



HIDALGO COUNTY, TEXAS OUT-OF-COUNTY - TRAVEL ADVANCE REQUEST

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME: Juan M Garza EMPLOYEE I.D. NO.: 1307 EMPLOYEE TITLE: Court Bailiff
 DEPARTMENT: Master Court #1 DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE? _____
 DEPARTURE DATE: 11-10-2011 RETURN DATE: 11-12-2011
 TIME OF DEPARTURE: 2:00 pm TIME OF RETURN: 4:00 pm
 TO CITY: San Antonio, TX STATE: TX
 SEMINAR/CONFERENCE/MEETING: START DATE: 11-11-11 END DATE: 11-11-11 ACTUAL NO. OF DAYS: 1
 TITLE OF WORKSHOP/CONFERENCE: Integrity Translation
 METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL): Personal vehicle IS COORDINATION OF TRAVEL REQUIRED? IF NO, ATTACH WRITTEN EXPLANATION FROM THE COUNTY OFFICIAL: Mandatory (Yes)
 LIST NAMES OF COUNTY EMPLOYEES TRAVELING WITH YOU IN THE COUNTY VEHICLE, CAR RENTAL, OR PERSONAL VEHICLE: Juan M. Garza
 DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? NO IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE? _____
 PURPOSE/BENEFIT TO HIDALGO COUNTY: _____

B. ESTIMATED EXPENSES:

I. MEALS: (Meals for one-day travel not requiring an overnight stay will not be advanced)

Meals will be prorated for partial days	Meal Rate	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	Total
Breakfast	\$9.00		6:00	9:00					18.00
Lunch	\$12.00		12:00	12:00					24.00
Dinner	\$18.00	18.00	18.00						36.00
Total	\$39.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	78.00

Meal per diems must be prorated for 1st day and last day of travel as follows:

Departure:		Arrival:	
Before 8:00 a.m. (breakfast, lunch, & dinner)	\$ 39.00	Before 8:00 a.m. (breakfast)	\$ 9.00
8:00 a.m. - 1:00 p.m. (lunch & dinner)	\$ 30.00	8:00 a.m. - 6:00 p.m. (breakfast & lunch)	\$ 21.00
After 1:00 p.m. (dinner)	\$ 18.00	After 6:00 p.m. (breakfast, lunch, & dinner)	\$ 39.00

II. INCIDENTAL EXPENSES (taxi fare, shuttle fare, gas charges for car rentals, airport and hotel parking):

Expense type: _____ days @ \$ 20.00 \$ _____

III. PERSONAL VEHICLE MILEAGE 488 Miles @ \$ 0.510 Current Rate) \$ 248.80

(Note: Mileage may be advanced calculated on a point-to-point basis using "Mapquest" at the current county adopted rate per highway mile. Incidental mileage will not be advanced. In addition, "Coordination of Travel" may apply (see Section 7 of the Travel Policies, Guidelines, and Procedures). When traveling out of state, if the most economical means of travel is driving, traveler must supply documentation to support the price of the airfare at the time of travel.

Mapquest

IV. OTHER (Itemize)

_____ \$ _____

_____ \$ _____

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE: _____

VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ _____

VII. COMMENTS: _____

VII. GENERAL LEDGER ACCOUNT NUMBER: 1-1100-412-00-031-001-0-584

C. CERTIFICATION AND AUTHORIZATION TO PAYROLL DEDUCTIONS

I hereby certify that information provided on this form is true and estimated expenditures are reasonable and necessary. The funds will be used by me for the specific trip listed above and not given to or used by another county employee. If my trip is cancelled, I will immediately return the travel advance funds to the County Treasurer no later than 20 calendar days after the seminar/conference/ meeting end date by submitting a Final Travel Expense Claim. In addition, I agree to account for all travel expenditures including the travel advance by submitting a Final Travel Expense Claim, accompanied by required original supporting documentation, no later than 20 days after my seminar/conference/meeting end date. Any unused funds will also be returned to the County Treasurer's Office no later than 20 days after my seminar/conference/meeting end date.

Should I fail to submit a Final Travel Expense Claim, I understand that I will not be allowed to obtain another travel advance until the pending travel advance is settled. In addition, I agree to repay Hidalgo County and further consent to payroll deductions by the County Treasurer to recover the pending travel advance amount.

 EMPLOYEE SIGNATURE	 DEPARTMENT OFFICIAL'S NAME (Print Name)	DEPARTMENT OFFICIAL'S APPROVAL (Signature)
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Delia Garza

From: Integrity Translation Group [class@itg.us.com]
Sent: Monday, October 03, 2011 2:54 PM
To: delia.garza@co.hidalgo.tx.us
Subject: Your Registration

Dear juan m garza,

Thank you for registering for this course. Please save this e-mail since it is your seat reservation.

As a reminder, classes begin at 8 o'clock in the morning until around 5 o'clock in the afternoon. If you want to take notes, feel free to bring a notepad and something to write with. Otherwise, all materials are provided at the class site, (so just bring yourself!).

We look forward to seeing you soon!

Sincerely,

Richard Perales
ITG CE Courses
Cell phone: 806-674-2395
Office phone: 806-376-8259

Details:

Name: juan m garza
LCI number:
Address:
8326 alex ln donna tx

78537

Telephone: 956 314 3860 or 956292 7000 ex6562 Best time to call (if needed): any time

Email: delia.garza@co.hidalgo.tx.us

Did you want to be notified of our upcoming courses?: Please add me to your e-mail list.

Location: Fri - Nov 11, 2011 - San Antonio 8-5PM

Payment: I would like to send in a check or money order