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**TRAVEL REGISTER**

**CC 06/27/2022**

VENDOR NAME	DOCUMENT	INVOICE	ACCOUNT DESC	AMOUNT
ELIZABETH ARELLANO	2244264	CRJUS2022-02	GF-GADM-TRAVEL/PROF ED	259.00
FERNANDO CARRASCO	2244301	TA2200593	GF-GADM-TRAVEL/PROF ED	647.98
DIANA DELGADILLO	2244305	TA2200597	GF-GADM-TRAVEL/PROF ED	1,259.02
JACQUELINE CAUDILLO	2244304	TA2200596	GF-GADM-TRAVEL/PROF ED	1,420.87
VIVIANA PATINO	2244306	TA2200598	GF-GADM-TRAVEL/PROF ED	2,011.50
JOSEPH MULLIN	2244307	TA2200599	GF-GADM-TRAVEL/PROF ED	2,011.50
DANIEL RAMIREZ	2244302	TA2200594	GF-GADM-TRAVEL/PROF ED	1,987.01
ARTURO SERRANO	2244303	TA2200595	GF-GADM-TRAVEL/PROF ED	1,957.01
CATHERINE JONES	2244263	CRJUS2022-01	GF-GADM-TRAVEL/PROF ED	259.00
BISK EDUCATION INC	2244207	TA2200589	GF-GADM-TRAVEL/PROF ED	3,688.50
ERICH A. MORALES, AT	2244270	CATA2022-03	SR-CASUPP-TRAVEL/PROF ED	1,335.97
KEVIN MCCARY	2244272	CATA2022-06	SR-CASUPP-TRAVEL/PROF ED	1,058.00
ALEJANDRO CUELLAR	2244268	CATA2022-02	SR-CASUPP-TRAVEL/PROF ED	672.21
STEVEN ARELLANO	2244271	CATA2022-04	SR-CASUPP-TRAVEL/PROF ED	1,088.00
RUBEN NEVAREZ	2244269	CATA2022-05	SR-CASUPP-TRAVEL/PROF ED	1,042.62
TEXAS A&M ENGINEERIN	2244295	TA2200590	SR-SOLEOSE-EE TRAINING	55.00
TEXAS A&M ENGINEERIN	2244296	TA2200591	SR-SOLEOSE-EE TRAINING	55.00
TEXAS A&M ENGINEERIN	2244297	TA2200592	SR-SOLEOSE-EE TRAINING	55.00
SALVADOR ALONZO	2244300	7/19-7/20/22	SG-RURALS21-OPERATING EX	432.25
REYNA E. BURKHOLDER	2243544	07/19/-20/22	SG-RURALS21-OPERATING EX	377.85
ANTONIO RIVERA	2243571	2243571	SG-ELECH1920-OPERATING EXP	1,005.99
MANUEL GARIBAY	2243605	2243605	SG-ELECH1920-OPERATING EXP	1,025.99
CLAUDIA RAMIREZ	2243600	2243600	SG-ELECH1920-OPERATING EXP	1,005.99
RUBEN GAMEZ	2243588	2243588	SG-ELECH1920-OPERATING EXP	1,005.99
VANESSA SEPEDA	2243593	2243593	SG-ELECH1920-OPERATING EXP	1,005.99
LISA R. WISE	2243583	2243583	SG-ELECH1920-OPERATING EXP	1,005.99
BRENDA NEGRETE	2244324	2244324	SG-ELECH1920-OPERATING EXP	1,005.99
OFFICE OF THE SECRET	2243717	2243717	SG-ELECH1920-OPERATING EXP	1,925.00
YVONNE N. ROSALES DA	2242353	TA0522-2622 REGIST	SG-DOMVIOL22-OPERATING EX	525.00
INTERNATIONAL NARCOT	2244326	WTHIDBN122	SG-ONDPCP2021-OPERATING EX	5,500.00
<b>Total</b>				<b>36,685.22</b>

# County of El Paso



## Travel EXPENDITURE VOUCHER

# GRANT FUNDS

NAME	Claudia Escajeda	DEPARTMENT	District Attorney Office
EVENT	Conference on Crime Against Women	DESTINATION	Dallas, TX
DATES	May 22 2022	TO	May 26 2022
FUNDING SOURCE (Agenda Item Format)			GD0MVIOL22-600811

