



BURNET COUNTY SHERIFF'S OFFICE

**Calvin Boyd
SHERIFF**

P.O. BOX 1249, Burnet, Texas 78611 ** Phone: (512) 756-8080 Fax: (512) 756-4064**

April 1, 2025

Commissioners' Court
Burnet County

RE: Out-of-State Travel

Dear Sirs,

We are requesting your approval for out-of-state travel for Micayla Cloud and Eboni Hunt. They will be attending the Navigator 2025 Conference in Orlando Florida, April 12-17, 2025. CAPCOG will be paying for the Air Travel, Hotel and Registration for these two Telecommunicators. The county is responsible for meals and transportation while in Orlando. They will be together so only one rental vehicle will be needed.

Thank you for your consideration.

Respectfully,

A stylized signature in blue ink, appearing to read "AT", is written over a dark, irregular ink smudge.

**Alan Trevino
Chief Deputy
Burnet County Sheriff's Office**

BURNET COUNTY REQUEST FOR TRAVEL EXPENSE ADVANCE

NAME OF EMPLOYEE SUBMITTING REQUEST Eboni Hunt DEPT BCSO

PURPOSE/DATE OF TRAVEL (COPY OF AGENDA MUST BE ATTACHED) TexasNavigator 2025 Conference, Orlando, FL April 14 -17, 2025

The majority of the expenses for this conference are being paid by CAPCOG

NOTE: IN ORDER TO RECEIVE AN ADVANCE ON TRAVEL EXPENSES, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE COUNTY TREASURER AT LEAST THREE DAYS PRIOR TO DATE OF DEPARTURE. UPON RETURN TRAVEL EXPENSE REPORT MUST BE COMPLETED WITH RECEIPTS ATTACHED AND SUBMITTED TO THE COUNTY TREASURER ALONG WITH ANY REFUND DUE THE COUNTY APPROVED CC 10/8/24

A MAXIMUM OF \$63.00 PRORATED PER DIEM PER DAY ALLOWED FOR MEALS (EFFECTIVE 10/8/24).
BREAKFAST 6:30AM-7:30AM=\$16.00, LUNCH 12:00PM-1:00PM=\$19.00, DINNER 7:00PM-8:00PM=\$28.00

I AM REQUESTING MEAL PER DIEM X (NO MEAL RECEIPTS REQUIRED) ONLY

I AM NOT REQUESTING MEAL PER DIEM _____ (MEAL RECEIPTS REQUIRED)

ESTIMATED MEALS AND LODGING:

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	LODGING SEC 14.03 PERSONNEL POLICIES	DAILY TOTAL
*Do NOT include lunch or dinner meals provided by conference and/or sponsor					
4/12/2025			\$28.00		\$28.00
4/13/2025	\$16.00	\$19.00	\$28.00		\$63.00
4/14/2025	\$16.00	\$19.00	\$28.00		\$63.00
4/15/2025	\$16.00	\$0.00	\$0.00		\$16.00
4/16/2025	\$16.00	\$0.00	\$0.00		\$16.00
4/17/2025	\$16.00	\$19.00			\$35.00
					\$221.00

TRAVEL AND TRANSPORTATION:

PUBLIC - (ATTACH TICKET RECEIPT) _____ \$ _____

PERSONAL AUTO _____ MILES @ .67 cents per mile (SHORTEST ROUTE) effective 01/01/24 _____

OTHER TRAVEL AND TRANSPORTATION EXPENSE (EXPLAIN AND ATTACH RECEIPT(S)) _____ \$ _____

TOTAL TRAVEL & TRANSPORTATION \$0.00

OTHER EXPENSES:

CONFERENCE REGISTRATION FEES (ATTACH RECEIPT & COPY OF PROGRAM) _____

OTHER EXPENSE (EXPLAIN AND ATTACH RECEIPTS) _____

TOTAL OTHER EXPENSES 0

TOTAL MEALS/LODGING-TRAVEL-OTHER EXPENSES	\$221.00
LESS: TOTAL ADVANCE ON EXPENSES	
LESS: TOTAL EXPENSES PAID WITH CO CREDIT CARD	
REQUEST FOR REIMBURSEMENT OR DUE TO COUNTY	

I CERTIFY THAT THE ABOVE NAMED EMPLOYEE RECEIVED PROPER AUTHORIZATION FOR OUT-OF-COUNTY TRAVEL. I HAVE EXAMINED THE REQUESTS FOR REIMBURSEMENT ON THE TRAVEL EXPENSE FORM AND APPROVE THE SAME FOR PAYMENT


SIGNATURE OF OFFICIAL OR DEPARTMENT HEAD

BURNET COUNTY REQUEST FOR TRAVEL EXPENSE ADVANCE

NAME OF EMPLOYEE SUBMITTING REQUEST Micayla Cloud DEPT BCSO

PURPOSE/DATE OF TRAVEL (COPY OF AGENDA MUST BE ATTACHE TexasNavigator 2025 Conference, Orlando, FL April 14 -17, 2025
The majority of the expenses for this conference are being paid by CAPCOG

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I AM REQUESTING MEAL PER DIEM ☒ (NO MEAL RECEIPTS REQUIRED) ONLY

I AM NOT REQUESTING MEAL PER DIEM ☐ (MEAL RECEIPTS REQUIRED)

ESTIMATED MEALS AND LODGING:

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	LODGING SEC 14.03 PERSONNEL POLICIES	DAILY TOTAL
*Do NOT include lunch or dinner meals provided by conference and/or sponsor					
4/12/2025			\$28.00		\$28.00
4/13/2025	\$18.00	\$19.00	\$28.00		\$63.00
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4/15/2025	\$18.00	\$0.00	\$0.00		\$18.00
4/16/2025	\$18.00	\$0.00	\$0.00		\$18.00
4/17/2025	\$18.00	\$19.00			\$35.00
					\$221.00

TRAVEL AND TRANSPORTATION:

PUBLIC - (ATTACH TICKET RECEIPT) \$

PERSONAL AUTO _____ MILES @ .67 cents per mile (SHORTEST ROUTE) effective 01/01/24

OTHER TRAVEL AND TRANSPORTATION EXPENSE (EXPLAIN AND ATTACH RECEIPT(S)) \$

TOTAL TRAVEL & TRANSPORTATION \$0.00

OTHER EXPENSES:

CONFERENCE REGISTRATION FEES (ATTACH RECEIPT & COPY OF PROGRAM)

OTHER EXPENSE (EXPLAIN AND ATTACH RECEIPTS)

TOTAL OTHER EXPENSES 0

TOTAL MEALS/LODGING-TRAVEL-OTHER EXPENSES
LESS: TOTAL ADVANCE ON EXPENSES
LESS: TOTAL EXPENSES PAID WITH CO CREDIT CARD
REQUEST FOR REIMBURSEMENT OR DUE TO COUNTY

\$221.00

I CERTIFY THAT THE ABOVE NAMED EMPLOYEE RECEIVED PROPER AUTHORIZATION FOR OUT-OF-COUNTY TRAVEL. I HAVE EXAMINED THE REQUESTS FOR REIMBURSEMENT ON THE TRAVEL EXPENSE FORM AND APPROVE THE SAME FOR PAYMENT

SIGNATURE OF OFFICIAL OR DEPARTMENT HEAD