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To View Travel Detail**

**TRAVEL REGISTER**

**09/12/22**

<b>VENDOR NAME</b>	<b>DOCUMENT</b>	<b>INVOICE</b>	<b>ACCOUNT DESC</b>	<b>AMOUNT</b>
RUBEN LUJAN	2268077	TA2200858	GF-GADM-TRAVEL/PROF ED	577.46
ANDREA BACA	2268006	CATA2022-14	GF-GADM-TRAVEL/PROF ED	780.00
REBECCA TAVITAS	2268081	TA2200860	GF-GADM-TRAVEL/PROF ED	148.53
ISRAEL BEARD	2268075	TA2200856	GF-GADM-TRAVEL/PROF ED	1,470.53
TEXAS COMMISSION ON	2268015	ORDER# 20554	GF-GADM-TRAVEL/PROF ED	200.00
TEXAS COMMISSION ON	2268020	ORDER# 21115	GF-GADM-TRAVEL/PROF ED	200.00
TRISTAN NICOLAS BOUI	2268096	TA2200863	GF-GADM-TRAVEL/PROF ED	1,495.95
JUAN TORRES	2268007	CATA2022-15	GF-GADM-TRAVEL/PROF ED	700.00
MICHAEL CUCCARO	2268094	TA2200861	GF-GADM-TRAVEL/PROF ED	191.45
MICHAEL CUCCARO	2268095	TA2200862	GF-GADM-TRAVEL/PROF ED	2,948.34
IVAN NINO	2268076	TA2200857	GF-GADM-TRAVEL/PROF ED	1,579.21
GUADALUPE OSORNO	2268080	TA2200859	GF-GADM-TRAVEL/PROF ED	14.27
GOVERNMENT TREASURER	2267980	TA2200855	GF-GADM-TRAVEL/PROF ED	75.00
JO ANN JACINTO	2268042	TRNASH07/24-07/28JAC SG-ADULTDC19-OPERATING EXP		86.05
LAWRENCE GUERRA	2264638	DENCOLISCMNGTGUERF SG-ONDCP2021-OPERATING EX		375.00
MARCO SPALLONI	2264645	DENCOLISCMNGSPALLO SG-ONDCP2021-OPERATING EX		375.00
<b>Total</b>				<b>11,216.79</b>



# County of El Paso Travel and Training ADVANCE Request Form

TA 09/22

NAME	Tristan Bouilly <i>emp #115995</i>	DEPARTMENT	Public Defender's office
EVENT	Destigmatizing & Litigating Mental & Behavioral Health in Criminal cases	DESTINATION	Savannah, GA
DATES	10/19/2022 TO 10/22/2022	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			\$ 299.00 ✓	299.00 ✓
TRANSPORTATION AIRFARE			\$ 376.20 ✓	376.20 ✓
GROUND TRANSPORTATION				0.00 ✓
GAS				0.00 ✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ <del>44.25</del>	<del>44.25</del> ✓
	<i>10/19</i>			<i>\$51.75</i>
MEAL PER DIEM (EVENT DATES)			\$ <del>118.00</del>	<del>118.00</del> ✓
	<i>10/20 - 10/21</i>			<i>\$106.00</i>
MEAL PER DIEM (RETURN) 75% of full per diem			\$ <del>44.25</del>	<del>44.25</del> ✓
	<i>10/22</i>			<i>\$51.75</i>
LODGING			\$ 611.25 ✓	611.25 ✓
PARKING				0.00 ✓
OTHER			<b>\$1,495.95</b>	0.00 ✓
<b>TOTALS:</b>	\$ -	\$ -	\$ <del>1,492.95</del>	<del>\$1,492.95</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
	8/23/2022
DEPARTMENT HEAD SIGNATURE	DATE
	08/24/22

10/19 - 75% \$51.75

10/20 - BF prov (109-110) \$53.00

10/21 - BF prov (109-110) \$53.00

10/22 - 75% \$51.75

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED

SEP 06 2022

BY *Manbel R.*

# County of El Paso

## Travel EXPENDITURE VOUCHER



TA 091222

NAME	Rebecca Tavitas <i>emp # 112607</i>	DEPARTMENT	Public Defender's
EVENT	Innocence Work for Lawyers	DESTINATION	Austin, TX
DATES	8/4/2022 TO 8/5/2022	FUNDING SOURCE (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE
REGISTRATION		\$ 60.00 ✓	\$ 60.00 ✓	0.00 ✓
TRANSPORTATION	AIRFARE	\$ 162.96 ✓	\$ 383.95 ✓	220.99 ✓
GROUND TRANSPORTATION		—	\$ 26.99 ✓	26.99 ✓
GAS				0.00 ✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem		\$ 26.25 ✓	\$ 26.25 ✓	0.00 ✓
MEAL PER DIEM (EVENT DATES)				0.00 ✓
MEAL PER DIEM (RETURN) 75% of full per diem		\$ 25.50 ✓	\$ 25.50 ✓	0.00 ✓
LODGING		\$ 99.45 ✓	<del>99.45</del> * ✓	(99.45) ✓
PARKING				0.00 ✓
OTHER				0.00 ✓
OTHER				0.00 ✓
<b>TOTALS:</b>	\$ -	\$374.16 ✓	\$522.69 ✓	\$148.53 ✓
CHECK No.	APPROVED AMOUNT:	\$374.16 ✓		
Deposit Warrant No.			REFUND TO THE COUNTY:	\$148.53 ✓

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

EMPLOYEE SIGNATURE /s/ Rebecca Tavitas	DATE 08/24/22
DEPARTMENT HEAD SIGNATURE <i>Ken [Signature]</i>	DATE 08/24/22

\* Event covered lodging expenses.

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED

SEP 06 2022

BY Manibel R.