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE
<div style="border: 1px solid green; padding: 2px; display: inline-block; color: green; font-weight: bold;">APPROVED</div> <small>By MJacquez at 2:31 pm, Jun 15, 2022</small>				
REGISTRATION	\$ 525.00		\$ 525.00	0.00
TRANSPORTATION	AIRFARE	\$ 418.96	\$ 418.96	0.00
GROUND TRANSPORTATION	AUTO RENTAL	\$190.78	\$ <del>190.78</del> 190.78	0.00
GAS		\$ 60.00	\$ 17.11	(42.89)
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem		\$ 51.75	\$ 51.75	0.00
<u>MEAL PER DIEM (EVENT DATES)</u>		\$ 159.00	\$ 159.00	0.00
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem		\$ 35.75	\$ 35.75	0.00
LODGING		\$ 772.56	\$ 772.20	(0.36)
PARKING		\$ 152.00	\$ 116.92	(35.08)
OTHER				0.00
OTHER	\$1,134.74	<del>\$1,231.06</del>		0.00
<b>TOTALS:</b>	<b>\$ 943.96</b>	<b><del>\$1,421.84</del></b>	<b>\$2,287.47</b>	<b>(78.33)</b>
CHECK No.	APPROVED AMOUNT:	<del>\$2,365.80</del> <sup>ok</sup>		
Deposit Warrant No.	<del>\$2,175.02</del>	<b>REFUND TO THE COUNTY:</b>		<b>(78.33)</b>

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
	06/07/22
DEPARTMENT HEAD SIGNATURE	DATE
	6/8/22

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Claudia Escajeda Signature: [Signature] Date: 5/3/22  
Dept Head: Yvonne Rosales Signature: [Signature] Date: 5/3/22  
Dept : District Attorney Office Job Title: Counselor  
Travel Funding Source: \_\_\_ County  Grant \_\_\_ Other

Will any funds be reimbursed by another entity? NO

Travel Account No. GDOMVIOL22-600811 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: Conference on Crimes Against Women**

# County of El Paso Travel and Training ADVANCE Request Form



TA0627

NAME	FERNANDO CARRASCO <i>emp #113656</i>	DEPARTMENT	CONSTABLES OFFICE THREE
EVENT	MANUAL/SHOTGUN BREACHING	DESTINATION	SAN MARCOS, TX. ✓
DATES	7/6/2022 TO 07/08/2022	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 <i>Previous credit</i> ↓	\$439.63			\$439.63 ✓
GROUND TRANSPORTATION <i>Rental (Purch)</i>	\$252.97		\$0.00 <del>252.97</del>	252.97 ✓
GAS				0.00 ✓
MEAL PER DIEM (DEPARTURE) <i>7/6</i> 75% of full per diem			\$48.00 <del>48.00</del>	<del>48.00</del> ✓
MEAL PER DIEM (EVENT DATES) <i>7/7</i>			\$128.00 <del>128.00</del>	<del>128.00</del> ✓
MEAL PER DIEM (RETURN) <i>7/8</i> 75% of full per diem			\$48.00 <del>48.00</del>	<del>48.00</del> ✓
LODGING			\$500.48 ✓	500.48 ✓
PARKING				0.00 ✓
OTHER				0.00 ✓
<b>TOTALS:</b>	\$439.63	S -	\$647.98 <del>977.45</del>	\$1,340.58 <del>977.45</del>

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EMPLOYEE SIGNATURE	DATE
<i>[Signature]</i>	5-23-2022
DEPARTMENT HEAD SIGNATURE	DATE
<i>[Signature]</i>	5-23-2022

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED

JUN 21 2022

BY Maribel R.

# County of El Paso Travel and Training ADVANCE Request Form



TA062722

<b>NAME</b>	Diana Delgadillo <i>emp # 113375</i>	<b>DEPARTMENT</b>	Council of Judges Administration
<b>EVENT</b>	46th Annual Education Conference	<b>DESTINATION</b>	Galveston Island Convention Center
<b>DATES</b>	10/3/2022	<b>TO</b>	10/7/2022
		<b>FUNDING SOURCE</b> (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			<i>\$425.00</i>	<del><i>\$425.00</i></del> <del>500.00</del>
TRANSPORTATION			<i>\$303.97</i>	<del>303.97</del>
GROUND TRANSPORTATION				<del>0.00</del>
GAS				<del>0.00</del>
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem			<i>\$48.00</i>	<del><i>\$48.00</i></del> <del>40.00</del>
<u>MEAL PER DIEM (EVENT DATES)</u>			<i>\$103.00</i>	<del><i>\$103.00</i></del> <del>60.00</del>
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem			<i>\$37.50</i>	<del><i>\$37.50</i></del> <del>40.00</del>
LODGING			<del><i>\$341.55</i></del>	<del>341.55</del>
PARKING				<del>0.00</del>
OTHER				<del>0.00</del>
<b>TOTALS:</b>	<b>\$ -</b>	<b>\$ -</b>	<b><i>\$1,259.02</i></b>	<del><i>\$1,259.02</i></del> <del>\$1,285.52</del>

