



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 12/01/11
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
DEPARTMENT NAME: Health & Human Services
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Eduardo Olivarez

EVENT INFORMATION

TITLE OF EVENT: UPL Partnering
EVENT DATE(S) FROM: 12/02/11 TO: 12/02/11
DEPARTURE DATE: 12/02/11 RETURN DATE: 12/02/11
LOCATION OF EVENT: CITY: Laredo 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.
x 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 on UPL Changes

Table with 4 columns: SUMMARY OF ESTIMATED TRAVEL EXPENSES, ESTIMATED EXPENSES, (DBM USE ONLY) FUNDS AVAILABLE BALANCE, and MODE OF TRAVEL. Rows include Registration Fee, Airfare, Taxi Fare, Bus Fare, Rental Car, Gasoline/Diesel/Fuel, Mileage Reimbursement, Telephone Calls, Parking, Lodging, Meals, and Other Expenses. Total estimated travel expenses are \$0.

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:
x Trip expenses are necessary and will be incurred for official county business.
x 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.
x 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: [Signature] DATE: 12/1/11 DEPARTMENT CONTACT PERSON: [Signature] PHONE NO.: 383-6221

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

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

REVIEWED BY (PRINT NAME): [Signature] DATE: 12-1-11 REVIEWER'S SIGNATURE: [Signature] PHONE NO.:

DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): [Signature] DATE: 12/1/11 SIGNATURE OF DBM DEPARTMENT HEAD: [Signature]

RECEIVED BY COUNTY AUDITOR

2011 DEC 2 AM 9 45

APPROVED BY OFFICE OF EXECUTIVE OFFICER

[Handwritten signature]

**Subject:** UPL Meeting with Webb County

**From:** "Eddie Olivarez" <eddie.olivarez@hchd.org>

**Date:** Thu, 1 Dec 2011 09:42:03 -0600

**To:** "josie escalante" <josie.escalante@hchd.org>, <mike.esaname@hchd.org>, <valde.guerra@co.hidalgo.tx.us>, "Yolanda Chapa" <yolanda.chapa@co.hidalgo.tx.us>, "Jaime Longoria" <jaime.longoria@co.hidalgo.tx.us>, "Dairen Sarmiento" <Dairen.sarmiento@hchd.org>

**Hello All,**

**This is to inform you all that I have to drive to Webb County and meet with Frank Salinas, County Director of Indigent Care and one of their County Commissioners regarding UPL partnering. I will be driving to Laredo in morning. This is also a reminded of our December 7<sup>th</sup> meeting next week; Dairen will be sending you all an update via e-mail today. The Goal is to get Webb County to join our UPL region. Any questions call me at 956-457-1772.**

**Eduardo Olivarez  
Chief Administrative Officer  
Hidalgo County Health and Human Services  
956-383-8858 Office  
[www.twitter.com/hidalgohealth](http://www.twitter.com/hidalgohealth)**

PURCHASE AFFIDAVIT

THE STATE OF TEXAS  
COUNTY OF HIDALGO

I, Eduardo Olivarez, do hereby state that the item(s) listed on the invoice(s) named below  
PURCHASER'S NAME

were purchased for the exclusive use of Hidalgo County:

INVOICE NO.	DATE	AMOUNT	NAME OF COMPANY
<u>590354</u>	<u>12/2/11</u>	<u>\$ 53.10</u>	<u>Stripes# 2209 fuel for vehicle HD-46</u>
			<u>LP-106-2199, asset 50299</u>
			<u>Ford-F250 VIN-1FTSW2B59AEA15869</u>
<b>TOTAL</b>			<u>Acct# 1-1100-441-00-340-001-0-626</u>

I further state that I was authorized to make such a purchase(s).

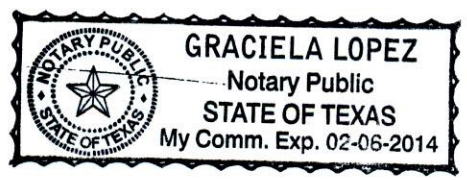
I therefore request reimbursement of this invoice (these invoices) from Hidalgo County and that payment be made payable to me.

SIGNATURE: [Signature]

TITLE: Chief Administrative Officer  
PERSON MAKING PURCHASE

Before me Graciela Lopez, a Notary Public, appeared Eduardo Olivarez and on h\_\_ oath depose and stated that the foregoing facts as set forth in the above request for expense reimbursement are true and correct in every respect. H\_ / S\_\_ further stated h\_ / s\_\_ requested payment of the same.

(SEAL)



[Signature]  
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

APPROVAL: [Signature] DEPARTMENT HEAD

APPROVAL: \_\_\_\_\_ COUNTY AUDITOR

STRIPES # 2209  
611 N. Smith Ave  
Hebbronville  
TX

miles  
5163

TP48577307-001 STRIPES 2209  
611 N SMITH AVE  
HEBBRONVILLE TX 78

10

< DUPLICATE RECEIPT >

DATE 12/02/11  
TIME 3:20 PM  
AUTH# 590354

AMEX  
ACCOUNT NUMBER  
XXXX XXXXXX X2000  
OLIVAREZ/EDUARDO

PUMP PRODUCT PPG  
08 UNLD \$3.199

GALLONS TOTAL  
16.598 \$53.10

**THANKS, COME AGAIN**

ST# 2209 TILL XXXX DR# 0 TRAN#  
CSH: 0 12/02/11 15:21:57