# County of El Paso Travel and Training ADVANCE Request Form

TA091222

NAME	ISRAEL BEARD <i>emp #113634</i>	DEPARTMENT	ASSOCIATE FAMILY COURT # 1	
EVENT	Texas Association of Court Administration	DESTINATION	Houston / Galveston	
DATES	10/3/2022	TO	10/7/2022	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 ✓
TRANSPORTATION			\$ 239.97 ✓	239.97 ✓
GROUND TRANSPORTATION			* <del>\$ 389.64</del> <i>\$0.00</i>	<del>389.64</del> <i>\$0</i>
GAS			\$ 60.00 ✓	60.00 ✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem <i>10/3</i>			\$ <del>51.75</del> <i>\$48.00</i>	<del>51.75</del>
MEAL PER DIEM (EVENT DATES) <i>10/4 - 10/6</i>			\$ <del>207.00</del> <i>\$103.00</i>	<del>207.00</del>
MEAL PER DIEM (RETURN) 75% of full per diem <i>10/7</i>			\$ <del>51.75</del> <i>\$37.50</i>	<del>51.75</del>
LODGING			\$ <del>521.06</del> <i>\$517.00</i>	<del>521.06</del>
PARKING			\$ 40.00 ✓	40.00 ✓
OTHER			<del>0.00</del> <i>\$1,470.53</i>	<del>0.00</del> <i>\$1,470.53</i>
<b>TOTALS:</b>	\$ -	\$ -	\$ <del>1,986.17</del> <i>\$1,470.53</i>	<del>\$1,986.17</del> <i>\$1,470.53</i>

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

EMPLOYEE SIGNATURE <i>Israel Beard</i>	DATE <i>5-26-22</i>
DEPARTMENT HEAD SIGNATURE <i>Sam Sun</i>	DATE <i>8-26-22</i>

\* Car rental to be reserved/paid through purchasing.  
→ Actual amount to include rental to be finalized upon return.

**COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED**

SEP 06 2022

BY *Manbel R.*

# County of El Paso Travel and Training ADVANCE Request Form



TA-09 1222

NAME	IVAN NINO <i>Emp #116130</i>	DEPARTMENT	388TH DISTRICT COURT
EVENT	Texas Association of Court Administration and CMP	DESTINATION	Houston / Galveston
DATES	10/2/2022 TO 10/7/2022	FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING	CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form			\$ 350.00 ✓	350.00 ✓
TRANSPORTATION			\$ <del>405.96</del> <i>\$378.96</i>	<del>405.96</del> ✓
GROUND TRANSPORTATION			\$ <del>67.41</del> <i>\$93.50</i>	<del>67.41</del> ✓
GAS			\$ -	0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem	<i>10/2</i>		\$ <del>51.75</del> <i>\$48.00</i>	<del>51.75</del> ✓
MEAL PER DIEM (EVENT DATES) 75% of full per diem	<i>10/3-10/4</i>		\$ <del>276.00</del> <i>\$102.00</i>	<del>276.00</del> ✓
MEAL PER DIEM (RETURN) 75% of full per diem	<i>10/7</i>		\$ <del>51.75</del> <i>\$37.50</i>	<del>51.75</del> ✓
LODGING			\$ 569.25 ✓	569.25 ✓
PARKING			\$ -	0.00 ✓
OTHER			<i>\$1,579.21</i>	0.00 ✓
<b>TOTALS:</b>	\$ -	\$ -	\$ <del>1,772.12</del> <i>\$1,579.21</i>	<del>\$1,772.12</del> ✓

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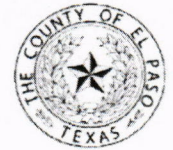
<http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf>

EMPLOYEE SIGNATURE	DATE
<i>Ivan Nino</i>	8/26/2022
DEPARTMENT HEAD SIGNATURE	DATE
<i>[Signature]</i>	8/26/2022

COUNTY AUDITORS OFFICE  
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SEP 06 2022

BY *Manibel R.*



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

TA 091222

NAME	Ruben Lujan <i>emp # 108255</i>	DEPARTMENT	JP6-1
EVENT	MAGISTRATE TRAINING	DESTINATION	SAN ANTONIO, TX
DATES	10/10/2022 TO 10/12/2022	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			\$75.00	75.00 ✓
TRANSPORTATION			\$222.94	<del>262.96</del>
GROUND TRANSPORTATION			\$50.00	\$50.00 ✓ <del>100.00</del>
GAS				0.00 ✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem	10/10		\$48.00	\$48.00 ✓ <del>32.00</del>
MEAL PER DIEM (EVENT DATES)	10/11		\$34.00	\$34.00 ✓ <del>64.00</del>
MEAL PER DIEM (RETURN) 75% of full per diem	10/12		\$37.50	\$37.50 ✓ <del>64.00</del>
LODGING			\$110.00	110.00 ✓
PARKING				0.00 ✓
OTHER				0.00 ✓
<b>TOTALS:</b>	\$ -	\$ -	\$577.46	\$577.46 ✓ <del>\$707.96</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>

EMPLOYEE SIGNATURE	DATE
	8/26/22
DEPARTMENT HEAD SIGNATURE	DATE

COUNTY AUDITORS OFFICE  
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SEP 06 2022

BY Manibel R.

TA091222

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



DEPARTMENT	COUNTY AUDITOR			
TRAINING	GTOT CASH HANDLING			
DATES	10/21/2022	TO	10/21/2022	FUNDING SOURCE (Agenda Item Format)
			GF-GADM-TRAVEL/PROF ED	
NAME OF TRAINING ORGANIZATION			ADDRESS	
GTOT CASH HANDLING			Vendor # 145819 ZOOM MEETING	
EMPLOYEE NAME	EMPLOYEE SIGNATURE		AMOUNT	
MARTHA ZAVALA	Martha Zavala		\$75.00	
			TOTAL	\$75.00
SIGNING OF THIS FORM CONSTITUTES ACKNOWLEDGEMENT AND AGREEMENT WITH THE COUNTY TRAVEL POLICY REQUIREMENTS, INCLUDING EMPLOYMENT COMMITMENT AND AUTHORIZATION TO DEDUCT AMOUNTS OWED TO THE COUNTY FROM WAGES.				
<a href="http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf">http://www.epcounty.com/auditor/forms/Travel and Training Policy 102416.pdf</a>				
DEPARTMENT HEAD SIGNATURE	Edward R. [Signature]			DATE
				8/30/2022

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED  
SEP 06 2022  
BY Manibel R.