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EMPLOYEE SIGNATURE <i>Diana Delgadillo</i>	DATE 06/01/2022
DEPARTMENT HEAD SIGNATURE <i>Crystal Lozano</i>	DATE 6-2-2022

**COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED**

JUN 21 2022

BY Manibel R.



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

TA0627

NAME	Jacqueline Caudillo <i>emp # 114507</i>	DEPARTMENT	Council of Judges Administration
EVENT	Texas Association for Court Administration 46th Annual Education Conference	DESTINATION	Galveston Island convention center
DATES	10/3/2022 TO 7-Oct	FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$425.00	\$425.00 <del>500.00</del>
TRANSPORTATION			\$303.97	303.97 ✓
GROUND TRANSPORTATION	\$194.12		—	194.12 ✓
GAS			—	0.00 ✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem	10/3		\$48.00	\$48.00 40.00
MEAL PER DIEM (EVENT DATES) 75% of full per diem	10/4 - 10/6		\$103.00	\$103.00 60.00
MEAL PER DIEM (RETURN) 75% of full per diem	10/7		\$37.50	\$37.50 40.00
LODGING			\$455.40	455.40 ✓
PARKING			\$48.00	48.00 ✓
OTHER				0.00 ✓
<b>TOTALS:</b>	\$194.12 -	\$ -	\$ <del>425.00</del> <i>me</i> \$1,420.87	\$1,614.99 \$1,641.49

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EMPLOYEE SIGNATURE	<i>Jacqueline Caudillo</i>	06.01.22
DEPARTMENT HEAD SIGNATURE	<i>Crystal Lozano</i>	DATE
		6-2-2022

10/3 - 75%, Dinner prov. \$48.00  
(64-29) \* 75%

10/4 - Dinner prov. \$35.00  
(64-29)

10/5 - BF, Lunch prov. \$34.00  
(64-14-16)

10/6 - BF, Lunch prov. \$34.00  
(64-14-16)

10/7 - 75%, BF prov. \$37.50  
(64-14) \* 75%

**COUNTY AUDITORS OFFICE  
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JUN 21 2022

BY *Manibel R.*







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

TTA02722

<b>NAME</b>	Viviana Patino <i>emp # 104639</i>	<b>DEPARTMENT</b>	Public Defender's office	
<b>EVENT</b>	48th Annual Course Advanced Family Law	<b>DESTINATION</b>	San Antonio, TX	
<b>DATES</b>	8/7/2022	<b>TO</b>	8/11/2022	<b>FUNDING SOURCE</b> (Agenda Item Format)
				GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
<b>REGISTRATION - If separate check, please include completed Registration Form</b>			\$ 645.00 ✓	645.00 ✓
TRANSPORTATION      AIRFARE			\$ 217.97 ✓	217.97 ✓
GROUND TRANSPORTATION				0.00 ✓
GAS				0.00 ✓
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem <i>8/7</i>			\$ 48.00 ✓	48.00 ✓
<u>MEAL PER DIEM (EVENT DATES)</u> <i>8/8 - 8/10</i>			\$ 128.00 ✓	128.00 ✓
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem <i>8/11</i>			\$ 48.00 ✓	48.00 ✓
LODGING			\$ 924.53 ✓	924.53 ✓
PARKING				0.00 ✓
OTHER				0.00 ✓
<b>TOTALS:</b>	\$ -	\$ -	\$ 2,011.50 ✓	\$2,011.50 ✓

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<b>EMPLOYEE SIGNATURE</b>	<i>Viviana Patino</i>	<b>DATE</b>	6/2/22
<b>DEPARTMENT HEAD SIGNATURE</b>	<i>Kevin R. ...</i>	<b>DATE</b>	06/01/22

