

COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE
County Administration Building 3rd Floor
2808 S. Business Highway 281
Edinburg, Texas 78539-6243
PHONE: (956) 318-2511
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MAILING ADDRESS:
HIDALGO COUNTY AUDITOR'S OFFICE
P. O. BOX 689
EDINBURG, TEXAS 78540-0689

OFFICE OF THE COUNTY AUDITOR

NOTICE OF DISCREPANCY AND/OR ADVISORY

DATE: 11/01/2011

TO: Josie Escalante

DEPARTMENT: (340) HEALTH

FROM: Emily Suarez

PHONE: (956)-318-2511 ext 4632

REFERENCE: BUSTER, TODD Invoice #09/27-28/11

THE FOLLOWING DOCUMENT (S), i.e. **Invoice #09/27-28/11** IS/ARE BEING RETURNED, BECAUSE OF THE REASON (S) INDICATED BELOW AND REQUIRES YOUR IMMEDIATE ATTENTION. CORRECTIVE ACTION IS NECESSARY IN ORDER FOR MY OFFICE TO PERFORM ITS DUTIES ACCORDING TO STATUTES, POLICIES, FEDERAL REGULATIONS, AND ACCOUNTING STANDARDS.

PAYMENT (S) OF CLAIMS RELATED TO THIS DOCUMENT (S) WILL BE MADE AS SOON AS POSSIBLE AFTER CORRECTIVE ACTIONS HAS BEEN TAKEN AND THE CORRECTED AND PROPER DOCUMENTATION HAS BEEN SUBMITTED/RESUBMITTED TO THE AUDITOR'S OFFICE WITH SUFFICIENT TIME FOR THE AUDITOR TO EXAMINE AND APPROVE BEFORE THE NEXT SCHEDULED MEETING OF THE HIDALGO COUNTY COMMISSIONERS COURT, AS PER LOCAL GOVERNMENT CODE 113.064.

- EXPENDITURE INCURRED BEFORE PURCHASE ORDER ISSUED – PLEASE FOLLOW PROPER CLAIMS PROCEDURES
- PURCHASE ORDER NUMBER IS INCONSISTENT WITH INVOICE
- AMOUNT BILLED DOES NOT MATCH THE PURCHASE ORDER AMOUNT
- VENDOR ON PURCHASE ORDER DOES NOT MATCH INVOICE
- INSUFFICIENT DOCUMENTATION TO PROCESS PAYMENT
- SIGNATURE OR DATE NOT PRESENT
- SYSTEM SHOWS INVOICE PAID
- INSUFFICIENT FUNDING IN ACCOUNT # AVAILABLE \$
- NEEDS APPROVAL OF:
- NEEDS COMPLIANCE WITH PURCHASING POLICY/STATUTES/CONTRACTS (SEE COMMENTS)
- NEEDS CORRECTION(S):
- NEEDS ADDITIONAL DOCUMENTATION i.e.,:
- OTHER:

COMMENTS / RECOMMENDATION: Ms Josie,
Any out of county travel needs to be approved thru Budget before the trip is done to have Court's approval. Please talk to Budget about having this final go thru Commissioners Court to be approved for payment. Sorry for the inconvenience.

Thank you,
Emily

COUNTY AUDITOR'S FORM: RE-CA-020
REVISED: 08/2010



HIDALGO COUNTY DISTRICT JUDGES

RICARDO P. RODRIGUEZ, JR JUDGE, 92ND D.C.	RODOLFO DELGADO JUDGE, 93RD D.C.	J. R. "BOBBY" FLORES JUDGE, 139TH D.C.	ROSE GUERRA REYNA JUDGE, 206TH D.C.	JUAN R. PARTIDA JUDGE, 275TH D.C.	MARIO E. RAMIREZ, JR. JUDGE, 332ND D.C.	NOE GONZALEZ JUDGE, 370TH D.C. OVERSEER	LETICIA LOPEZ JUDGE, 389TH D.C.	AIDA SALINAS FLORES JUDGE, 398TH D.C.
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HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

EMPLOYEE NAME : Todd Buster DEPARTMENT: Health & Human Services
 TRAVEL TO CITY : La Feria STATE: TX
 DEPARTURE DATE: 9/27/2011 RETURN DATE: 9/28/2011
 TIME OF DEPARTURE: 7:00 AM TIME OF RETURN: 5:00 PM