✓  
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# County of El Paso Travel EXPENDITURE VOUCHER



TA 09/222

NAME	Guadalupe Osorno	DEPARTMENT	Constable Pct 2
EVENT	Constable Clerk Workshop	DESTINATION	Boerne, Texas
DATES	8/21/2022 TO 8/23/2022	FUNDING SOURCE (Agenda Item Format)	GADM-TRAVEL/PROF ED

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE
REGISTRATION		\$ 75.00 ✓	\$ 75.00 ✓	0.00 ✓
TRANSPORTATION	AIRFARE	\$ 217.97 ✓	\$ 217.97 ✓	0.00 ✓
GROUND TRANSPORTATION	AUTO RENTAL	\$ 153.32 ✓	\$ 153.32 ✓	0.00 ✓
GAS		\$ -	\$ 14.27 ✓	14.27 ✓
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem		\$ 44.25 ✓	\$ 44.25 ✓	0.00 ✓
<u>MEAL PER DIEM (EVENT DATES)</u>		\$ 44.00 ✓	\$ 44.00 ✓	0.00 ✓
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem		\$ 34.50 ✓	\$ 34.50 ✓	0.00 ✓
LODGING		\$ 163.48 ✓	\$ 163.48 ✓	0.00 ✓
PARKING				0.00 ✓
OTHER				0.00 ✓
OTHER				0.00 ✓
<b>TOTALS:</b>	<b>\$ 153.32 ✓</b>	<b>\$579.20 ✓</b>	<b>\$746.79 ✓</b>	<b>\$14.27 ✓</b>
CHECK No.	APPROVED AMOUNT:	<b>\$732.52 ✓</b>		
Deposit Warrant No.		REFUND TO THE COUNTY:		<b>\$14.27 ✓</b>

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

EMPLOYEE SIGNATURE	DATE
<i>Guadalupe Osorno</i>	8/30/22
DEPARTMENT HEAD SIGNATURE	DATE
<i>[Signature]</i>	8/30/22

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED

SEP 06 2022

BY *Manuel R.*



# County of El Paso

## Travel and Training REIMBURSEMENT Request Form

TA091222

NAME	Michael Cuccaro <i>emp #115339</i>	DEPARTMENT	Council of Judges
EVENT	Natioinal Association for Court Management, Annual Conference	DESTINATION	Milwaukee, WI
DATES	<i>7/9/22</i> 7/8/2022 TO 7/14/2022	FUNDING SOURCE	(Agenda Item Format)

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE / REIMB.
REGISTRATION			\$ 585.00 ✓	585.00 ✓
TRANSPORTATION	AIRFARE		\$ 964.00 ✓	964.00 ✓
GROUND TRANSPORTATION	+ checked bag fees		\$ 76.14 ✓	76.14 ✓
GAS				0.00 ✓
MEAL PER DIEM (DEPARTURE) 75% of full per diem	<i>7/9</i>		\$ 48.00	48.00
MEAL PER DIEM (EVENT DATES)	<i>7/10 - 7/13</i>		\$ <del>197.00</del>	<del>197.00</del> <i>\$195.00</i>
MEAL PER DIEM (RETURN) 75% of full per diem	<i>7/14</i>		\$ <del>48.00</del>	<del>48.00</del> <i>\$37.50</i>
LODGING			\$ 1,042.70 ✓	1,042.70 ✓
PARKING				0.00 ✓
OTHER				0.00 ✓
OTHER			<i>\$2,948.34</i>	0.00 ✓
<b>TOTALS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<del><b>\$2,960.84</b></del>	<del><b>\$2,960.84</b></del>
<b>APPROVED AMOUNT:</b>		<b>\$0.00</b>		<b><span style="background-color: yellow;">\$2,948.34</span></b>
			<b>REIMBURSEMENT AMOUNT:</b>	<del><b>\$2,960.84</b></del>

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EMPLOYEE SIGNATURE	DATE
	8-16-22
DEPARTMENT HEAD SIGNATURE	DATE
	8-17/2022

**JUDGE ANNABELL PEREZ**  
41<sup>ST</sup> JUDICIAL DISTRICT COURT

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED

SEP 06 2022

BY Manibel R.



# County of El Paso

## Travel and Training REIMBURSEMENT Request Form

TA091222

NAME	Michael Cuccaro <i>emp # 115339</i>	DEPARTMENT	Council of Judges
EVENT	NAPCO	DESTINATION	Anaheim, GA
DATES	8/21/2022 TO 8/24/2022	FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE / REIMB.
REGISTRATION		\$ 600.00 ✓	\$ 600.00 ✓	0.00 ✓
TRANSPORTATION		\$ 386.96 ✓	\$ 386.96 ✓	0.00 ✓
GROUND TRANSPORTATION			\$ <del>80.73</del> <i>\$85.28</i>	<del>80.73</del>
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem		\$ 55.50 ✓	\$ 55.50 ✓	0.00 ✓
MEAL PER DIEM (EVENT DATES)		\$ <del>111.00</del> <i>\$39.00</i>	\$ <del>111.00</del>	0.00 ✓
MEAL PER DIEM (RETURN) 75% of full per diem		\$ <del>55.00</del> <i>\$12.75</i>	\$ <del>55.50</del>	0.50 ✓
LODGING		\$ 450.00 ✓	\$ 556.17 ✓	106.17 ✓
PARKING				0.00 ✓
OTHER				0.00 ✓
OTHER		<i>\$1,574.21</i>	<i>\$1,765.44</i>	0.00 ✓
<b>TOTALS:</b>	<b>\$0.00</b>	<del>\$1,658.46</del>	<del>\$1,845.86</del>	<del>\$187.40</del>
<b>APPROVED AMOUNT:</b>		<del>\$1,658.46</del>		<i>\$191.45</i>
<b>REIMBURSEMENT AMOUNT:</b>				<b>\$187.40</b>

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[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>[Signature]</i>	8-31-22
DEPARTMENT HEAD SIGNATURE	DATE
<i>[Signature]</i>	8/1/2022

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED

SEP 06 2022

BY *Manibel R.*

ET# 114537



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

NAME	Juan Torres	DEPARTMENT	County Attorney
EVENT	TCOLE Annual Training Conference	DESTINATION	Corpus Christi, TX
DATES	10/23/22 TO 10/27/22	FUNDING SOURCE	(Agenda Item Format)

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form <b>120891</b>	\$ 200.00	\$ <b>#389.47</b>		200.00
TRANSPORTATION AIRFARE		\$ <del>277.92</del>	\$ -	<del>277.92</del> <b>#389.47</b>
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			\$ 48.00 ✓	48.00 ✓
<u>MEAL PER DIEM (EVENT DATES)</u>			\$ 192.00 ✓	192.00 ✓
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem			\$ 48.00 ✓	48.00 ✓
LODGING			\$ 412.00 ✓	412.00 ✓
PARKING				0.00
OTHER				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	\$ 200.00	\$ <del>277.92</del> <b>#389.47</b>	\$ 700.00	<del>\$1,177.92</del>

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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)

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

EMPLOYEE SIGNATURE <i>Juan Jose Torres</i>	DATE 08/22/2022
DEPARTMENT HEAD SIGNATURE <i>J Sosa</i>	DATE 8/19/2022

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"/> Cumulative Travel less than \$4,000	VENDOR NUMBER: _____  REVIEWED BY: _____  COUNTY AUDITORS OFFICE REVIEWED AND APPROVED BY: _____

SEP 07 2022  
BY: *LR*

El Paso County Travel Justification Form

Employee: Juan Torres Signature: Juan Jose Torres Date: 08/22/2022
Dept. Head: Jo Anne Bernal Signature: Sosa Date: 8/19/2022
Dept: County Attorney's Of Job Title: Investigator

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?