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED

JUN 21 2022

BY *Manibel R.*

# County of El Paso Travel and Training ADVANCE Request Form



TA062722

NAME	Joseph Mullin <i>emp # 115039</i>	DEPARTMENT	Public Defender's office	
EVENT	48th Annual Course Advanced Family Law	DESTINATION	San Antonio, TX	
DATES	8/7/2022	TO	8/11/2022	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				\$ 645.00	645.00
TRANSPORTATION	AIRFARE			\$ 217.97	217.97
GROUND TRANSPORTATION					0.00
GAS					0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem				\$ 48.00	48.00
MEAL PER DIEM (EVENT DATES)				\$ 128.00	128.00
MEAL PER DIEM (RETURN) 75% of full per diem				\$ 48.00	48.00
LODGING				\$ 924.53	924.53
PARKING					0.00
OTHER					0.00
<b>TOTALS:</b>		\$ -	\$ -	\$ 2,011.50	\$2,011.50

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EMPLOYEE SIGNATURE	DATE
<i>[Signature]</i>	6-1-22
DEPARTMENT HEAD SIGNATURE	DATE
<i>[Signature]</i>	06/1/22

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED

JUN 21 2022

BY *Manibel R.*



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

TA0627

NAME	DANIEL RAMIREZ <i>emp # 116309</i>	DEPARTMENT	CONSTABLE PCT. 1
EVENT	COURT SECURITY TRAINING	DESTINATION	GEORGETOWN, TEXAS
DATES	8/21/2022 TO 8/26/2022	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			\$ 400.00 ✓	400.00 ✓
TRANSPORTATION			\$ 375.96 ✓	375.96 ✓
GROUND TRANSPORTATION	<i>\$261.46</i>		\$ <del>261.46</del> <i>\$0.00</i>	261.46 ✓
GAS			\$ 30.00 ✓	30.00 ✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem	<i>8/21</i>		\$ <del>48.00</del> <i>\$44.25</i>	<del>48.00</del>
MEAL PER DIEM (EVENT DATES) 75% of full per diem	<i>8/22 - 8/25</i>		\$ <del>256.00</del> <i>\$234.00</i>	<del>256.00</del>
MEAL PER DIEM (RETURN) 75% of full per diem	<i>8/26</i>		\$ <del>48.00</del> <i>\$44.25</i>	<del>48.00</del>
LODGING			\$ 856.55 ✓	856.55 ✓
PARKING				0.00 ✓
OTHER			<i>\$1,987.01</i>	<del>0.00</del>
<b>TOTALS:</b>	<i>\$261.46</i>	\$ -	\$ <del>2,275.97</del> <i>\$1,987.01</i>	<del>\$2,275.97</del> <i>\$2,248.47</i>

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EMPLOYEE SIGNATURE	DATE
<i>[Signature]</i>	05/31/22
DEPARTMENT HEAD SIGNATURE	DATE
<i>[Signature]</i>	05/31/22

*4 days @ \$59 = \$234*

**COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED**

JUN 21 2022

BY Manibel P.

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



TA0627

NAME	ARTURO SERRANO <i>emp # 116103</i>	DEPARTMENT	CONSTABLE PCT. 1
EVENT	COURT SECURITY TRAINING	DESTINATION	GEORGETOWN, TEXAS
DATES	8/21/2022 TO 8/26/2022	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			\$ 400.00	400.00 ✓
TRANSPORTATION			\$ 375.96	375.96 ✓
GROUND TRANSPORTATION				0.00 ✓
GAS				0.00 ✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem <i>8/21</i>			\$ <del>48.00</del>	<del>48.00</del> ✓ <i>\$44.25</i>
MEAL PER DIEM (EVENT DATES) <i>8/22-8/25</i>			\$ <del>256.00</del>	<del>256.00</del> ✓ <i>\$236.00</i>
MEAL PER DIEM (RETURN) 75% of full per diem <i>8/26</i>			\$ <del>48.00</del>	<del>48.00</del> ✓ <i>\$44.25</i>
LODGING			\$ 856.55	856.55 ✓
PARKING				0.00 ✓
OTHER			<del>0.00</del>	0.00 ✓
<b>TOTALS:</b>	\$ -	\$ -	\$ <del>1,984.51</del>	<del>\$1,984.51</del> ✓ <i>\$1,957.01</i>

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

EMPLOYEE SIGNATURE	DATE
	05/31/22
DEPARTMENT HEAD SIGNATURE	DATE
	05/31/22

**COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED**

JUN 21 2022

BY *Manibel R.*





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



TA 0627

**DEPARTMENT** Sheriff's Department CID Evidence

**TRAINING** TEEX Basic Property Technician FSA107-130

**DATES** online **TO** **FUNDING SOURCE**  
 (Agenda Item Format)

**NAME OF TRAINING ORGANIZATION** Texas A&M TEEX Extension Service *vendor #132976* **ADDRESS** 200 Technology Way P.O. Box 40006 College Station, TX 77842

