

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

DEPARTMENT: Hidalgo County Health & Human Services

DEPARTURE DATE: 4/2/2012 RETURN DATE: 4/6/2012

TO CITY: Tyler STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Ronnie Ramirez, Rogelio Reyes, Jose Alvarez

TOTAL# OF EMPLOYEES ATTENDING SEM 3

PURPOSE/BENEFIT TO HIDALGO COUNTY:
To Obtain Basic Animal Control Certification

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: Basic Animal Control Officer Training Course

SPONSORED BY: Texas Department of State Health Services

REGISTRATION CHECK PAYABLE TO: Texas Department of State Health Services

REGISTRATION ADDRESS: 1517 West Front Street SEMINAR START DATE: 4/3/2012
Tyler, TX 75702 SEMINAR END DATE: 4/5/2012
PURCHASE ORDER NO. _____

1. REGISTRATION COST PER EMPLOY \$75.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 3

2. REGISTRATION COST PER EMPLOY _____ 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: _____




TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending)	\$225.00
(SEE PAGE 2 FOR SECTIONS B, C, & D)	
TOTAL THIS PAGE (A):	\$225.00
TOTAL 2ND PAGE (B + C + D):	\$814.20
GRAND TOTAL (A + B + C + D)	\$1,039.20

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.

	Josie Escalante	383-6221
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.

Ronnie Ramirez		058498
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
Rogelio Reyes		1408604
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
Jose Alvarez		155314
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.

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

DEPARTMENT: Hidalgo County Health & Human Services
 DEPARTURE DATE: 4/2/2012 RETURN DATE: 4/6/2012
 TO CITY: Tyler STATE: Texas
 NAME OF EMPLOYEES ATTENDING SEMINAR: Ronnie Ramirez, Rogelio Reyes, Jose Alvarez
 TOTAL# OF EMPLOYEES ATTENDING SEM 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: La Quinta Inn & Suites HOTEL PHONE NO: 1-903-561-2223
 ADDRESS OF HOTEL: 1601 West Southwest Loop 323 FIRMATION NO.(s): 3146226143, 3144044368
Tyler, TX 75701 3138905806
 ROOM RATE: \$59.00 PURCHASE ORDER NO: _____
 NUMBER OF NIGHTS: 4 GENERAL LEDGER ACCT NO: _____
 ROOM RATE: \$59.00 TOTAL NO. OF ROOMS: 3
 NUMBER OF NIGHTS: 4
 ROOM RATE: \$59.00 HOTEL TAX RATE: 15.00%
 NUMBER OF NIGHTS: 4
 TOTAL CHECK AMOUNT FOR HOTEL(Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) \$814.20

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 _____ IF YES, EXPLAIN REASON FOR NOT UTILIZING IT? Attach memo if more space needed. _____

NAME OF CAR RENTAL COMPANY: _____
 ADDRESS OF CAR RENTAL COMPANY: _____
required for every group of 4 or less employees traveling.
 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) \$-

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 \$-
 SUBTOTAL (B+C+D) \$814.20



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 02/15/12
TOTAL NUMBER OF EMPLOYEES TRAVELING: 3

DEPARTMENT NAME: Health & Human Services
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Ronnie Ramirez, Rogello Reyes, Jose Alvarez

EVENT INFORMATION

TITLE OF EVENT: Basic Animal Control Officer Training Course
EVENT DATE(S) FROM: 04/03/12 TO: 04/05/12
DEPARTURE DATE: 04/02/12 RETURN DATE: 04/06/12
LOCATION OF EVENT: CIT: Tyler STATE: Texas

PURPOSE OF TRAVEL

Place an "X" by the applicable purpose of the trip.

- x 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.

To obtain Basic Animal Control Certification

Table with 4 columns: SUMMARY OF ESTIMATED TRAVEL EXPENSES, ESTIMATED EXPENSES, (DBM USE ONLY) FUNDS AVAILABLE BALANCE, and MODE OF TRAVEL. Includes rows for Registration Fee, Airfare, Taxi Fare, Bus Fare, Rental Car, Gasoline/Diesel/Fuel, Mileage Reimbursement, Telephone Calls, Parking, Lodging, Meals, and Other Expenses.

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.
x 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:

TRANSMISSION VERIFICATION REPORT

TIME : 02/08/2012 14:57
NAME : HIDALGO CNTY ENVIRO
FAX : 956-383-7351
TEL : 956-383-0110
SER. # : BROK4J135826

DATE, TIME 02/08 14:57
FAX NO./NAME 19035335383
DURATION 00:00:35
PAGE(S) 03
RESULT OK
MODE STANDARD
ECM

**Texas Department of State Health Services (DSHS), Zoonosis Control (ZC)
Animal Control Officer (ACO) Basic Training Course
Application to Attend**

Enrollment based on space availability. Course date you would like to attend: Apr 03-05

(Please Print Clearly)

Name (Mr., Mrs., Ms.) Ronnie Ramirez DOB 12-04-76

Animal Control/Shelter Agency Name Hidalgo County Health Depart.

