



HIDALGO COUNTY, TEXAS APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 01/17/12

TOTAL NUMBER OF EMPLOYEES TRAVELING: 1

DEPARTMENT NAME: RIGHT OF WAY
 NAME & TITLE OF EMPLOYEE(S) TRAVELING: JOSE N. PENA, DIRECTOR

EVENT INFORMATION

TITLE OF EVENT: 2012 TEXAS TRANSPORTATION FORUM

EVENT DATE(S) FROM: FEBRUARY 15,2012 TO: FEBRUARY 17,2012

DEPARTURE DATE: FEBRUARY 14,2012 RETURN DATE: FEBRUARY 19,2012

LOCATION OF EVENT: CITY: SAN ANTONIO 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 <small>(Place an "X" by applicable mode of travel)</small>
1. REGISTRATION FEE(S)	\$ 225.00		AIRFARE* _____
Subtotal for Object Code 584	\$ 225.00	\$	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	\$ 150.80		
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	\$ 60.00		
10. LODGING	\$ 635.12		
11. MEALS	\$ 117.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 962.92		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 1,187.92	\$	
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: 1/18/12 DEPARTMENT CONTACT PERSON: Rebecca Gomez PHONE NO.: 283-8134

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:	



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	JOSE N. PENA		EMPLOYEE I.D. NO.:	085405	EMPLOYEE TITLE:	DIRECTOR
DEPARTMENT:	RIGHT OF WAY		DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE?	NO		
DEPARTURE DATE:	2/14/12		RETURN DATE:	2/19/12		
TIME OF DEPARTURE:	6PM		TIME OF RETURN:	3PM		
TO CITY:	SAN ANTONIO		STATE:	TEXAS		
SEMINAR/CONFERENCE/MEETING:	START DATE:	2/15/2012	END DATE:	2/17/2012	ACTUAL NO. OF DAYS	3
TITLE OF WORKSHOP/CONFERENCE:	2012 TEXAS TRANSPORTATION FORUM					
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	PERSONAL CAR		IS COORDINATION OF TRAVEL REQUIRED? IF NO, ATTACH WRITTEN EXPLANATION FROM THE COUNTY OFFICIAL.			
LIST NAMES OF COUNTY EMPLOYEES TRAVELING WITH YOU IN THE COUNTY VEHICLE, CAR RENTAL, OR PERSONAL VEHICLE?						
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE? <input type="checkbox"/> WILL BE TAKING SPOUSE ON TRIP AS WELL						
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
		15-Feb	16-Feb	17-Feb					
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00					\$27.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00					\$36.00
Dinner	\$18.00	\$18.00	\$18.00	\$18.00					\$54.00
Total	\$39.00	\$39.00	\$39.00	\$39.00	\$0.00	\$0.00	\$0.00	\$0.00	\$117.00
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:	HOTEL PARKING			3	days @	\$ 20.00	\$ 60.00		
III. PERSONAL VEHICLE MILEAGE 272 Miles @ \$ 0.555 (Current Rate) \$ 150.80									
<i>(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.</i>									
<i>Mapquest</i>									
IV. OTHER (Itemize)									
Pre-paid Registration Fees of \$225.00 \$									
Transaction ID: 3895412486 \$ 225.00									
V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE:					VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 552.80				
VII. COMMENTS:					VII. GENERAL LEDGER ACCOUNT NUMBER: 2-1200-431-00-260-001-0-583				

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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HIDALGO COUNTY, TEXAS
SEMINAR, HOTEL, CAR RENTAL, AND AIRFARE
CHECK REQUEST FORM
PAGE 1 OF 2

DEPARTMENT: RIGHT OF WAY If, applicable, was travel approved by Co. Exec. Officer? _____

DEPARTURE DATE: 2/14/2012 RETURN DATE: 2/19/2012

TO CITY: SAN ANTONIO STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: JOSE N. PENA

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 1

PURPOSE/BENEFIT TO HIDALGO COUNTY: _____

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 2012 TEXAS TRANSPORTATION FORUM

SPONSORED BY: TEXAS TRANSPORTATION INSTITUTE

REGISTRATION CHECK PAYABLE TO: _____

REGISTRATION ADDRESS: _____ SEMINAR START DATE: _____

_____ SEMINAR END DATE: _____

_____ PURCHASE ORDER NO. _____

1. REGISTRATION COST PER EMPLOYEE: _____ NO. OF EMPLOYEES ATTENDING AT THIS RATE: 1

2. REGISTRATION COST PER EMPLOYEE: _____ NO. OF EMPLOYEES ATTENDING AT THIS RATE: _____

3. "FREE REGISTRATION COST": "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE": _____

GL ACCT NO.: _____ TOTAL NO. OF EMPLOYEES ATTENDING: 1

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	-
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ -
	TOTAL 2ND PAGE (B + C + D):	\$ 635.12
	GRAND TOTAL (A + B + C + D):	\$ 635.12

E. CERTIFICATIONS AND EMPLOYEE AUTHORIZATIONS FOR PAYROLL DEDUCTIONS

DEPARTMENT'S PUBLIC OFFICIAL CERTIFICATION: I hereby certify that trip expenditures are necessary and will be incurred for official county business. Reasonable efforts to minimize the use of county funds have been explored. The information and estimates provided on this form are true and as accurate as possible. If it becomes necessary to cancel a trip, all necessary cancellations and notices will be made to the applicable vendors and departments in accordance with the Travel Policy, Guidelines, and Procedures. Travelers have read the Travel Policy, Guidelines, and Procedures and understand that failure to cancel reservations for any reasons other than those allowed by the Travel Policy will be at their expense.