EMPLOYEE NAME	EMPLOYEE SIGNATURE	AMOUNT
Maria Moncada /	<i>[Signature]</i>	\$55.00 ✓
Mike Primero /	<i>[Signature]</i>	\$55.00 ✓
Kenia DeLaRosa /	<i>[Signature]</i>	\$55.00 ✓
<b>TOTAL</b>		<b>\$165.00</b> ✓

**COUNTY AUDITORS OFFICE  
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JUN 21 2022

BY Manibel R.

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**DEPARTMENT HEAD SIGNATURE** *[Signature]* **DATE** 5/18/22

E# 112320

# County of El Paso Travel and Training ADVANCE Request Form



<b>NAME</b>	Alejandro Cuellar		<b>DEPARTMENT</b>	County Attorney	
<b>EVENT</b>	State Bar of Tx. Adv. Govt Law/Govt Law 101		<b>DESTINATION</b>	San Antonio, TX	
<b>DATES</b>	07/06/22	<b>TO</b>	07/08/22	<b>FUNDING SOURCE</b> (Agenda Item Format)	SR-CASUPP-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
<b>REGISTRATION - If separate check, please include completed Registration Form</b>		<del>\$ 515.00</del> \$ 715.00		<del>515.00</del> \$ 715.00
<b>TRANSPORTATION</b> AIRFARE		\$ 217.97		217.97
<b>SHUTTLE, TAXI, SHARE RIDE</b>				0.00
<b>CAR RENTAL (IF APPROVED)</b>				0.00
<b>GAS</b>				0.00
<b>MEAL PER DIEM (DEPARTURE)</b> 75% of full per diem			\$ 48.00	48.00
<b>MEAL PER DIEM (EVENT DATES)</b>			\$ 48.00	48.00
<b>MEAL PER DIEM (RETURN)</b> 75% of full per diem			\$ 36.00	36.00
<b>LODGING</b>			\$ 540.21	540.21
<b>PARKING</b>				0.00
<b>OTHER</b>				0.00
<b>OTHER</b>				0.00
<b>OTHER</b>				0.00
<b>TOTALS:</b>	\$ -	\$ <del>732.97</del> \$ 932.97	\$ <b>672.21</b>	<del>\$ 1,405.18</del> \$ 1605.18

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>

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

<b>EMPLOYEE SIGNATURE</b> Alejandro C Cuellar	<b>DATE</b> 06/14/2022
<b>DEPARTMENT HEAD SIGNATURE</b> <i>J Sosa</i>	<b>DATE</b> <input type="text"/>

**FOR AUDITOR'S OFFICE USE ONLY**

- Checklist
- Justification Form
- Employee Agreement
- Expenditure Voucher for Previous Travel
- Cumulative Travel less than \$4,000

VENDOR NUMBER: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

REVIEWED  
APPROVED  
06/21/22  
EL



El Paso County Travel Justification Form

Employee: Alejandro Cuellar Signature Alejandro C Cuellar Date: 06/14/2022
Dept. Head: Jo Anne Bernal Signature [Signature] Date: [Date]
Dept: County Attorney's Of Job Title: Sr. Trial 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? 19.75

[ ] 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:

E# 116329  
V# 145219

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



NAME	Catherine Jones	DEPARTMENT	Criminal Justice Coordination	
EVENT	Professionals in Pretrial Services Conference	DESTINATION	Pensacola, FL	
DATES	7/31/2022	TO	8/4/2022	FUNDING SOURCE (Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form		\$270.00	\$ -	\$270.00 <del>0.00</del>
TRANSPORTATION		\$522.96		\$522.96 <del>0.00</del>
GROUND TRANSPORTATION		\$80.00		\$80.00 <del>0.00</del>
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 48.00	48.00
MEAL PER DIEM (EVENT DATES)			\$163.00 <del>192.00</del>	\$163.00 <del>192.00</del>
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 48.00	48.00
LODGING		\$853.67		\$288.00 <del>0.00</del>
PARKING				0.00
OTHER			\$259.00	0.00
<b>TOTALS:</b>	\$ -	\$1,726.33	\$ <del>288.00</del>	\$1,985.33 <del>\$288.00</del>

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

[http://www.epcounty.com/auditor/forms/Travel\\_and\\_Training\\_Policy\\_102416.pdf](http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf)

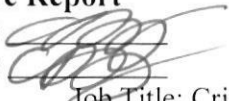
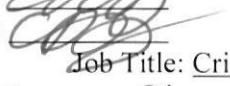
EMPLOYEE SIGNATURE	DATE
	06/06/22
DEPARTMENT HEAD SIGNATURE	DATE
	06/06/22

\*ALL OTHER EXPENSES TO BE PLACED ON DEPARTMENT HEADS COUNTY TRAVEL CARD.