Mailing Address (Street or PO Box) 1304 S. 25th st. City Edinburg Zip _____

(Please provide the address where course information/materials and test results should be sent.)

Phone Number (956) 383-0111 Ext. _____ County Hidalgo

Email ronnie.ramirez@hchd.org Fax _____

Supervisor's Date: 2/8/12

Signature: Elyardo Ramo

Mail to:
Texas Department of State Health Services
Zoonosis Control
1517 West Front Street
Tyler, TX 75702

**Cost of attending a course is \$75.00.
Information on how to submit payment will
be provided by the Zoonosis Control
Regional office. Do not send payment with
this application.**

Students will be tested over the material

**Texas Department of State Health Services (DSHS), Zoonosis Control (ZC)
Animal Control Officer (ACO) Basic Training Course
Application to Attend**

Enrollment based on space availability. Course date you would like to attend: Apr 03-05

(Please Print Clearly)

Name (Mr., Mrs., Ms.) Ronnie Ramirez DOB 12-04-76

Animal Control/Shelter Agency Name Hidalgo County Health Depart.

Mailing Address (Street or PO Box) 1304 S. 25th st. City Edinburg Zip _____

(Please provide the address where course information/materials and test results should be sent.)

Phone Number (956) 383-0111 Ext. _____ County Hidalgo

Email ronnie.ramirez@hchd.org Fax _____

Supervisor's Date: 2/8/12

Signature: Elyardo Ramos

Mail to:
Texas Department of State Health Services
Zoonosis Control
1517 West Front Street
Tyler, TX 75702

OR FAX to:
903-533-5383

For more information call: 903-533-5212

Cost of attending a course is \$75.00. Information on how to submit payment will be provided by the Zoonosis Control Regional office. Do not send payment with this application.

Students will be tested over the material contained in the DSHS *Animal Control Officer Training Manual*. Students should study the entire manual thoroughly prior to attending a course.

Contact your Zoonosis Control Regional office or <http://TexasZoonosis.org> for further information on the manual and how to obtain a copy.

**Texas Department of State Health Services (DSHS), Zoonosis Control (ZC)
Animal Control Officer (ACO) Basic Training Course
Application to Attend**

Enrollment based on space availability. Course date you would like to attend: Apr 03-05

(Please Print Clearly)

Name (Mr., Mrs., Ms.) Rogelio Reyes DOB 08-06-79

Animal Control/Shelter Agency Name Hidalgo County Health Depart.

Mailing Address (Street or PO Box) 1304 S. 25th St. City Edinburg Zip _____

(Please provide the address where course information/materials and test results should be sent.)

Phone Number (956) 383-0111 Ext. _____ County Hidalgo

Email rogelio.reyes@hchd.org Fax _____

Supervisor's Date: 2/8/12

Signature: Eljardo Ramos J

Mail to:
Texas Department of State Health Services
Zoonosis Control
1517 West Front Street
Tyler, TX 75702

OR FAX to:
903-533-5383

For more information call: 903-533-5212

Cost of attending a course is \$75.00. Information on how to submit payment will be provided by the Zoonosis Control Regional office. Do not send payment with this application.

Students will be tested over the material contained in the DSHS *Animal Control Officer Training Manual*. Students should study the entire manual thoroughly prior to attending a course.

Contact your Zoonosis Control Regional office or <http://TexasZoonosis.org> for further information on the manual and how to obtain a copy.

Texas Department of State Health Services (DSHS), Zoonosis Control (ZC)
Animal Control Officer (ACO) Basic Training Course
Application to Attend

Enrollment based on space availability. Course date you would like to attend: Apr 03-05

(Please Print Clearly)

Name (Mr., Mrs., Ms.) Jose A. Alvarez DOB 09-06-79

Animal Control/Shelter Agency Name Hidalgo County Health Depart.

Mailing Address (Street or PO Box) 1304 S. 25th St. City Edinburg Zip _____

(Please provide the address where course information/materials and test results should be sent.)

Phone Number (956) 383-0111 Ext. _____ County Hidalgo

Email jose.alvarez@hchd.org Fax _____

Supervisor's Date: 2-8-12

Signature: Eduardo Ramos J

Mail to:
Texas Department of State Health Services
Zoonosis Control
1517 West Front Street
Tyler, TX 75702

OR FAX to:
903-533-5383

For more information call: 903-533-5212

Cost of attending a course is \$75.00. Information on how to submit payment will be provided by the Zoonosis Control Regional office. Do not send payment with this application.

Students will be tested over the material contained in the DSHS *Animal Control Officer Training Manual*. Students should study the entire manual thoroughly prior to attending a course.

Contact your Zoonosis Control Regional office or <http://TexasZoonosis.org> for further information on the manual and how to obtain a copy.



wake up on the bright side®

Home | About La Quinta | Customer Support | [Vea en Español](#)

1-800-SLEEPLQ (753-3757)

Member #
Password
Password?
[SIGN IN](#)
or
[JOIN NOW!](#)

La Quinta Returns is the rewards program you've been waiting for. [Learn more about the benefits now.](#)

RESERVATION DETAILS



Need a Rental Car? Visit [Advantage Rent-A-Car](#) now to get the right vehicle at the right price.