	<u>Rebecca Gomez</u>	<u>283-8134</u>
DEPARTMENT'S PUBLIC OFFICIAL (Signature)	DEPARTMENT'S CONTACT PERSON	PHONE #

TRAVELER'S AUTHORIZATION: I certify that if it becomes necessary to cancel a trip, all necessary cancellations and notices will be made to the applicable vendors and departments in accordance with the Travel Policy, Guidelines, and Procedures. If I fail to cancel reservations for reasons other than those allowed by Section 17 of the Travel Policy, Guidelines, and Procedures, I authorize the deduction of any travel expenses incurred by the county on my behalf from my payroll check.

<u>JOSE N. PENA</u>		85405
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
_____ EMPLOYEE NAME (PRINT)	_____ EMPLOYEE'S SIGNATURE	_____ EMPLOYEE NO.
_____ EMPLOYEE NAME (PRINT)	_____ EMPLOYEE'S SIGNATURE	_____ EMPLOYEE NO.
_____ EMPLOYEE NAME (PRINT)	_____ EMPLOYEE'S SIGNATURE	_____ EMPLOYEE NO.
_____ EMPLOYEE NAME (PRINT)	_____ EMPLOYEE'S SIGNATURE	_____ EMPLOYEE NO.
_____ EMPLOYEE NAME (PRINT)	_____ EMPLOYEE'S SIGNATURE	_____ EMPLOYEE NO.



HIDALGO COUNTY, TEXAS
SEMINAR, HOTEL, CAR RENTAL, AND AIRFARE
CHECK REQUEST FORM
PAGE 2 OF 2

DEPARTMENT: _____ RIGHT OF WAY
 DEPARTURE DATE: 2/14/2012 RETURN DATE: 2/19/2012
 TO CITY: SAN ANTONIO STATE: TEXAS
 NAME OF EMPLOYEES ATTENDING SEMINAR: _____
 SEMINAR: _____ JOSE N. PENA
 TOTAL # OF EMPLOYEES ATTENDING SEMINAR: _____ 1

B. HOTEL RESERVATION(S)

Note: Use of a travel agency is discouraged. Unless a benefit is achieved by other means, you must use the State of Texas travel management services contract by visiting: www.window.state.tx.us/procurement/prog/stmp/

NAME OF HOTEL: GRAND HYATT SAN ANTONIO HOTEL PHONE NO: 210-224-1234
 ADDRESS OF HOTEL: 600 E. MARKET ST. CONFIRMATION NO.(S): 64538004
SAN ANTONIO, TX 78205
 ROOM RATE: \$ 136.00 PURCHASE ORDER NO. _____
 NUMBER OF NIGHTS: 4 GENERAL LEDGER ACCT NO: 2-1200-431-00-260-001-0-583
 ROOM RATE: _____ TOTAL NO. OF ROOMS: 1
 NUMBER OF NIGHTS: _____
 ROOM RATE: _____ HOTEL TAX RATE: 16.75%
 NUMBER OF NIGHTS: _____
 TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) B. \$ 635.12

C. CAR RENTAL(S)

Note: Reservations for car rentals made under the name of Hidalgo County are required to be made through the State of Texas travel management services contract by visiting: www.window.state.tx.us/procurement/prog/stmp/

IS A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? YES / NO YES IF YES, EXPLAIN REASON FOR NOT UTILIZING IT? Attach memo if more space needed. TAKING SPOUSE ON TRIP AS WELL
 NAME OF CAR RENTAL COMPANY: _____
 ADDRESS OF CAR RENTAL COMPANY: _____
Note: Coordination of travel is required for every group of 4 or less
 PHONE NUMBER OF CAR RENTAL COMPANY: _____
 VEHICLE NO. 1 TYPE: _____ VEHICLE NO. 2 TYPE: _____
 DAILY CAR RATE: _____ DAILY CAR RATE: _____
 NUMBER OF DAYS: _____ NUMBER OF DAYS: _____
 CONFIRMATION NO.: _____ CONFIRMATION NO.: _____
 VEHICLE NO. 1 - NAMES OF EMPLOYEES TRAVELING: _____ VEHICLE NO. 2 - NAMES OF EMPLOYEES TRAVELING: _____
 PURCHASE ORDER NO. _____ GL ACCT NO: _____
 TOTAL CHECK AMOUNT FOR CAR RENTAL (Daily Car Rate x No. of Days) C. \$ -

D. AIRFARE(S)

Note: Use of a travel agency is discouraged. Refundable fares should be considered if possibility of a trip cancellation exists.

NAME OF AIRLINE COMPANY: _____
 ADDRESS OF AIRLINE COMPANY: _____
 PHONE NO. OF AIRLINE COMPANY: _____ CONFIRMATION NO.: _____
 ROUND TRIP AIRFARE PER PERSON: _____
 NUMBER OF TRAVELERS: _____
 GENERAL LEDGER ACCOUNT NUMBER _____ P.O. NO. _____
 TOTAL CHECK AMOUNT FOR AIRLINE COMPANY D. \$ -
 SUBTOTAL (B+C+D) \$ 635.12