



**HIDALGO COUNTY, TEXAS**  
**APPLICATION FOR OFFICIAL TRAVEL**

DATE OF REQUEST: 10/14/11  
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1

DEPARTMENT NAME: Hidalgo County Extension Service  
NAME & TITLE OF EMPLOYEE(S): Adelita F. Munoz, CEA-Family & Consumer Sciences

**EVENT INFORMATION**

TITLE OF EVENT: 2011 District 12 Fall Faculty Conference  
EVENT DATE(S) FROM: 11/07/11 TO: 11/10/11  
DEPARTURE DATE: 11/07/11 RETURN DATE: 11/10/11  
LOCATION OF EVENT: CITY: Corpus Christi STATE: Texas

**PURPOSE OF TRAVEL**

Place an "X" by the applicable purpose of the trip.

To obtain statutorily required continuing professional education.

To obtain continuing education related to an employee's work or maintenance of a license or certification.

To testify before legislative bodies, regulatory agencies and commissions, and other forums that may make decisions affecting the County and its affiliated organizations and operations.

To participate in professional organizations related to the employee or official's job assignment.

To conduct essential research & information-gathering for improvement of County operations or compliance with law.

To monitor the development of state or federal legislation or implementation of legislation that might affect the County

To participate in forums, coalitions, & discussions relating to the policy, legislative & regulatory interests of the County

To pursue the County's interests in litigation or criminal justice.

To promote the economic development interests of the County.

To carry out other purposes determined by Commissioners' Court to be in the interest of the County (Commissioners' Court approval is attached).

**JUSTIFICATION FOR THE NEED TO TRAVEL OUT-OF-STATE**

Explain the benefits that this trip it will bring to Hidalgo County. Attach an itinerary, agenda, or schedule for the conference and/ or event. If applicable, justify the need for multiple persons traveling to the same event.

| SUMMARY OF ESTIMATED TRAVEL EXPENSES  | ESTIMATED EXPENSES | (DBM USE ONLY) FUNDS AVAILABLE BALANCE | MODE OF TRAVEL (Place an "X" by applicable mode of travel)   |
|---------------------------------------|--------------------|--|--|
| 1. REGISTRATION FEE(S)                | \$50.00            |  | AIRFARE* <input type="checkbox"/>  |
| Subtotal for Object Code 584          | \$ 50.00           | \$                                     | BUS** <input type="checkbox"/>   |
| 2. AIRFARE- ROUNDTRIP COACH FARE ONLY | \$ -               |  | Rental Car** <input type="checkbox"/>  |
| 3. TAXI FARE                          | \$ -               |  | County Vehicle** <input type="checkbox"/>  |
| 4. BUS FARE                           | \$ -               |  | Private Vehicle** <input type="checkbox"/>   |
| 5. RENTAL CAR                         | \$ -               |  | OTHER** (Specify) <input type="checkbox"/>   |
| 6. GASOLINE/DIESEL/FUEL               | \$ -               |  | * If traveling by airplane, the traveler should consider purchasing a refundable fare if possibility of a cancellation exists.   |
| 7. MILEAGE REIMBURSEMENT              | \$ -               |  |  |
| 8. TELEPHONE CALLS                    | \$ -               |  | ** If mode of travel includes bus, rental car, county vehicle, private vehicle, or other form of transportation, a comparison of the savings that will be achieved by not choosing to travel by airplane must be provided with supporting documentation. |
| 9. PARKING                            | \$ -               |  |  |
| 10. LODGING                           | \$185.30           |  |  |
| 11. MEALS                             | \$87.00            |  |  |
| 12. OTHER EXPENSES                    | \$ -               |  |  |
| Subtotal for Object Code 583          | \$ 272.30          |  |  |
| 13. TOTAL ESTIMATED TRAVEL EXPENSES   | \$ 322.30          | \$                                     |  |

14. IF HIDALGO COUNTY IS NOT FUNDING ANY OR PART OF THIS TRIP, INDICATE BELOW THE EXPENSE TYPE & SOURCE OF PAYMENT:

NOTE: If trip duration is extended to take advantage of lower airfare, a comparison of the savings to the additional estimated cost must be provided with supporting airfare rate documentation.

**ELECTED OFFICIAL/DEPARTMENT HEAD CERTIFICATION (Place an "X" by each of the certifications)**

I certify that:

Trip expenses are necessary and will be incurred for official county business.

Reasonable efforts to minimize the use of county funds have been explored.

Sufficient funds are available within in my department's budget to pay for the related travel expenses without the need of a budget amendment.

If this trip is for cut-of-state training, the training is not available in some other form that does not require out-of-state travel.