X 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.)

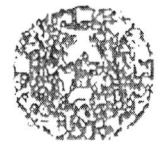
Organization Name:

Human Resources/Management/Personal Development Training

("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

Other:

V# 101587  
E# 113753



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

NAME	Andrea Baca	DEPARTMENT	County Attorney
EVENT	TCOLE Annual Training/Conference	DESTINATION	Corpus Christi, TX
DATES	10/23/22 TO 10/27/22	✓ FUNDING SOURCE (Agenda Item Format)	

	SEPARATE CK / PURCHASING	COUNTY CREDIT CARD	ADVANCE	TOTAL AMOUNT
REGISTRATION - If separate check, please include completed Registration Form 120891	\$ 200.00 ✓	\$ <del>277.92</del> <sup>#389.47</sup>		200.00 ✓ <del>#389.47</del>
TRANSPORTATION AIRFARE		\$ <del>277.92</del>	\$ -	<del>#389.47</del>
SHUTTLE, TAXI, SHARE RIDE			\$ 80.00 ✓	80.00 ✓
CAR RENTAL (IF APPROVED)				0.00
GAS				0.00
MEAL PER DIEM (DEPARTURE) 75% of full per diem			\$ 48.00 ✓	48.00 ✓
MEAL PER DIEM (EVENT DATES)			\$ 192.00 ✓	192.00 ✓
MEAL PER DIEM (RETURN) 75% of full per diem			\$ 48.00 ✓	48.00 ✓
LODGING			\$ 412.00 ✓	412.00 ✓
PARKING				0.00
OTHER				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	\$ 200.00	\$ <del>277.92</del> <sup>#389.47</sup>	\$ 780.00	<del>\$1,257.92</del> <sup>#1,369.47</sup>

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

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

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

EMPLOYEE SIGNATURE <i>Andrea Baca</i>	DATE 08-22-22
DEPARTMENT HEAD SIGNATURE <i>J Sosa</i>	DATE 8/19/2022

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"/> Cumulative Travel less than \$4,000	VENDOR NUMBER: _____  REVIEWED BY: _____  APPROVED BY: _____

COUNTY AUDITORS OFFICE  
REVIEWED AND APPROVED

SEP 07 2022  
BY: *[Signature]*

El Paso County Travel Justification Form

Employee: Andrea Baca Signature Andrea Baca Date: 08-22-22  
Dept. Head: Jo Anne Bernal Signature J. Sosa Date: 8/19/2022  
Dept: County Attorney's Of Job Title: Chief Investigator

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? \_\_\_\_\_

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

# GRANTS FUNDS



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

NAME	Jo Ann Jacinto		DEPARTMENT	346th Veterans Treatment Court	
EVENT	NADCP Training		DESTINATION	Nashville, TN	
DATES	7/24/2022	TO	7/28/2022	FUNDING SOURCE (Agenda Item Format)	GADULTTDC19

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE / REIMB.
REGISTRATION		\$ 895.00	\$ 945.00	50.00
TRANSPORTATION		\$ 669. <sup>96</sup> <del>00</del>	\$ 669.96	0.00 <del>0.96</del>
GROUND TRANSPORTATION				0.00
GAS				0.00
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem		\$ 59.25	\$ 59.25	0.00
<u>MEAL PER DIEM (EVENT DATES)</u>		\$ 183.00 <del>237.00</del>	\$ 183.00 <del>237.00</del>	0.00
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem		\$ 45.75 <del>59.25</del>	\$ 45.75 <del>59.25</del>	0.00
LODGING		\$ 961.96 <del>895.42</del>	\$ 961.96	0.00 <del>66.54</del>
PARKING			\$ 36.05	36.05
OTHER			\$ -	0.00
OTHER				0.00
			\$2,900.97	\$86.05
<b>TOTALS:</b>	<b>\$0.00</b>	<b>\$2,814.92</b>	<b><del>\$2,968.47</del></b>	<b><del>\$153.55</del></b>
<b>APPROVED AMOUNT:</b>		<b>\$2,814.92</b>		<b>\$86.05</b>
			<b>REIMBURSEMENT AMOUNT:</b>	<b><del>\$153.55</del></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](http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf)

EMPLOYEE SIGNATURE	Jo Ann Jacinto	DATE	
DEPARTMENT HEAD SIGNATURE	Sergio Vasquez	DATE	8.12.22

**APPROVED**

By Sergio Vasquez at 3:28 pm, Sep 07, 2022



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

**THIS CHECKLIST IS REQUIRED FOR ALL TRAVEL SUBMISSIONS**

The following is provided to assist in expediting Travel Advance/Reimbursement Requests by ensuring supporting documentation has been reviewed for reasonableness prior to submission to the County Auditor's Office. As per the County's Travel and Training Policy, all relevant travel and training forms shall be submitted to the County Auditor's Office at least 45 days prior to the date of travel. The issuance of travel related checks follows paid claims guidelines and Commissioners Court Agenda Deadlines. In most cases it takes more than a week to issue a check.

- Complete all applicable travel and training request forms including justification form and this checklist. All forms must be signed by the employee attending the training and the department head, or designee.
- Incomplete packets will not be accepted.
- If the total cost of the trip is in excess of \$1,000.00, a signed employee training and professional certification agreement must be submitted.
- Travel and training expenditure form with actual expense receipts from previous training must be submitted to the Auditor's Office before a new travel and training request is submitted.
- Travel dates were verified for consistency with training dates (Explanation was provided justifying dates prior or after training dates, if warranted).
- Airfare was secured at least 21 days prior to trip (Explanation was provided justifying exceptions, if warranted).
- Hotel was secured at government rate and at location of training site (Explanation was provided justifying exception, if warranted or if travel dates are inconsistent with training dates).
- Ground transportation was verified to include availability of transportation (shuttle/taxi/Uber/Lyft) to/from hotel and airport. If a rental car is needed and justified within policy guidelines then a reservation should be coordinated with the County Purchasing department using the County's contracted rental car vendor. Car rental quote or reservation must be included. Written justification for rental car **must** be included.
- Registration cost was verified and indication was noted for a separate vendor check payment or advance for direct payment of registration by attendee.
- Per diem meals estimates by day were verified with policy guidelines. (Explanation was provided justifying exceptions, if warranted)
- Other estimates have been reviewed for accuracy and reasonableness.
- Travel advance requested was verified for reasonableness and accuracy.
- All related documents are signed by employee and department head/elected official.

