



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

DEPARTMENT:	I. T. DEPARTMENT	If, applicable, was travel approved by Co. Exec. Officer?	
DEPARTURE DATE:	5/21/2012	RETURN DATE:	5/25/2012
TO CITY:	SAN ANTONIO	STATE:	TEXAS
NAME OF EMPLOYEES ATTENDING SEMINAR:	RENAN RAMIREZ, PHILLIP VEALE, ESTANISLADO RAMOS		
TOTAL# OF EMPLOYEES ATTENDING SEMINAR:	3		
PURPOSE/BENEFIT TO HIDALGO COUNTY:	CONDUCT / RESEARCH / INFORMATION GATHERING TO ENHANCE THE COUNTY'S COMPUTER INFRASTRUCTURE.		

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR:	TAGITM 2012 CONFERENCE		
SPONSORED BY:	TAGITM		
REGISTRATION CHECK PAYABLE TO:	TAGITM		
REGISTRATION ADDRESS:	P. O. BOX 200363	SEMINAR START DATE:	5/21/2012
	AUSTIN, TEXAS	SEMINAR END DATE:	5/25/2012
	78720	PURCHASE ORDER NO.	
1. REGISTRATION COST PER EMPLOYEE:	\$ 400.00	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	3
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.:	2-1100-415-00-200-001-0-584	TOTAL NO. OF EMPLOYEES ATTENDING:	
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	1,200.00	
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$	1,200.00
	TOTAL 2ND PAGE (B + C + D):	\$	1,723.09
	GRAND TOTAL (A + B + C + D)	\$	2,923.09

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.

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.

RENAN RAMIREZ		056229
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
Phillip Veale		185922
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
Estanislado Ramos		1145024
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:	I. T. DEPARTMENT		
DEPARTURE DATE:	5/21/2012	RETURN DATE:	5/25/2012
TO CITY:	SAN ANTONIO	STATE:	TEXAS
NAME OF EMPLOYEES ATTENDING SEMINAR:	RENAN RAMIREZ, PHILLIP VEALE, ESTANISLADO RAMOS		
TOTAL# OF EMPLOYEES ATTENDING SEMINAR:	3		

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:	THE WESTIN RIVERWALK	HOTEL PHONE NO:	210-224-6500
ADDRESS OF HOTEL:	420 W. MARKET SAN ANTONIO, TX 78205	CONFIRMATION NO.(s):	055224230
ROOM RATE:	\$ 106.00	PURCHASE ORDER NO.	
NUMBER OF NIGHTS:	12	GENERAL LEDGER ACCT NO:	2-1100-415-00-200-001-0-583
ROOM RATE:		TOTAL NO. OF ROOMS:	3
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.			\$ 1,485.06

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	NO	IF YES, EXPLAIN REASON FOR NOT UTILIZING IT? Attach memo if more space needed.	
NAME OF CAR RENTAL COMPANY:	ENTERPRISE		
ADDRESS OF CAR RENTAL COMPANY:	MCALLEN INTL ARPT		
PHONE NUMBER OF CAR RENTAL COMPANY:	956-686-9089		
VEHICLE NO. 1 TYPE:	FULL	VEHICLE NO. 2 TYPE:	
DAILY CAR RATE:	\$ 47.61	DAILY CAR RATE:	
NUMBER OF DAYS:	5	NUMBER OF DAYS:	
CONFIRMATION NO.:	995194824	CONFIRMATION NO.	
VEHICLE NO. 1 - NAMES OF EMPLOYEES TRAVELING:	RENAN RAMIREZ, PHILLIP VEALE, ESTANISLADO RAMOS	VEHICLE NO. 2 - NAMES OF EMPLOYEES TRAVELING:	
PURCHASE ORDER NO.		GL ACCT NO:	2-1100-415-00-200-001-0-583
TOTAL CHECK AMOUNT FOR CAR RENTAL (Daily Car Rate x No. of Days) C.			\$ 238.03

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:	N/A		
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)			\$ 1,723.09



HIDALGO COUNTY, TEXAS APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 02/08/12
TOTAL NUMBER OF EMPLOYEES TRAVELING: 3

DEPARTMENT NAME: I. T. DEPARTMENT
NAME & TITLE OF EMPLOYEE(S): RENAN RAMIREZ, PHILLIP VEALE, ESTANISLADO RAMOS
TRAVELING:

EVENT INFORMATION

TITLE OF EVENT: TEXAS ASSOCIATION OF GOVERNMENTAL IT MANAGERS
EVENT DATE(S) FROM: 05/21/12 TO: 05/25/12
DEPARTURE DATE: 05/21/12 RETURN DATE: 05/25/12
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)	\$ 1,200.00		AIRFARE ¹
Subtotal for Object Code 584	\$ 1,200.00	\$	BUS ^{**}
2. AIRFARE- ROUNDTRIP COACH FARE ONLY	\$ -		Rental Car ^{**}
3. TAXI FARE	\$ -		County Vehicle ^{**}
4. BUS FARE	\$ -		Private Vehicle ^{**}
5. RENTAL CAR	\$ 238.03		OTHER ^{**} (Specify)
6. GASOLINE/DIESEL/FUEL	\$ 100.00		* 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	\$ 1,485.06		
11. MEALS	\$ 585.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 2,408.09		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 3,608.09	\$	
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: _____