APPROVED BY ELECTED OFFICIAL/DEPARTMENT HEAD: Barbara Atory DATE: 10/13/11 DEPARTMENT CONTACT PERSON: Nora Linda Cruz PHONE NO.: 383-1026

**FOR DEPARTMENT OF BUDGET & MANAGEMENT (DBM) USE ONLY:**

TRAVEL IS **APPROVED** for the individuals listed below:

TRAVEL IS **NOT APPROVED** for the individuals listed below:

REVIEWED BY (PRINT NAME): \_\_\_\_\_ DATE: \_\_\_\_\_ REVIEWER'S SIGNATURE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE OF DBM DEPARTMENT HEAD: \_\_\_\_\_

1-1100-461-80-380-001-0-583+584

**RECEIVED**  
OFFICE OF EXECUTIVE OFFICER  
ON: 10/14/11 BY: [Signature]

cc 10/25/11



## HIDALGO COUNTY, TEXAS APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 10/12/11  
TOTAL NUMBER OF EMPLOYEES TRAVELING: Four (4)

DEPARTMENT NAME: Hidalgo County Extension Service  
NAME & TITLE OF EMPLOYEE(S): Barbara Storz, CEA-Horticulture

### EVENT INFORMATION

TITLE OF EVENT: 2011 District 12 Fall Faculty Conference  
EVENT DATE(S) FROM: 11/08/11 TO: 11/10/11  
DEPARTURE DATE: 11/08/11 RETURN DATE: 11/10/11  
LOCATION OF EVENT: CITY: Corpus Christi STATE: Texas

### PURPOSE OF TRAVEL

- Place an "X" by the applicable purpose of the trip.
- To obtain statutorily required continuing professional education.
  - To obtain continuing education related to an employee's work or maintenance of a license or certification.
  - To testify before legislative bodies, regulatory agencies and commissions, and other forums that may make decisions affecting the County and its affiliated organizations and operations.
  - To participate in professional organizations related to the employee or official's job assignment.
  - To conduct essential research & information-gathering for improvement of County operations or compliance with law.
  - To monitor the development of state or federal legislation or implementation of legislation that might affect the County.
  - To participate in forums, coalitions, & discussions relating to the policy, legislative & regulatory interests of the County.
  - To pursue the County's interests in litigation or criminal justice.
  - To promote the economic development interests of the County.
  - To carry out other purposes determined by Commissioners' Court to be in the interest of the County (Commissioners' Court approval is attached).

### JUSTIFICATION FOR THE NEED TO TRAVEL OUT-OF-STATE

Explain the benefits that this trip it will bring to Hidalgo County. Attach an itinerary, agenda, or schedule for the conference and/ or event. If applicable, justify the need for multiple persons traveling to the same event.

| SUMMARY OF ESTIMATED TRAVEL EXPENSES  | ESTIMATED EXPENSES | (DBM USE ONLY) FUNDS AVAILABLE BALANCE | MODE OF TRAVEL (Place an "X" by applicable mode of travel)   |
|---------------------------------------|--------------------|--|--|
| 1. REGISTRATION FEE(S)                | \$50.00            |  | AIRFARE* _____   |
| Subtotal for Object Code 584          | \$ 50.00           | \$                                     | BUS** _____  |
| 2. AIRFARE- ROUNDTRIP COACH FARE ONLY | \$ -               |  | Rental Car** _____   |
| 3. TAXI FARE                          | \$ -               |  | County Vehicle** _____   |
| 4. BUS FARE                           | \$ -               |  | Private Vehicle** _____  |
| 5. RENTAL CAR                         | \$ -               |  | OTHER** (Specify) _____  |
| 6. GASOLINE/DIESEL/FUEL               | \$ -               |  | * If traveling by airplane, the traveler should consider purchasing a refundable fare if possibility of a cancellation exists.   |
| 7. MILEAGE REIMBURSEMENT              | \$ -               |  |  |
| 8. TELEPHONE CALLS                    | \$ -               |  | ** If mode of travel includes bus, rental car, county vehicle, private vehicle, or other form of transportation, a comparison of the savings that will be achieved by not choosing to travel by airplane must be provided with supporting documentation. |
| 9. PARKING                            | \$ -               |  |  |
| 10. LODGING                           | \$92.65            |  |  |
| 11. MEALS                             | \$75.00            |  |  |
| 12. OTHER EXPENSES                    | \$ -               |  |  |
| Subtotal for Object Code 583          | \$ 167.65          |  |  |
| 13. TOTAL ESTIMATED TRAVEL EXPENSES   | \$ 217.65          | \$                                     |  |

14. IF HIDALGO COUNTY IS NOT FUNDING ANY OR PART OF THIS TRIP, INDICATE BELOW THE EXPENSE TYPE & SOURCE OF PAYMENT:

NOTE: If trip duration is extended to take advantage of lower airfare, a comparison of the savings to the additional estimated cost must be provided with supporting airfare rate documentation.