County Administrator Approval Signature: \_\_\_\_\_

Date of Trip: July 24 - July 28<sup>th</sup>, 2022 Purpose: Training Destination: Washville, TN

Signature of Employee requesting funds: Jo Ann Jacinto Date: 7-5-22

Signature of Department Head review: [Signature] Date: 7-5-22

El Paso County Travel Justification Form

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

Employee: J Ann Bunker Signature: J Ann Bunker Date: 6-23-22  
Dept Head: Judge Patricia C. Barr Signature: Patricia Barr Date: 6-23-22  
Dept : DEFENSE/PP Job Title: Defense Attorney  
Travel Funding Source: \_\_\_\_\_ County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

Will any funds be reimbursed by another entity? Yes

Travel Account No. GADULTOCA-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:** \_\_\_\_\_

**FORM B: Non-County Funded Travel Disclosure Report\***

Name: JoAnn Jacinto Position Title: Defense Attorney  
Location and dates of travel: Nashville TN 7-24-22 - 7/28/22  
Purpose of travel: Training  
Source(s) of Travel Funds: BJA Grant

If travel was sponsored by a third party, provide the name of the sponsor:  
\_\_\_\_\_

Estimated Amount of Travel Expense(s): \$ 100.44

JoAnn Jacinto  
Traveler's Signature

6-15-22  
Date

Rebecca Bull  
Department Head Signature

6-23-22  
Date

\*Source of funds may include private funds and public funds which are not subject to Commissioners court authority (ie. other governmental funds).

# 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 John Ganko, (hereafter "Employee") an employee of the DDG 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 \_\_\_\_\_ for:

NABCP Training located in \_\_\_\_\_ ; or Nashville, TN

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:

<u>John Ganko</u>	<u>6-23-22</u>
Employee	Date
<u>Rebecca Garcia</u>	<u>6-23-22</u>
Department Head	Date

**Yvonne Whitaker**

---

**Subject:** FW: RISE22 Onsite Registration Confirmation

**From:** NADCP RISE22 <[registration@allrise.org](mailto:registration@allrise.org)>  
**Date:** July 24, 2022 at 2:52:45 PM MDT  
**To:** Jo Ann Jacinto <[JJacinto@epcounty.com](mailto:JJacinto@epcounty.com)>  
**Subject:** RISE22 Onsite Registration Confirmation

You don't often get email from [registration@allrise.org](mailto:registration@allrise.org). [Learn why this is important](#)



TAX ID: 54-1791197

Date: 07/24/2022  
Receipt Number: 34340612

## RECEIPT

**Name:** Jo ANN JACINTO

**Address:** EL PASO, TX  
United States

**Description/Amount (USD)**

\*\* General Attendee: \$945 ( Jo ANN JACINTO )  
\$945.00

**Payment Method:**

Credit Card 6664

**TOTAL Paid** **\$945.00**

Thank you for your payment! Please retain this copy for your records.

Be sure to check out the conference app for details about sessions, speakers, and more!

Download the RISE22 Mobile App  
[Apple Device](#) | [Android Device](#)

## Yvonne Whitaker

---

**From:** Jo Ann Jacinto <jacintojoann@yahoo.com>  
**Sent:** Wednesday, June 22, 2022 2:07 PM  
**To:** Adrian Almeralla; Yvonne Whitaker  
**Subject:** Fwd: You're going to Nashville on 07/24 (3CDNQS)!

You don't often get email from jacintojoann@yahoo.com. [Learn why this is important](#)

Hi Adrian I only have this receipt so far ...I do have a reservation at the Hyatt but have not paid that invoice yet.

Jaj

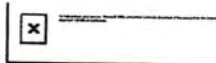
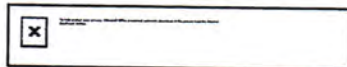
Begin forwarded message:

**From:** Jo Ann Jacinto <jacintojoann@yahoo.com>  
**Date:** June 3, 2022 at 5:04:30 PM MDT  
**To:** Ana Dominguez <An.Dominguez@epcounty.com>  
**Subject:** Fwd: You're going to Nashville on 07/24 (3CDNQS)!

Begin forwarded message:

**From:** Southwest Airlines <southwestairlines@ifly.southwest.com>  
**Date:** May 12, 2022 at 3:28:01 PM MDT  
**To:** JACINTOJOANN@yahoo.com  
**Subject:** You're going to Nashville on 07/24 (3CDNQS)!  
**Reply-To:** Southwest Airlines <no-reply@ifly.southwest.com>

Here's your itinerary & receipt. See ya soon!  
[View our mobile site](#) | [View in browser](#)



[Manage Flight](#) | [Flight Status](#) | [My Account](#)



### Travel notice


**REAL ID:** Beginning May 3, 2023, TSA will require every Passenger to present a state-issued **REAL ID** compliant license or identification card, or another acceptable form of ID (such as a U.S. Passport), to fly within the United States.



Hi Jo Ann,

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!

JULY 24 - JULY 28

ELP  BNA

El Paso to Nashville

Confirmation # **3CDNQS**

Confirmation date: 05/12/2022

<b>PASSENGER</b>	<b>Jo Ann Jacinto</b>
RAPID REWARDS #	30076012
TICKET #	5262118003938
EXPIRATION <sup>1</sup>	May 12, 2023
EST. POINTS EARNED	3,477

Rapid Rewards® points are only estimations.

## Your itinerary

**Flight 1:** Sunday, 07/24/2022 Est. Travel Time: 4h 45m [Wanna Get Away®](#)

FLIGHT # 1088	<b>DEPARTS</b>		<b>ARRIVES</b>
	<b>ELP 05:35AM</b> El Paso		<b>DAL 08:20AM</b> Dallas (Love)

Stop:  Change planes

FLIGHT # 0680	<b>DEPARTS</b>		<b>ARRIVES</b>
	<b>DAL 09:30AM</b> Dallas (Love)		<b>BNA 11:20AM</b> Nashville

**Flight 2:** Thursday, 07/28/2022 Est. Travel Time: 6h [Wanna Get Away®](#)

FLIGHT # 2878	<b>DEPARTS</b>		<b>ARRIVES</b>
	<b>BNA 03:40PM</b> Nashville		<b>AUS 05:45PM</b> Austin

Stop:  Change planes

FLIGHT  
# 2526

DEPARTS  
**AUS 08:15PM**  
Austin



ARRIVES  
**ELP 08:40PM**  
El Paso

## Payment information

### Total cost

#### Air - 3CDNQS

Base Fare	\$	579.31
U.S. Transportation Tax	\$	43.45
U.S. 9/11 Security Fee	\$	11.20
U.S. Flight Segment Tax	\$	18.00
U.S. Passenger Facility Chg	\$	18.00
<b>Total</b>	<b>\$</b>	<b>669.96</b>

### Payment

Visa ending in 6664

Date: May 12, 2022

**Payment Amount: \$169.96**

Gift Card 2052600247034630

Date: May 12, 2022

**Payment Amount: \$500.00**

**Fare rules:** If you decide to make a change to your current itinerary it may result in a fare increase.


Your ticket number: 5262118003938

## Prepare for takeoff


Use our app to make changes to your trip, get a boarding pass, & more.

