



HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

RECEIVED BY
COUNTY AUDITOR

2010 MAY 5 PM 2:20

EMPLOYEE NAME: <u>Carl Lambrecht</u>	DEPARTMENT: <u>B&M (working for Emergency Management on this assignment)</u>
TRAVEL TO CITY: <u>Brownsville</u>	STATE: <u>Texas</u>
DEPARTURE DATE: <u>4/13/2010</u>	RETURN DATE: <u>4/13/2010</u>
TIME OF DEPARTURE: <u>9:00 AM</u>	TIME OF RETURN: <u>4:00 PM</u>

PURPOSE OF TRIP: Working on Dual County Presentation for B-HIT or B-PREPARED conference. I was a speaker and my counterpart is from Cam. Co.
 I. REIMBURSEMENT FOR EXPENDITURES MADE ON ACCOUNT OF OFFICE BUSINESS:

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						TOTALS
	4/13	4/14	4/15	4/16	4/17	4/18	
Airline / Bus / Train							\$ -
Car Rental							-
Gasoline for Car Rental							-
Personal Car Mileage	Beginning Mileage:	201,363	Ending Mileage:	201,483	TOTAL MILEAGE:	(MILEAGE RATE)	60.00
ODOMETER READINGS:					120	0.50	
NOTE: Mileage is calculated on a point-to-point basis using "Mapquest". Reasonable incidental travel may be reimbursed when the traveler provides specific address destination points by using "Mapquest" to determine mileage. The most direct distance to the destination will be allowed. Any out-of way or unreasonable travel distance as determined by the County Auditor will be at the expense of the traveler.							
Hotel (Excluding Meals)							-
Parking / Tolls							-
Taxi and Other Ground Transportation							-
Telephone							-
Registration Fees							-
MEALS (based upon actual charges)	NOTE: When traveling out of state trip and claiming actual meal expenses, receipts must be provided for all days of travel. If not reimbursement will be based on the \$39 per diem.						
Type of Travel (In State =1 / Out of State =2)							
With Receipts = 1 / Without Receipts = 2							
Breakfast (\$9 per diem)							
Lunch (\$12 per diem)							
Dinner (\$18 per diem)							
Total Actual Meal Expense							-
Total Allowable Meal Expense per County Policy (County Employee)							-
Other (Please explain below):							-

Personal Vehicle

No meals same day travel

Explanation Notes:				TOTAL FROM T-4 CONTINUATION FORM		-
II. Travel Expenditures paid by COUNTY CHECK or COUNTY CREDIT CARD that were NOT advanced to employee. (I.e. Airfare, Hotel accommodations, Car Rentals, Registration)				TOTAL ALLOWABLE EXPENDITURES		\$ 60.00
Payee Name	Expense Type	Check No / PO. No.	Amount	AMOUNTS ADVANCED TO EMPLOYEE ON:		
				NO ADVANCE		
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE		-
				REMIT TO ME		\$ 60.00
				REMITTED TO COUNTY TREASURER ON		
Total				TREASURER RECEIPT NO.		\$ 0.00

I hereby certify that the above information is true and correct to the best of my knowledge. The above funds were used solely for official County business. I have not and do not anticipate to receive reimbursement for the above listed travel expenditures from another source.

Carl Lambrecht 4/29/10
 EMPLOYEE SIGNATURE DATE

APPROVED BY: A.A. Tony Perry 03-MAY-2010
 DIVISION DIRECTOR/SUPERVISOR DATE

APPROVED FOR PAYMENT BY: A.A. Tony Perry
 DEPARTMENT HEAD

0-1100-429-00-300-023-0-583
 GENERAL LEDGER ACCOUNT NUMBER

COUNTY AUDITOR'S FORM: T.1.4 (01/10) Note: This report is due no later than 20 calendar days of return from travel.



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HIDALGO COUNTY, TEXAS OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

2010 MAY 5 PM 2 19

*ext. 5412 - or call
CO. Judge's*

EMPLOYEE NAME: Carl Lambrecht DEPARTMENT: Budget and Management (Emergency Management is paying)

TRAVEL TO CITY: South Padre Island STATE: Texas

DEPARTURE DATE: 4/20/2010 RETURN DATE: 4/22/2010

TIME OF DEPARTURE: 8:00 AM TIME OF RETURN: 4:00 PM

V# 345555

PURPOSE OF TRIP: B-HIT or B-PREPARED CONFERENCE
I. REIMBURSEMENT FOR EXPENDITURES MADE ON ACCOUNT OF OFFICE BUSINESS:

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						TOTALS
	4/20	4/21	4/22	4/23	4/24	4/25	
Airline / Bus / Train							\$ -
Car Rental							-
Gasoline for Car Rental							-
Personal Car Mileage	Beginning Mileage:	201,756	Ending Mileage:	201,910	TOTAL MILEAGE:	(MILEAGE RATE)	77.00
ODOMETER READINGS:					154	0.50	

Personal Vehicle

NOTE: Mileage is calculated on a point-to-point basis using "Mapquest". Reasonable incidental travel may be reimbursed when the traveler provides specific address destination points by using "Mapquest" to determine mileage. The most direct distance to the destination will be allowed. Any out-of-way or unreasonable travel distance as determined by the County Auditor will be at the expense of the traveler.

Hotel (Excluding Meals)	PAID BY LRGVDC	PAID BY LRGVDC						
Parking / Tolls								
Taxi and Other Ground Transportation								
Telephone								
Registration Fees	PAID BY LRGVDC							
MEALS (based upon actual charges)			NOTE: When traveling out of state trip and claiming actual meal expenses, receipts must be provided for all days of travel. If not reimbursement will be based on the \$39 per diem.					
Type of Travel (In State =1 / Out of State =2)	1							
With Receipts = 1 / Without Receipts = 2	1	1	1					
Breakfast (\$9 per diem)								
Lunch (\$12 per diem)		<i>12.00</i>		12.00				
Dinner (\$18 per diem)	18.00	17.30						
Total Actual Meal Expense	18.00	17.30	12.00					
Total Allowable Meal Expense per County Policy (County Employee)	30.00	39.00	21.00					90.00

Explanation Notes:

II. Travel Expenditures paid by COUNTY CHECK or COUNTY CREDIT CARD that were NOT advanced to employee. (i.e. Airfare, Hotel accommodations, Car Rentals, Registration)

Payee Name	Expense Type	Check No./ P.O. No.	Amount	TOTAL FROM T-4 CONTINUATION FORM
				TOTAL ALLOWABLE EXPENDITURES \$ 167.00
				AMOUNTS ADVANCED TO EMPLOYEE ON:
				<i>no advance</i>
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE
				REMIT TO ME \$ 167.00
				REMITTED TO COUNTY TREASURER ON
Total			\$ -	TREASURER RECEIPT NO. \$ 0.00

I hereby certify that the above information is true and correct to the best of my knowledge. The above funds were used solely for official County business. I have not and do not anticipate to receive reimbursement for the above listed travel expenditures from another source.

Carl Lambrecht
EMPLOYEE SIGNATURE

4/29/10
DATE

APPROVED BY:

A.A. Tony Prof.
DIVISION DIRECTOR/SUPERVISOR

03 MAY 2010
DATE

APPROVED FOR PAYMENT BY:

A.A. Tony Prof.
DEPARTMENT HEAD

0-1100-429-00-300-083-0-583
GENERAL LEDGER ACCOUNT NUMBER