### ELECTED OFFICIAL/DEPARTMENT HEAD CERTIFICATION (Place an "X" by each of the certifications)

- I certify that:
- Trip expenses are necessary and will be incurred for official county business.
  - Reasonable efforts to minimize the use of county funds have been explored.
  - Sufficient funds are available within in my department's budget to pay for the related travel expenses without the need of a budget amendment.
- If this trip is for out-of-state training, the training is not available in some other form that does not require out-of-state travel.

|   |                 |                            |                 |
|---|-----------------|----------------------------|-----------------|
| APPROVED BY ELECTED OFFICIAL/DEPARTMENT HEAD: | DATE:           | DEPARTMENT CONTACT PERSON: | PHONE NO.:      |
| <i>Barbara Storz</i>                          | <u>10/13/11</u> | <i>Novalinda Cruz</i>      | <u>383-1026</u> |

### FOR DEPARTMENT OF BUDGET & MANAGEMENT (DBM) USE ONLY:

TRAVEL IS APPROVED for the Individuals listed below:

TRAVEL IS NOT APPROVED for the individuals listed below:

|  |       |                                   |            |
|--|-------|-----------------------------------|------------|
| REVIEWED BY (PRINT NAME):                    | DATE: | REVIEWER'S SIGNATURE:             | PHONE NO.: |
|  |       |                                   |            |
| DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): | DATE: | SIGNATURE OF DBM DEPARTMENT HEAD: |            |
|  |       |                                   |            |

1-1100-461-00-380-001-0-583-584



# HIDALGO COUNTY, TEXAS

## APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 10/17/11

TOTAL NUMBER OF EMPLOYEES TRAVELING: 1

DEPARTMENT NAME: Hidalgo County Extension Service

NAME & TITLE OF EMPLOYEE(S): Barbara Storz, CEA-Horticulture

### EVENT INFORMATION

TITLE OF EVENT: Master Gardener Specialist - Greenhouse Management

EVENT DATE(S) FROM: 11/16/11 TO: 11/18/11

DEPARTURE DATE: 11/16/11 RETURN DATE: 11/18/11

LOCATION OF EVENT: CITY: Huntsville STATE: Texas

### PURPOSE OF TRAVEL

Place an "X" by the applicable purpose of the trip.

To obtain statutorily required continuing professional education.

To obtain continuing education related to an employee's work or maintenance of a license or certification.

To testify before legislative bodies, regulatory agencies and commissions, and other forums that may make decisions affecting the County and its affiliated organizations and operations.

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### JUSTIFICATION FOR THE NEED TO TRAVEL OUT-OF-STATE

Explain the benefits that this trip it will bring to Hidalgo County. Attach an itinerary, agenda, or schedule for the conference and/ or event. If applicable, justify the need for multiple persons traveling to the same event.

| SUMMARY OF ESTIMATED TRAVEL EXPENSES  | ESTIMATED EXPENSES | (DBM USE ONLY)<br>FUNDS AVAILABLE<br>BALANCE | MODE OF TRAVEL<br><small>(Place an "X" by applicable mode of travel)</small>   |
|---------------------------------------|--------------------|--|--|
| 1. REGISTRATION FEE(S)                | <u>0</u>           |  | AIRFARE* _____   |
| Subtotal for Object Code 584          | \$ <u>0</u>        | \$ _____                                     | BUS** _____  |
| 2. AIRFARE- ROUNDTRIP COACH FARE ONLY | \$ -               |  | Rental Car** _____   |
| 3. TAXI FARE                          | \$ -               |  | County Vehicle** _____   |
| 4. BUS FARE                           | \$ -               |  | Private Vehicle** _____  |
| 5. RENTAL CAR                         | \$ -               |  | OTHER** (Specify) _____  |
| 6. GASOLINE/DIESEL/FUEL               | \$ -               |  | * If traveling by airplane, the traveler should consider purchasing a refundable fare if possibility of a cancellation exists.   |
| 7. MILEAGE REIMBURSEMENT              | \$ -               |  |  |
| 8. TELEPHONE CALLS                    | \$ -               |  | ** If mode of travel includes bus, rental car, county vehicle, private vehicle, or other form of transportation, a comparison of the savings that will be achieved by not choosing to travel by airplane must be provided with supporting documentation. |
| 9. PARKING                            | \$ -               |  |  |
| 10. LODGING                           | \$ <u>133.34</u>   |  |  |
| 11. MEALS                             | \$ <u>\$69.00</u>  |  |  |
| 12. OTHER EXPENSES                    | \$ -               |  |  |
| Subtotal for Object Code 583          | \$ <u>202.34</u>   |  |  |
| 13. TOTAL ESTIMATED TRAVEL EXPENSES   | \$ <u>202.34</u>   | \$ _____                                     |  |