 **24 hours** before your departure:

Check-in on Southwest.com® or using the Southwest Mobile App. Use your mobile device and receive a mobile boarding pass.

 **30 minutes** before your departure:

Arrive at the gate prepared to board.

 **10 minutes** before your departure:

This is the last opportunity to board your flight if you are present in the gate area and have met all check-in requirements.

**If you do not plan to travel on your flight:** Things happen, we understand! Please let us know at least 10 minutes prior to your flight's scheduled departure if you won't be traveling. If you don't notify us, you may be subject to our [No Show Policy](#).



## PLAN YOUR EXPERIENCE

### Full Program



You can now download the RISE22 pocket program, the printed version of which will be available on-site. Please note that this program is static and will not print accurately on a home or work printer; for the most accurate and up-to-date information, download the RISE mobile app as soon as it's available.

[Digital Program](#)

If you would like a printer-friendly version of the full program, you can download and print the most recent version of the session grid. For the most accurate and up-to-date information, download the RISE mobile app as soon as it's available.

[Printable Session Grid](#)

### Schedule at a Glance

Sunday, July 24

- Registration/Material Pick-up  
2:00 p.m. - 7:00 p.m.

Get a head start on RISE22 and pick up your materials early!

Monday, July 25

- Free continental breakfast  
7:45 a.m. - 8:45 a.m.
- Registration open  
7:00 a.m. - 4:00 p.m.
- Discipline-specific breakouts  
8:45 a.m. - 10:00 a.m.
- Skill-building workshops  
10:15 a.m. - 1:15 p.m.
- Lunch  
1:15 p.m. - 2:45 p.m.
- Training sessions  
2:45 p.m. - 4:00 p.m.
- Opening reception  
4:00 p.m. - 5:15 p.m.
- Opening Ceremony  
5:30 p.m. - 7:00 p.m.

Tuesday, July 26

- Free continental breakfast  
7:00 a.m. - 8:00 a.m.
- Registration open  
7:00 a.m. - 5:30 p.m.
- Track A  
8:00 a.m. - 9:15 a.m.
- Track B  
9:30 a.m. - 10:45 a.m.
- Track C  
11:00 a.m. - 12:15 p.m.
- Lunch concessions for purchase  
12:15 p.m. - 1:45 p.m.
- General session  
1:45 p.m. - 3:00 p.m.
- Track D  
3:15 p.m. - 4:30 p.m.
- RISE Film Festival  
6:00 p.m. - 8:30 p.m.

Wednesday, July 27

- Free continental breakfast  
7:00 a.m. - 8:00 a.m.
- Registration open  
7:00 a.m. - 4:30 p.m.\*  
\*moves to Delta Lobby A at 10:00 a.m.
- Concurrent sessions  
8:00 a.m. - 9:15 a.m.
- Concurrent sessions  
9:30 a.m. - 10:45 a.m.
- Concurrent sessions  
11:00 a.m. - 12:15 p.m.
- Lunch  
12:15 p.m. - 1:45 p.m.
- Concurrent sessions  
1:45 p.m. - 3:00 p.m.
- General session  
3:15 p.m. - 4:30 p.m.
- All Rise: A Celebration of Recovery  
4:45 p.m. - 6:00 p.m.
- Film Festival  
7:00 p.m. - 9:30 p.m.

Thursday, July 28

- Free continental breakfast  
6:30 a.m. - 7:30 a.m.
- Registration open  
7:00 a.m. - 11:00 a.m.
- Concurrent sessions  
7:30 a.m. - 8:45 a.m.
- Concurrent sessions  
9:00 a.m. - 10:15 a.m.
- Concurrent sessions  
10:30 a.m. - 11:45 a.m.
- General session  
12:00 p.m. - 1:30 p.m.

625 N. Washington Street, Suite 212, Alexandria, VA 22314

+1 703 575 9400

[registration@allrise.org](mailto:registration@allrise.org)



## FY 2022 Per Diem Rates for Nashville, Tennessee

Meals & Incidentals (M&IE) Breakdown

Primary Destination	County	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & LastDay of Travel
Nashville	Davidson	\$79	\$18	\$20	\$36	\$5	\$59.25

### Per Diem

07/24/22 \$59.25

07/25/22 \$79.00-18.00 (breakfast)=\$61.00

07/26/22 \$79.00-18.00 (breakfast)=\$61.00

07/27/22 \$79.00-18.00 (breakfast)=\$61.00

07/28/22 \$59.25-13.50 (breakfast)=\$45.75

Total \$288.00



**Hyatt House Nashville Airport**  
 14 Century Blvd.  
 Nashville, TN 37214  
 Tel: 615-871-9500

INVOICE

Jo Jacinto  
 708 Patio Feliz Ln  
 El Paso TX 79912  
 United States

Room No. 0204  
 Arrival 07-24-22  
 Departure 07-28-22  
 Folio Window 1  
 Folio No. 21026

Confirmation No. 761568301  
 Group Name

Date	Description	Charges	Credits
07-24-22	Accommodation	206.50	
07-24-22	State Tax	19.10	
07-24-22	City Tax	12.39	
07-24-22	Lodging Tax	2.50	
07-25-22	Accommodation	206.50	
07-25-22	State Tax	19.10	
07-25-22	City Tax	12.39	
07-25-22	Lodging Tax	2.50	
07-26-22	Accommodation	206.50	
07-26-22	State Tax	19.10	
07-26-22	City Tax	12.39	
07-26-22	Lodging Tax	2.50	
07-27-22	Accommodation	206.50	
07-27-22	State Tax	19.10	
07-27-22	City Tax	12.39	
07-27-22	Lodging Tax	2.50	
07-28-22	Visa	XXXXXXXXXXXX7682 XX/XX	961.96

**Total** 961.96 961.96

Guest Signature

**Balance** 0.00

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

**WE HOPE YOU ENJOYED YOUR STAY WITH US!**

**World of Hyatt Summary**

Membership: XXXXXX047S  
 Membership: 534607047S  
 Bonus Codes:  
 Qualifying Nights: 4  
 Eligible Spend: 826.00  
 Redemption Eligible: 135.96

Thank you for choosing Hyatt House Nashville Airport. Our goal is to provide every guest with an exceptional stay, and we are interested in any comments regarding your visit. Please let us know your thoughts by telephone at 615-871-9500.