1003449

PURPOSE OF TRIP : Take course on Euthanization to gain CEU's Hours for ACO License

I. REIMBURSEMENT FOR EXPENDITURES MADE ON ACCOUNT OF OFFICE BUSINESS:

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						2011
	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	TOTALS
	9/27	9/28	9/29	9/30	10/1	10/2	
Airline / Bus / Train							\$ -
Car Rental							-
Gasoline for Car Rental							-
Personal Car Mileage	Beginning Mileage:		Ending Mileage:		TOTAL MILEAGE:	(MILEAGE RATE)	
ODOMETER READINGS:					-	0.59	-
NOTE: Mileage is calculated on a point-to-point basis using the Texas Mileage Guide, plus reasonable incidental travel. 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	150.00						150.00
MEALS (based upon actual charges) <div style="float: right; border: 1px solid black; padding: 2px; font-size: 0.8em;"> 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. </div>							
Type of Travel (In State =1 /Out of State =2)	1						
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):							-

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)				-	
Payee Name	Expense Type	Check No./ PO. No.	Amount	TOTAL ALLOWABLE EXPENDITURES	
				\$ 150.00	
AMOUNTS ADVANCED TO EMPLOYEE ON :					
TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE					
REMIT TO ME				\$ 150.00	
REMITTED TO COUNTY TREASURER ON					
Total				\$- 0.00	
				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.

Todd Buster
 EMPLOYEE SIGNATURE 9/27/11
 DATE

APPROVED FOR PAYMENT BY: [Signature]
 DEPARTMENT HEAD

APPROVED BY: [Signature] DIVISION DIRECTOR/SUPERVISOR DATE

1-1100-441-00-340.001-0-584
 GENERAL LEDGER ACCOUNT NUMBER

Jodd Buster

CITY OF LA FERIA

REC#: 00291888 9/27/2011 8:31 AM
OPER: C1 TERM: 001
REF#:

TRAN: 1.9999 MISCELLANEOUS
HIDALGO COUNTY - EUTHENIZATION
REGISTRATION
MISCELLANEOUS INCOM 150.00CR

TENDERED: 150.00 CASH
APPLIED: 150.00-

CHANGE: ----- 0.00

RECEIVED BY
COUNTY CLERK
2011 OCT 17 PM 4:02



Purchase Order COUNTY OF HIDALGO

PO#: 663449

DATE: 09/13/11

Page No 1 Of 1

VENDOR: 393541

REQ:00202137

Email:

BUYER: JESCALANTE

Phone:

BUSTER, TODD
C/O HEALTH DEPT.

SHIP TO: HEALTH DEPARTMENT
1304 S. 25TH
EDINBURG TX 78539

Vendor Acct:

CONTACT:
SITE: HEALTH

Special Instructions:

Contract No:

VENDOR NOTES

- DO NOT ADD TO, OR ALTER THIS PURCHASE ORDER. THIS ORDER IS NOT RENEWABLE.
- TAX EXEMPTION: THIS PURCHASE ORDER MAY BE ACCEPTED IN LIEU OF EXEMPTION CERTIFICATE.
- THIS ORDER IS ALSO PLACED F.O.B. DESTINATION. VENDOR MUST REPAY ALL SHIPPING COSTS.
- INVOICE EACH PURCHASE ORDER SINGLY. ORIGINAL INVOICES ARE REQUIRED CUSTOMER COPY MAY BE ACCEPTED. OUT NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, AND PACKAGES.
- PAYMENT WILL BE MADE ONLY FOR A BONA FIDE AND FULLY COMPLETED ORDERS, UNLESS OTHERWISE ATTACHED.

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
1	EACH	EX REGISTRATION REIMBURSEMENT FOR THE EUTHINAZATION COURSE FOR ANIMAL CONTROL IN LA FERIA, TEXAS SEPTEMBER 27-28, 2011	150.00	150.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		Total		150.00

		For Hidalgo County use only		
		1-1100-441-00-340-001-0-584		150.00
		Approved _____		
		<p>RECEIVED</p> <p>SEP 14 2011</p> <p>Hidalgo County Health & Human Services</p>		

OCT 17 PM 4:02
 APPROVED BY
 CONTROLLER

Authorized by: Martha L. Salazar