Thank you for choosing La Quinta Inn and Suites. Your reservation details are listed below.
[Add to Calendar](#) [Printer Friendly Page](#) [Email this page to a friend](#) [Book another room at this hotel](#) [Add to my "Favorite Hotels"](#) [Change Reservation](#)

CONFIRMATION NUMBER(S):

3146226143
3144044368
3138905806

Hotel Reservation Information

HOTEL

La Quinta Inn
Tyler
1601 West Southwest Loop 323
Tyler, TX 75701-8533
1-903-561-2223

Directions:

Hwy. 69 S-bound from Dallas or Shreveport: turn right on Loop 323, travel 7 mi. Hwy. 69 N-bound from Jacksonville Rusk area: turn left on Loop 323, travel 1 mi.

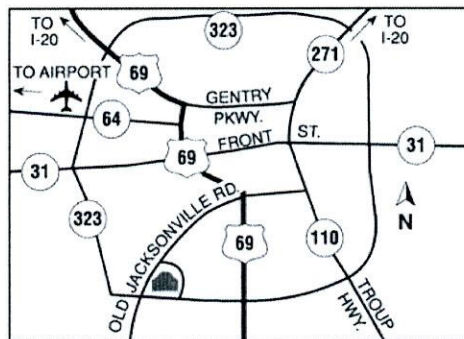
TRAVEL DATES

Check-in: 04/02/2012
Check-out: 04/06/2012
Nights: 4

ROOM INFORMATION

Number of Rooms: 3 Room(s)
Number of Adults: 3 Adult(s)
Number of Children: 0 Child(ren)
Room Type: One King Bed
Rate Type: Texas State Rate ID Required TX State or Affiliated ID Required. TXSTAT10 for alternate discount, non commissionable
Rate Description:
Room Rate: 59.00 USD
Total Amount: 708.00 USD + tax
(Total Amount displayed does not include applicable taxes or fees)

La Quinta Inn Tyler



[GET ADDITIONAL DRIVING DIRECTIONS](#)

Customer Information

Name: Jose Alvarez
Address: 1304 S 25th St,
City, ST ZIP: Edinburg, TX 78539
Email Address: jose.alvarez@hchd.org

BILLING INFORMATION
Credit Card Type: MasterCard
Credit Card Number: *****3427
Expiration Date: 07/2012



ROOM DESCRIPTION

One King Bed

- NEW! Samsung flat-panel TV with 30 channels of HD programming
- "Plug-and-Play" TV feature makes it simple to connect electronics
- Free High-Speed Internet Access
- Free Bright Side Breakfast®
- Bright Morning Pillow Top Beds
- Convenient Work Desk
- Coffee Maker
- Hairdryer
- Iron w/Ironing Board
- Free Local Calls

- Alarm Clock

DEPOSIT/GUARANTEE/CANCELLATION POLICY

DEP CREDIT CARDS: AX CB DC DS MC VS VI CA CANCEL BY 6PM 02APR12 LOCAL PROPERTY TIME TO AVOID PENALTIES For reservations cancelled within the stated cancellation policy period that include free night(s) redeemed with La Quinta Returns points, you must contact the Returns Service Center at 1-800-642-4258 to have your points restored to your account.

Whether you're traveling on business, a leisure getaway, or a family vacation, La Quinta has the right hotel accommodations for you. Take advantage of free internet access, free breakfast, and comfy beds offered at La Quinta Inns & Suites. You'll find the best rates online, the widest variety of room options, the most reliable hotel info, and more on LQ.com. Thank you for considering La Quinta Inns & Suites for your hotel travel plans!

FOLLOW LA QUINTA:

[Facebook](#)

[Twitter](#)

[Mobile Access](#)

RESERVE WITH CONFIDENCE:



FIND HOTELS IN TOP-SEARCHED CITIES:

[San Antonio Hotels](#)
[New York Hotels](#)
[Denver Hotels](#)
[Las Vegas Hotels](#)

[Orlando Hotels](#)
[Miami Hotels](#)
[Dallas Hotels](#)
[Galveston Hotels](#)

[Austin Hotels](#)
[Seattle Hotels](#)
[San Diego Hotels](#)
[South Padre Island Hotels](#)

[Houston Hotels](#)
[Albuquerque Hotels](#)
[Tampa Hotels](#)
[Chicago Hotels](#)

[Franchise Opportunities](#) | [Company Information](#) | [News Room](#) | [Travel Professionals](#) | [Small Business](#) | [Hotel List](#)
[Free Desktop Directory](#) | [100% Satisfaction Guarantee](#) | [Gift Cards](#) | [Careers](#) | [Online Privacy](#) | [Terms of Use](#) | [Site Map](#)

LQ Management LLC © 2012 La Quinta and Returns are registered in the U.S. Patent and Trademark Office