Please remit payment to:  
 Hyatt House Nashville Airport  
 14 Century Blvd.  
 Nashville, TN 37214  
 United States

Summary Invoice, please see front desk for eligible details.

Wayland Opryland  
Nashville, TN  
ATE :07/27/22  
TIME :04:23 PM

Receipt No. 86/1877/88

\* Original \*

Transaction: **535480**

End Date: 07/27/22 07

LP

Net: **33.01**

Tax 9 50% **3.04**

Fee: **36.05**

Credit: 36.05

Trans #: 7122541

Card N: xxxxxx 6666

Card T e: VISA

THANK YOU

# GRANTS FUNDS





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

NAME	Marco Spalloni	DEPARTMENT	West Texas HIDTA-ISC
EVENT	2022 ISC Mangers meeting	DESTINATION	Denver, CO
DATES	8 22 2022 TO 8 25 2022	FUNDING SOURCE (Agenda Item Format)	SG-REGPU BTRANS-OPERATING EXP

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE / REIMB.
REGISTRATION			\$ 375.00	375.00
TRANSPORTATION				0.00
GROUND TRANSPORTATION				0.00
GAS				0.00
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem				0.00
<u>MEAL PER DIEM (EVENT DATES)</u>				0.00
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem				0.00
LODGING				0.00
PARKING				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$375.00</b>	<b>\$375.00</b>
<b>APPROVED AMOUNT:</b>		<b>\$0.00</b>		
<b>REIMBURSEMENT AMOUNT:</b>				<b>\$375.00</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](http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf)

EMPLOYEE SIGNATURE		DATE	8/29/22
DEPARTMENT HEAD SIGNATURE		DATE	08-29-22

**APPROVED**

By Sergio Vasquez at 10:52 am, Aug 31, 2022

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

**THIS CHECKLIST IS REQUIRED FOR ALL TRAVEL SUBMISSIONS**


The following is provided to assist in expediting Travel Advance Reimbursement Requests by ensuring supporting documentation has been reviewed for reasonableness prior to submission to the County Auditor's Office. As per the County's Travel and Training Policy, all relevant travel and training forms shall be submitted to the County Auditor's Office at least 45 days prior to the date of travel. The issuance of travel related checks follows paid claims guidelines and Commissioners Court Agenda Deadlines. In most cases it takes more than a week to issue a check.

- Complete all applicable travel and training request forms including justification form and this checklist. All forms must be signed by the employee attending the training and the department head, or designee. Incomplete packets will not be accepted.
- If the total cost of the trip is in excess of \$1,000.00, a signed employee training and professional certification agreement must be submitted.
- Travel and training expenditure form with actual expense receipts from previous training must be submitted to the Auditor's Office before a new travel and training request is submitted.
- Travel dates were verified for consistency with training dates (Explanation was provided justifying dates prior or after training dates, if warranted).
- Airfare was secured at least 21 days prior to trip (Explanation was provided justifying exceptions, if warranted).
- Hotel was secured at government rate and at location of training site (Explanation was provided justifying exception, if warranted or if travel dates are inconsistent with training dates).
- Ground transportation was verified to include availability of transportation (shuttle/taxi/Uber/Lyft) to/from hotel and airport. If a rental car is needed and justified within policy guidelines then a reservation should be coordinated with the County Purchasing department using the County's contracted rental car vendor. Car rental quote or reservation must be included. Written justification for rental car **must** be included.
- Registration cost was verified and indication was noted for a separate vendor check payment or advance for direct payment of registration by attendee.
- Per diem meals estimates by day were verified with policy guidelines. (Explanation was provided justifying exceptions, if warranted)
- Other estimates have been reviewed for accuracy and reasonableness.
- Travel advance requested was verified for reasonableness and accuracy.
- All related documents are signed by employee and department head/elected official.

County Administrator Approval Signature: \_\_\_\_\_

Date of Trip: 08/22-8/25/22 Purpose: Attend the 2022 ISO managers meeting Destination: Denver, CO

Signature of Employee requesting funds:  Date: 8/29/22

Signature of Department Head review:  Date: 08-29-22

El Paso County Travel Justification Form

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

Employee: Marco Spalloni Signature: [Signature]  
Dept Head: Cmdr Robert Rojas Signature: [Signature]  
Dept : West TX HIDTA-ISC Job Title: ISC Manager  
Travel Funding Source: County  Grant  Other

Date: 8/29/22  
Date: 08-29-22

Will any funds be reimbursed by another entity? Yes

Travel Account No. 600811 Balance Remaining for FY 450.00

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 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 2022 ISC Managers meeting on August 23 & 24 in Denver, CO**

**FORM B: Non-County Funded Travel Disclosure Report\***

Name: Marco Spallon

Position Title: ISC Manager

Location and dates of travel: Denver, CO 8/22-8/25/22

Purpose of travel: Attend the 2022 ISC Managers meeting in Denver, CO

Source(s) of Travel Funds: IID1A grant funds

If travel was sponsored by a third party, provide the name of the sponsor:  
\_\_\_\_\_

Estimated Amount of Travel Expenses(s): \$375.00

  
Traveler's Signature

8/29/22  
Date

  
Department Head Signature

08-29-22  
Date

\*Source of funds may include private funds and public funds which are not subject to Commissioners court authority (ie. other governmental funds).



Thank you for registering for the **ISC Managers Meeting (August 23-24, 2022)**. Your registration and payment have been processed. A confirmation message has been sent via email. Please note that in some cases our emails are filtered to a SPAM folder, so please remember to check this folder as well. The email will come from [lperez@nhac.org](mailto:lperez@nhac.org). If you have any questions, please contact Lorraine Perez at 305-715-7756, [lperez@nhac.org](mailto:lperez@nhac.org).

