



## HIDALGO COUNTY, TEXAS APPLICATION FOR OFFICIAL TRAVEL

DEPARTMENT NAME: Health & Human Services      DATE OF REQUEST: 11/02/11  
 NAME & TITLE OF EMPLOYEE(S): \_\_\_\_\_      TOTAL NUMBER OF EMPLOYEES TRAVELING: 1  
 TRAVELING: Eduardo Olivarez

### EVENT INFORMATION

TITLE OF EVENT: UPL EXECUTIVE WAIVER COMMITTEE  
 EVENT DATE(S) FROM: 11/13/11 TO: 11/14/11  
 DEPARTURE DATE: 11/13/11 RETURN DATE: 11/15/11  
 LOCATION OF EVENT: CITY: Austin 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.

### 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.

Obtain updates

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)			AIRFARE* _____
Subtotal for Object Code 584	\$ -	\$ -	BUS** _____
2. AIRFARE- ROUNDTRIP COACH FARE ONLY			Rental Car** _____
3. TAXI FARE	\$ -		County Vehicle** <input checked="" type="checkbox"/>
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	\$ 220.00		
11. MEALS	\$ 117.00		
12. OTHER EXPENSES	\$ 80.00		
Subtotal for Object Code 583	\$ 417.00		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 417.00	\$ -	

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.: \_\_\_\_\_

### 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: \_\_\_\_\_



# **Executive Waiver Committee**

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**October 27, 2011**

# DSRIP Planning

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## November 13-14 Conference

- **Due to limited space, by invitation only**
- **Sunday: half-day with background information, followed by networking reception**
- **Monday: full-day working sessions to draft menu of DSRIP projects, available data, metrics, and potential challenges**