-New Training Coord. Training	DESTINATION	Webster, TX
DATES	8/24/2021 TO 8/25/2021	FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form				0.00
TRANSPORTATION			$ 192.46	192.46
GROUND TRANSPORTATION				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			$ 45.75	45.75
MEAL PER DIEM (EVENT DATES)			$ -	0.00
MEAL PER DIEM (RETURN) 75% of full per diem			$ 45.75	45.75
LODGING			$ 79.55	79.55
PARKING				0.00
				0.00
OTHER				0.00
TOTALS:	$ -	$ -	$ 363.51	$363.51

APPROVED
By Marcella Ortega at 10:15 am, Aug 04, 2021

GRANT FUNDS

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	8/3/21
DEPARTMENT HEAD SIGNATURE	1958 Lt J Leedom	DATE	8/3/2021

El Paso County Travel Justification Form

FORM A: County Funded Travel Disclosure Report

Employee: Gracie De Santiago Signature: _____ Date: 8/03/2021
Dept Head: Lt J. Leedom Signature: _____ Date: 8/03/2021
Dept : Training Academy Job Title: Training 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: Major Sheriff's Association Conference

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

☐ **Other**: _____

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

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 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: 8/24/2021 Purpose: Training Destination: Webster, TX

Signature of Employee requesting funds: _____ Date: 8/3/21

Signature of Department Head review: 1958 Lt J Leedom Date: 8/3/2021