REVIEWED  
APPROVED  
06/21/22  
EL

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Catherine Jones Signature:  Date: 06/06/22  
Dept Head: Catherine Jones Signature:  Date: 06/06/22  
Dept : Criminal Justice Coordination Job Title: Criminal Justice Director  
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: \_\_\_\_\_
- Human Resources/Management/Personal Development Training**  
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
- Other: Professionals in Pretrial Services 42<sup>nd</sup> Annual Conference**

E# 109720  
V# 100072

# County of El Paso

## Travel and Training ADVANCE Request Form



<b>NAME</b>	Erich Morales		<b>DEPARTMENT</b>	County Attorney	
<b>EVENT</b>	State Bar of Tx. Advance Real Estate Law		<b>DESTINATION</b>	San Antonio, TX	
<b>DATES</b>	07/13/22	<b>TO</b>	07/16/22	<b>FUNDING SOURCE</b> (Agenda Item Format)	SR-CASUPP-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
<b>REGISTRATION - If separate check, please include completed Registration Form</b>		<b>\$ 695.00</b>		<b>695.00</b>
TRANSPORTATION      AIRFARE			<b>\$ 217.97</b>	<b>217.97</b>
SHUTTLE, TAXI, SHARE RIDE				<b>0.00</b>
CAR RENTAL (IF APPROVED)				<b>0.00</b>
GAS				<b>0.00</b>
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem			<b>\$ 49.25</b>	<b>49.25</b>
<u>MEAL PER DIEM (EVENT DATES)</u>			<b>\$ 96.00</b>	<b>96.00</b>
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem			<b>\$ 49.25</b>	<b>49.25</b>
LODGING			<b>\$ 863.50</b>	<b>863.50</b>
PARKING				<b>0.00</b>
OTHER			<b>\$ 60.00</b>	<b>60.00</b>
OTHER				<b>0.00</b>
OTHER				<b>0.00</b>
<b>TOTALS:</b>	<b>\$ -</b>	<b>\$ 695.00</b>	<b>\$ 1,335.97</b>	<b>\$2,030.97</b>

**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?   

<b>EMPLOYEE SIGNATURE</b> <i>E. A. Morales</i>	<b>DATE</b> 06/13/22
<b>DEPARTMENT HEAD SIGNATURE</b> <i>E. Sosa</i>	<b>DATE</b> 6/8/2022

**FOR AUDITOR'S OFFICE USE ONLY**

<input type="checkbox"/> Checklist <input type="checkbox"/> Justification Form <input type="checkbox"/> Employee Agreement <input type="checkbox"/> Expenditure Voucher for Previous Travel <input type="checkbox"/> Cummulative Travel less than \$4,000	VENDOR NUMBER: _____  REVIEWED BY: _____  APPROVED BY: _____
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**REVIEWED  
APPROVED  
06/21/22  
EL**

# El Paso County Travel Justification Form

Employee: Erich Morales Signature E.A. Morales Date: 06/13/22  
Dept. Head: Jo Anne Bernal Signature J. Bernal Date: 6/8/2022  
Dept: County Attorney's Of 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.

**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? \_\_\_\_\_ 16.25

**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: Attend the Annual Elections Law seminar**

E# 113262

# County of El Paso Travel and Training ADVANCE Request Form



NAME	Elizabeth Williams <b>ARELLANO</b>	DEPARTMENT	Criminal Justice Coordination
EVENT	Professionals in Pretrial Services Conference	DESTINATION	Pensacola, FL
DATES	7/31/2022	TO	8/4/2022
		FUNDING SOURCE	(Agenda Item Format)

