



**HIDALGO COUNTY, TEXAS  
APPLICATION FOR OFFICIAL TRAVEL**

DATE OF REQUEST: 03/06/12  
 PUBLIC DEFENDER - JUVENILE SECTION TOTAL NUMBER OF EMPLOYEES TRAVELING: 3  
 DEPARTMENT NAME: SECTION JENNIFER NARVAEZ, PUBLIC DEFENDER III; MICHAEL PARSON, PUBLIC DEFENDER II; TRAVELING: CLAUDIA AGUILAR, ADM. ASST.

**EVENT INFORMATION**  
 TITLE OF EVENT: TRAVEL TO TRAVIS COUNTY JUVENILE DEPARTMENT TO OBSERVE AND ATTEND A FREE JUVENILE SEMINAR SPONSORED BY TRAVIS COUNTY ON MARCH 30, 2012  
 EVENT DATE(S) FROM: 03/29/12 TO: 03/30/12  
 DEPARTURE DATE: 03/28/12 RETURN DATE: 03/31/12  
 LOCATION OF EVENT: CITY: AUSTIN STATE: TEXAS

**PURPOSE OF TRAVEL**  
 Place an "X" by the applicable purpose of the trip.  
 To obtain statutory 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.

THE OFFICE OF THE PUBLIC DEFENDER'S JUVENILE SECTION WILL GAIN EXPERIENCE, KNOWLEDGE, DIRECTION BY THE TRAVIS COUNTY PUBLIC DEFENDER'S JUVENILE SECTION DAILY OPERATIONS.

SUMMARY OF ESTIMATED TRAVEL EXPENSES	ESTIMATED EXPENSES	(DBM USE ONLY) FUNDS AVAILABLE BALANCE	MODE OF TRAVEL (Place an "X" by applicable mode of travel)
1. REGISTRATION FEE(S)	\$ -		AIRFARE* _____
Subtotal for Object Code 584	\$ -	\$	BUS** _____
2. AIRFARE- ROUNDTRIP COACH FARE ONLY	\$ -		Rental Car** _____
3. TAXI FARE	\$ -		County Vehicle** _____
4. BUS FARE	\$ -		Private Vehicle** _____
5. RENTAL CAR	\$ 174.36		OTHER** (Specify) _____
6. GASOLINE/DIESEL/FUEL	\$ 160.00		* If traveling by airplane, the traveler should consider purchasing a refundable fare if possibility of a cancellation exists.
7. MILEAGE REIMBURSEMENT	\$ 330.34		
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	\$ 120.00		
10. LODGING	\$ 1,397.26		
11. MEALS	\$ 361.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 2,632.96		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 2,632.96	\$	

14. IF HIDALGO COUNTY IS NOT FUNDING ANY OR PART OF THIS TRIP, INDICATE BELOW THE EXPENSE TYPE & SOURCE OF PAYMENT:  
 Funds are through the juvenile grant account.

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: *[Signature]* DATE: 3/6/12 DEPARTMENT CONTACT PERSON: Patti Loye PHONE NO.: 292-7040

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

DEPARTMENT: PUBLIC DEFENDER'S If, applicable, was travel approved by Co. Exec. Officer?

DEPARTURE DATE: 3/28/2012 RETURN DATE: 3/31/2012

TO CITY: AUSTIN STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: JENNIFER NARVAEZ, MICHAEL PARSON, CLAUDIA AGUILAR

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 3

PURPOSE/BENEFIT TO HIDALGO COUNTY:  
The Public Defender's Juvenile Section will gain experience, knowledge, direction by the Travis County Public Defender's Juvenile Section Daily Operations.

**A. WORKSHOP/SEMINAR REGISTRATION(S)**

TITLE OF WORKSHOP/SEMINAR: Travis County Public Defender's Juvenile Section

SPONSORED BY: Travis County Public Defender's Juvenile Section

REGISTRATION CHECK PAYABLE TO: n/a

REGISTRATION ADDRESS: \_\_\_\_\_ SEMINAR START DATE: \_\_\_\_\_  
 \_\_\_\_\_ SEMINAR END DATE: \_\_\_\_\_  
 \_\_\_\_\_ PURCHASE ORDER NO. \_\_\_\_\_

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

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: 0

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):	\$ 1,397.25
	GRAND TOTAL (A + B + C + D):	\$ 1,397.25

**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>Datte Loya</u>	<u>292-7040 x-5433</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 any 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>Claudia Aguilar</u>		<u>189189</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
		<u>142328</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>Michael S. Parson</u>		
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: \_\_\_\_\_ PUBLIC DEFENDER'S

DEPARTURE DATE: \_\_\_\_\_ 3/28/2012 \_\_\_\_\_ RETURN DATE: \_\_\_\_\_ 3/31/2012

TO CITY: \_\_\_\_\_ AUSTIN \_\_\_\_\_ STATE: \_\_\_\_\_ TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: \_\_\_\_\_ JENNIFER NARVAEZ, MICHAEL PARSON, CLAUDIA AGUILAR

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/](http://www.window.state.tx.us/procurement/prog/stmp/)

NAME OF HOTEL: \_\_\_\_\_ Omni Hotels & Resort \_\_\_\_\_ HOTEL PHONE NO: \_\_\_\_\_ 512-448-2222

ADDRESS OF HOTEL: \_\_\_\_\_ 4140 Governor's Row \_\_\_\_\_ CONFIRMATION NO.(s): \_\_\_\_\_ 40008131172;400008126553;  
\_\_\_\_\_ Austin, Texas \_\_\_\_\_ 40008117241

ROOM RATE: \$ \_\_\_\_\_ 135.00 \_\_\_\_\_ PURCHASE ORDER NO. \_\_\_\_\_ 212512

NUMBER OF NIGHTS: \_\_\_\_\_ 3 \_\_\_\_\_ GENERAL LEDGER ACCT NO: \_\_\_\_\_ 2-1282-412-30-085-004-2-583

ROOM RATE: \$ \_\_\_\_\_ 135.00 \_\_\_\_\_ TOTAL NO. OF ROOMS: \_\_\_\_\_ 3

NUMBER OF NIGHTS: \_\_\_\_\_ 3 \_\_\_\_\_

ROOM RATE: \$ \_\_\_\_\_ 135.00 \_\_\_\_\_ HOTEL TAX RATE: \_\_\_\_\_ 15.00%

NUMBER OF NIGHTS: \_\_\_\_\_ 3 \_\_\_\_\_

TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) . . . . . B. \$ \_\_\_\_\_ 1,397.25

**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/](http://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: \_\_\_\_\_  
*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) \$ \_\_\_\_\_ 1,397.25