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APPROVED BY/ELECTED OFFICIAL/DEPARTMENT HEAD: Barbara Storz DATE: 10/17/11 DEPARTMENT CONTACT PERSON: Nivalinda Cruz PHONE NO.: 383-1026

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|  |       |                                   |            |
| DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): | DATE: | SIGNATURE OF DBM DEPARTMENT HEAD: |            |
|  |       |                                   |            |

1-100-461-00-380-001-0-583



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 10/14/11
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
DEPARTMENT NAME: Hidalgo County Extension Service
NAME & TITLE OF EMPLOYEE(S): Brad Cowan, CEA-Agriculture

EVENT INFORMATION

TITLE OF EVENT: 2011 District 12 Fall Faculty Conference
EVENT DATE(S) FROM: 11/08/11 TO: 11/10/11
DEPARTURE DATE: 11/08/11 RETURN DATE: 11/10/11
LOCATION OF EVENT: CITY: Corpus Christi STATE: Texas

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Table with 4 columns: SUMMARY OF ESTIMATED TRAVEL EXPENSES, ESTIMATED EXPENSES, (DBM USE ONLY) FUNDS AVAILABLE BALANCE, MODE OF TRAVEL. Rows include Registration Fee, Airfare, Taxi, Bus, Rental Car, Gasoline, Mileage, Telephone, Parking, Lodging, Meals, and Other Expenses.

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NOTE: If trip duration is extended to take advantage of lower airfare, a comparison of the savings to the additional estimated cost must be provided with supporting airfare rate documentation.

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APPROVED BY ELECTED OFFICIAL/DEPARTMENT HEAD: Barbara Stern DATE: 10/13/11 DEPARTMENT CONTACT PERSON: Nora Linda Cruz PHONE NO.: 383-1026

FOR DEPARTMENT OF BUDGET & MANAGEMENT (DBM) USE ONLY:

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TRAVEL IS NOT APPROVED for the individuals listed below:

REVIEWED BY (PRINT NAME): DATE: REVIEWER'S SIGNATURE: PHONE NO.:
DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): DATE: SIGNATURE OF DBM DEPARTMENT HEAD:



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 10/14/11
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1

DEPARTMENT NAME: Hidalgo County Extension Service
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Nora N. Garza, CEA-Family Resources

EVENT INFORMATION

TITLE OF EVENT: 2011 District 12 Fall Faculty Conference
EVENT DATE(S) FROM: 11/07/11 TO: 11/10/11
DEPARTURE DATE: 11/07/11 RETURN DATE: 11/10/11
LOCATION OF EVENT: CITY: Corpus Christi STATE: Texas

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Table with 4 columns: SUMMARY OF ESTIMATED TRAVEL EXPENSES, ESTIMATED EXPENSES, (DBM USE ONLY) FUNDS AVAILABLE BALANCE, and MODE OF TRAVEL. Includes rows for registration fee, airfare, taxi, bus, rental car, gasoline, mileage, telephone calls, parking, lodging, meals, and other expenses.

NOTE: If trip duration is extended to take advantage of lower airfare, a comparison of the savings to the additional estimated cost must be provided with supporting airfare rate documentation.

ELECTED OFFICIAL/DEPARTMENT HEAD CERTIFICATION (Place an "X" by each of the certifications)

- I certify that:
[X] Trip expenses are necessary and will be incurred for official county business.
Reasonable efforts to minimize the use of county funds have been explored.
Sufficient funds are available within in my department's budget to pay for the related travel expenses without the need of a budget amendment.

If this trip is for out-of-state training, the training is not available in some other form that does not require out-of-state travel.

APPROVED BY ELECTED OFFICIAL/DEPARTMENT HEAD: Barbara Stern DATE: 10/13/11 DEPARTMENT CONTACT PERSON: Noralinda Cruz PHONE NO.: 383-10246

FOR DEPARTMENT OF BUDGET & MANAGEMENT (DBM) USE ONLY:

TRAVEL IS APPROVED for the individuals listed below:
TRAVEL IS NOT APPROVED for the individuals listed below:

REVIEWED BY (PRINT NAME): DATE: REVIEWER'S SIGNATURE: PHONE NO.:
DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): DATE: SIGNATURE OF DBM DEPARTMENT HEAD:

1-1100-461-00-380-001-0-583+584