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form		\$270.00	\$ -	0.00
TRANSPORTATION		\$522.96		0.00
GROUND TRANSPORTATION		\$80.00		0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 48.00	48.00
MEAL PER DIEM (EVENT DATES)			\$ <del>192.00</del> <sup>\$163.00</sup>	<del>192.00</del> <sup>\$163.00</sup>
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 48.00	48.00
LODGING		\$853.37		0.00
PARKING				0.00
OTHER				0.00
<b>TOTALS:</b>	\$ -	\$ \$1,726.33	\$ <span style="border: 1px solid black; padding: 2px;">\$259.00</span> <del>288.00</del>	\$1,985.33 <del>\$288.00</del>

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

[http://www.epcounty.com/auditor/forms/Travel\\_and\\_Training\\_Policy\\_102416.pdf](http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf)

EMPLOYEE SIGNATURE	DATE
<i>Elizabeth Williams</i>	06/01/22
DEPARTMENT HEAD SIGNATURE	DATE
<i>[Signature]</i>	06/06/22

REVIEWED  
APPROVED  
06/21/22  
EL

El Paso County Travel Justification Form

**FORM A: County Funded Travel Disclosure Report**

Employee: Elizabeth Williams Signature: [Signature] Date: 06/01/22  
Dept Head: Catherine Jones Signature: [Signature] Date: 06/06/22  
Dept : Criminal Justice Coordination Job Title: Intake Supervisor  
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**  
(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: Professionals in Pretrial Services 42<sup>nd</sup> Annual Conference**

# County of El Paso

## Travel and Training ADVANCE Request Form



<b>NAME</b>	Kevin McCary	<b>DEPARTMENT</b>	County Attorney
<b>EVENT</b>	44th Annual Advance Real Estate Law CLE	<b>DESTINATION</b>	San Antonio, TX
<b>DATES</b>	07/13/22	<b>TO</b>	07/16/22
<b>FUNDING SOURCE</b> (Agenda Item Format)			

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
<b>REGISTRATION - If separate check, please include completed Registration Form</b>	\$ -	\$ 695.00		695.00
TRANSPORTATION      AIRFARE		\$ 217.97		217.97
SHUTTLE, TAXI, SHARE RIDE				0.00
CAR RENTAL (IF APPROVED)				0.00
GAS				0.00
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem			\$ 49.25	49.25
<u>MEAL PER DIEM (EVENT DATES)</u>			\$ 96.00	96.00
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem			\$ 49.25	49.25
LODGING			\$ 863.50	863.50
PARKING				0.00
OTHER				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$ -</b>	<b>\$ 912.97</b>	<b>\$ 1,058.00</b>	<b>\$1,970.97</b>

**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?   

<b>EMPLOYEE SIGNATURE</b> <i>Kevin McCary</i>	<b>DATE</b> 6/8/22
<b>DEPARTMENT HEAD SIGNATURE</b> <i>J Sosa</i>	<b>DATE</b> 6/8/2022

**FOR AUDITOR'S OFFICE USE ONLY**

<input type="checkbox"/> Checklist <input type="checkbox"/> Justification Form <input type="checkbox"/> Employee Agreement <input type="checkbox"/> Expenditure Voucher for Previous Travel <input type="checkbox"/> Cummulative Travel less than \$4,000	VENDOR NUMBER: _____  REVIEWED BY: _____  APPROVED BY: _____
---	--

REVIEWED  
APPROVED  
06/21/22  
EL



# El Paso County Travel Justification Form

Employee: Kevin McCary Signature *Kevin McCary* Date: 6/8/22  
Dept. Head: Jo Anne Bernal Signature *J. Sosa* Date: 6/8/2022  
Dept: County Attorney's Of 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.

**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? \_\_\_\_\_ 16.25

**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: \_\_\_\_\_

E# 114460  
V# 128771

# County of El Paso

## Travel and Training ADVANCE Request Form



<b>NAME</b>	Ruben Nevarez	<b>DEPARTMENT</b>	County Attorney
<b>EVENT</b>	State Bar of Tx. Gov. Law 101 /Adv. Gov't Law	<b>DESTINATION</b>	San Antonio, TX
<b>DATES</b>	07/06/22	<b>TO</b>	07/08/22
<b>FUNDING SOURCE</b> (Agenda Item Format)			SR-CASUPP-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
<b>REGISTRATION - If separate check, please include completed Registration Form</b>		\$ 790.00		790.00
<b>TRANSPORTATION</b> PERSONAL VEHICLE		\$ -	\$ 249.96	249.96
<b>SHUTTLE, TAXI, SHARE RIDE</b>				0.00
<b>CAR RENTAL (IF APPROVED)</b>				0.00
<b>GAS</b>				0.00
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem			\$ 36.00	36.00
<u>MEAL PER DIEM (EVENT DATES)</u>			\$ 48.00	48.00
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem			\$ 36.00	36.00
<b>LODGING</b>			\$ 672.66	672.66
<b>PARKING</b>				0.00
<b>OTHER</b>				0.00
<b>OTHER</b>				0.00
<b>OTHER</b>				0.00
<b>TOTALS:</b>	\$ -	\$ 790.00	\$ 1,042.62	\$1,832.62