Transaction details:

6/28/2022

1	ISC Managers Meeting (August 23-24, 2022)	\$ 375.00
	Marco Spalloni (7440864)	
	E-Commerce Credit Card Payment (Visa)	\$ 375.00
	XXXXXXXXXXXX5569	

**Total Purchase:** \$ 375.00

**Total Payment:** \$ 375.00

**Total Due:** \$ 0.00

Your confirmation code is: 8MJX-DUH9-9VWS-QLXB-Z89U-YHN-QFA

Your registrant ID is: 7440864

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Marco Spalloni</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>5876 Valley Palm</b></p> <p><b>6</b> City, state, and ZIP code <b>El Paso, Texas 79932</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
4	6	4	-	7	5	-	1	4	7	5
or										
<b>Employer identification number</b>										
			-							

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>8/10/22</u>
------------------	----------------------------	-----------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# GRANTS FUNDS




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

NAME	Lawrence Guerra		DEPARTMENT	West Texas HIDTA-ISC	
EVENT	2022 ISC Mangers meeting		DESTINATION	Denver, CO	
DATES	8/22/2022	TO	8/25/2022	FUNDING SOURCE (Agenda Item Format)	SG-REGPUBTRANS-OPERATING EXP

	SEPARATE CK / PURCHASING / CREDIT CARD	AMOUNT ADVANCED	ACTUAL EXPENSES	DIFFERENCE / REIMB.
REGISTRATION			\$ 375.00	375.00
TRANSPORTATION				0.00
GROUND TRANSPORTATION				0.00
GAS				0.00
<u>MEAL PER DIEM (DEPARTURE)</u> 75% of full per diem				0.00
<u>MEAL PER DIEM (EVENT DATES)</u>				0.00
<u>MEAL PER DIEM (RETURN)</u> 75% of full per diem				0.00
LODGING				0.00
PARKING				0.00
OTHER				0.00
OTHER				0.00
<b>TOTALS:</b>		<b>\$0.00</b>	<b>\$375.00</b>	<b>\$375.00</b>
<b>APPROVED AMOUNT:</b>		<b>\$0.00</b>		
<b>REIMBURSEMENT AMOUNT:</b>				<b>\$375.00</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](http://www.epcounty.com/auditor/forms/Travel_and_Training_Policy_102416.pdf)

EMPLOYEE SIGNATURE		DATE	08/29/2022
DEPARTMENT HEAD SIGNATURE		DATE	8/29/22

**APPROVED**

By Sergio Vasquez at 10:53 am, Aug 31, 2022

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

**THIS CHECKLIST IS REQUIRED FOR ALL TRAVEL SUBMISSIONS**

The following is provided to assist in expediting Travel Advance/Reimbursement Requests by ensuring supporting documentation has been reviewed for reasonableness prior to submission to the County Auditor's Office. As per the County's Travel and Training Policy, all relevant travel and training forms shall be submitted to the County Auditor's Office at least 45 days prior to the date of travel. The issuance of travel related checks follows paid claims guidelines and Commissioners Court Agenda Deadlines. In most cases it takes more than a week to issue a check.

- Complete all applicable travel and training request forms including justification form and this checklist. All forms must be signed by the employee attending the training and the department head, or designee. Incomplete packets will not be accepted.
- If the total cost of the trip is in excess of \$1,000.00, a signed employee training and professional certification agreement must be submitted.
- Travel and training expenditure form with actual expense receipts from previous training must be submitted to the Auditor's Office before a new travel and training request is submitted.
- Travel dates were verified for consistency with training dates (Explanation was provided justifying dates prior or after training dates, if warranted).
- Airfare was secured at least 21 days prior to trip (Explanation was provided justifying exceptions, if warranted).
- Hotel was secured at government rate and at location of training site (Explanation was provided justifying exception, if warranted or if travel dates are inconsistent with training dates).
- Ground transportation was verified to include availability of transportation (shuttle/taxi/Uber/Lyft) to/from hotel and airport. If a rental car is needed and justified within policy guidelines then a reservation should be coordinated with the County Purchasing department using the County's contracted rental car vendor. Car rental quote or reservation must be included. Written justification for rental car **must** be included.
- Registration cost was verified and indication was noted for a separate vendor check payment or advance for direct payment of registration by attendee.
- Per diem meals estimates by day were verified with policy guidelines. (Explanation was provided justifying exceptions, if warranted)
- Other estimates have been reviewed for accuracy and reasonableness.
- Travel advance requested was verified for reasonableness and accuracy.
- All related documents are signed by employee and department head/elected official.

County Administrator Approval Signature: \_\_\_\_\_

Date of Trip: 08/22-8/25/22 Purpose: Attend the 2022 ISC managers meeting Destination: Denver, CO

Signature of Employee requesting funds:  \_\_\_\_\_ Date: 08/29/2022

Signature of Department Head review:  \_\_\_\_\_ Date: 8/29/22

El Paso County Travel Justification Form

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

Employee: Lawrence Guerra Signature: [Signature]  
Dept Head: Marco Spalloni Signature: [Signature]  
Dept : West TX HIDTA-ISC Job Title: Supervisory Analyst  
Travel Funding Source:      County  Grant  Other

Date: 08/29/22  
Date: 8/29/22

Will any funds be reimbursed by another entity? Yes

Travel Account No. 600811 Balance Remaining for FY: 825.00

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:** Attend the 2022 ISC Managers meeting on August 23 & 24 in Denver, CO

**FORM B: Non-County Funded Travel Disclosure Report\***

Name: Lawrence Guerra

Position Title: Supervisory Analyst

Location and dates of travel: Denver, CO 8/22-8/25/22

Purpose of travel: Attend the 2022 ISC Managers meeting in Denver, CO

Source(s) of Travel Funds: HIDTA grant funds

If travel was sponsored by a third party, provide the name of the sponsor:  
\_\_\_\_\_

Estimated Amount of Travel Expense(s): \$375.00

  
\_\_\_\_\_  
Traveler's Signature

08/29/22  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Department Head Signature

8/22/22  
\_\_\_\_\_  
Date

\*Source of funds may include private funds and public funds which are not subject to Commissioners court authority (ie. other governmental funds).

# RECEIPT

ATTN: NHAC171  
5765-F Burke Center Pkwy, Suite 331  
Burke, VA 22015-2233

Date: 8/16/2022

Lawrence Guerra  
660 S. Mesa Hills  
El Paso, TX 79912  
19158956200

2022 ISC Managers Meeting

8/16/2022

1 ISC Managers Meeting (August 23-24, 2022)	\$ 375.00
Lawrence Guerra (7489003)	
E-Commerce Credit Card Payment (Visa)	\$ 375.00
XXXXXXXXXXXX4395	

<b>Total Purchase:</b>	\$ 375.00
<b>Total Payment:</b>	\$ 375.00
<b>Total Due:</b>	\$ 0.00

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Lawrence E. Guerra**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC       C Corporation       S Corporation       Partnership       Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
**426 Country Oaks Drive**

**6** City, state, and ZIP code  
**El Paso, Texas 79932**

**7** List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See specific instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
4	5	0	-	1	3	-	4	5	4	4
or										
Employer identification number										
			-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 09/10/2022
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*