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Renan Ramirez	EMPLOYEE I.D. NO.:	050229	EMPLOYEE TITLE:	CIO	
DEPARTMENT:	I. T. Department	DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE?	No			
DEPARTURE DATE:	5/21/12	RETURN DATE:	5/25/12			
TIME OF DEPARTURE:	5/21/2012	TIME OF RETURN:	5/25/2012			
TO CITY:		STATE:				
SEMINAR/CONFERENCE/MEETING:	START DATE:	5/21/2012	END DATE:	5/25/2012	ACTUAL NO. OF DAYS	5
TITLE OF WORKSHOP/CONFERENCE:	TAGITM 2012 Conference					
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	Car Rental	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?	Renan Ramirez, Phillip Veale, Estanislado Ramos					
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	
		21-May	22-May	23-May	24-May	25-May				
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00			\$45.00	
Lunch	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00			\$60.00	
Dinner	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00			\$90.00	
Total	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$0.00	\$0.00	\$195.00	
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 _____ Miles @ \$ 0.500 (Current Rate) \$ -										
<small>(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.</small>										
IV. OTHER (Itemize)										
_____ \$ _____										
_____ \$ _____										
V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE:					VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 195.00					
VII. COMMENTS:					VII. GENERAL LEDGER ACCOUNT NUMBER: 2-1100-415-00-200-001-0-583					

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)



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Phillip Veale	EMPLOYEE I.D. NO.:	185922	EMPLOYEE TITLE:	C.J.I.S. Administrator	
DEPARTMENT:	I. T. Department	DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE?	No			
DEPARTURE DATE:	5/21/12	RETURN DATE:	5/25/12			
TIME OF DEPARTURE:	5/21/2012	TIME OF RETURN:	5/25/2012			
TO CITY:			STATE:			
SEMINAR/CONFERENCE/MEETING:	START DATE:	5/21/2012	END DATE:	5/25/2012	ACTUAL NO. OF DAYS	5
TITLE OF WORKSHOP/CONFERENCE:	TAGITM 2012 Conference					
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	Car Rental	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?	Renan Ramirez, Phillip Veale, Estanislado Ramos					
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
		21-May	22-May	23-May	24-May	25-May			
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00			\$45.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00			\$60.00
Dinner	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00			\$90.00
Total	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$0.00	\$0.00	\$195.00
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 Miles @ \$ 0.500 (Current Rate) \$ -									
(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: \$ 195.00
VII. COMMENTS:	VII. GENERAL LEDGER ACCOUNT NUMBER: 2-1100-415-00-200-001-0-583

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)
--------------------	--	--



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Estanislado Ramos	EMPLOYEE ID NO.:	114502	EMPLOYEE TITLE:	Projects Manager	
DEPARTMENT:	I. T. Department		DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE?	No		
DEPARTURE DATE:	5/21/12	RETURN DATE:	5/25/12			
TIME OF DEPARTURE:	5/21/2012	TIME OF RETURN:	5/25/2012			
TO CITY:			STATE:			
SEMINAR/CONFERENCE/MEETING:	START DATE:	5/21/2012	END DATE:	5/25/2012	ACTUAL NO. OF DAYS	5
TITLE OF WORKSHOP/CONFERENCE:	TAGITM 2012 Conference					
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	Car Rental		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?	Renan Ramirez, Phillip Veale, Estanislado Ramos					
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																												
		21-May	22-May	23-May	24-May	25-May																															
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00			\$45.00																												
Lunch	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00			\$60.00																												
Dinner	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00			\$90.00																												
Total	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$0.00	\$0.00	\$195.00																												
<p>Meal per diems must be prorated for 1st day and last day of travel as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="5">Departure:</td> <td colspan="5">Arrival:</td> </tr> <tr> <td>Before 8:00 a.m. (breakfast, lunch, & dinner)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">39.00</td> <td>Before 8:00 a.m. (breakfast)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">9.00</td> </tr> <tr> <td>8:00 a.m. - 1:00 p.m. (lunch & dinner)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">30.00</td> <td>8:00 a.m.- 6:00 p.m. (breakfast & lunch)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">21.00</td> </tr> <tr> <td>After 1:00 p.m. (dinner)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">18.00</td> <td>After 6:00 p.m. (breakfast,lunch,&dinner)</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">39.00</td> </tr> </table>										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
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:	Gas		5		days @ \$		20.00		\$ 100.00																												
III. PERSONAL VEHICLE MILEAGE _____ Miles @ \$ 0.500 (Current Rate) \$ _____																																					
<p><small>(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.</small></p> <p style="text-align: right;">Mapquest</p>																																					
IV. OTHER (Itemize)																																					
									\$ _____																												
									\$ _____																												
V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE:					VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 295.00																																
VII. COMMENTS:			VII. GENERAL LEDGER ACCOUNT NUMBER:			2-1100-415-00-200-001-0-583																															

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)