**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?   

<b>EMPLOYEE SIGNATURE</b> <i>Ruben H Nevarez Jr</i>	<b>DATE</b> 6/14/2022
<b>DEPARTMENT HEAD SIGNATURE</b> <i>E Sosa</i>	<b>DATE</b> 6/14/2022

**FOR AUDITOR'S OFFICE USE ONLY**

<input type="checkbox"/> Checklist <input type="checkbox"/> Justification Form <input type="checkbox"/> Employee Agreement <input type="checkbox"/> Expenditure Voucher for Previous Travel <input type="checkbox"/> Cummulative Travel less than \$4,000	VENDOR NUMBER: _____  REVIEWED BY: _____  APPROVED BY: _____
---	--

REVIEWED  
APPROVED  
06/21/22  
EL

# El Paso County Travel Justification Form

Employee: Ruben Nevarez Signature Ruben H Nevarez Date: 6/14/2022  
Dept. Head: Jo Anne Bernal Signature J. Sosa Date: 6/14/2022  
Dept: County Attorney's Of 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.

**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? \_\_\_\_\_ 19.75

**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: \_\_\_\_\_

V# 101349  
E# 113390

# County of El Paso

## Travel and Training ADVANCE Request Form



<b>NAME</b>	Steven Arellano		<b>DEPARTMENT</b>	County Attorney	
<b>EVENT</b>	State Bar of Tx. Advance Real Estate Law		<b>DESTINATION</b>	San Antonio, TX	
<b>DATES</b>	07/13/22	<b>TO</b>	07/16/22	<b>FUNDING SOURCE</b> (Agenda Item Format)	SR-CASUPP-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
<b>REGISTRATION - If separate check, please include completed Registration Form</b>		<b>\$ 695.00</b>		<b>695.00</b>
<b>TRANSPORTATION</b> AIRFARE		<b>\$ 217.97</b>	<b>\$ -</b>	<b>217.97</b>
<b>SHUTTLE, TAXI, SHARE RIDE</b>				<b>0.00</b>
<b>CAR RENTAL (IF APPROVED)</b>				<b>0.00</b>
<b>GAS</b>				<b>0.00</b>
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem			<b>\$ 49.25</b>	<b>49.25</b>
<u>MEAL PER DIEM (EVENT DATES)</u>			<b>\$ 96.00</b>	<b>96.00</b>
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem			<b>\$ 49.25</b>	<b>49.25</b>
<b>LODGING</b>			<b>\$ 863.50</b>	<b>863.50</b>
<b>PARKING</b>				<b>0.00</b>
<b>OTHER</b>			<b>\$ 30.00</b>	<b>30.00</b>
<b>OTHER</b>				<b>0.00</b>
<b>OTHER</b>				<b>0.00</b>
<b>TOTALS:</b>	<b>\$ -</b>	<b>\$ 912.97</b>	<b>\$ 1,088.00</b>	<b>\$2,000.97</b>

**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?   

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b> 06/08/2022
<b>DEPARTMENT HEAD SIGNATURE</b>	<b>DATE</b> 6/8/2022

**FOR AUDITOR'S OFFICE USE ONLY**

<input type="checkbox"/> Checklist <input type="checkbox"/> Justification Form <input type="checkbox"/> Employee Agreement <input type="checkbox"/> Expenditure Voucher for Previous Travel <input type="checkbox"/> Cummulative Travel less than \$4,000	VENDOR NUMBER: _____  REVIEWED BY: _____  APPROVED BY: _____
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REVIEWED  
APPROVED  
06/21/22  
EL

# El Paso County Travel Justification Form

Employee: Steven Arellano Signature *Steven Arellano* Date: 06/08/2022  
Dept. Head: Jo Anne Bernal Signature *Jo Anne Bernal* Date: 6/8/2022  
Dept: County Attorney's Of Job Title: Sr. Trial 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.

**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? \_\_\_\_\_ 16.25

**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: Attend the Annual Elections Law seminar**