



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 04/04/12
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1

DEPARTMENT NAME: Fire Marshal
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Juan Martinez, Fire Marshal

EVENT INFORMATION

TITLE OF EVENT: Texas Division of Emergency Management Council
EVENT DATE(S) FROM: 05/08/12 TO: 05/09/12
DEPARTURE DATE: 05/07/12 RETURN DATE: 05/09/12
LOCATION OF EVENT: CITY: Kingsville STATE: Texas

PURPOSE OF TRAVEL

- Place an "X" by the applicable purpose of the trip.
X To obtain statutorily required continuing professional education.
X To obtain continuing education related to an employee's work or maintenance of a license or certification.
X 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.
X To conduct essential research & information-gathering for improvement of County operations or compliance with law.
X To monitor the development of state or federal legislation or implementation of legislation that might affect the County
X To participate in forums, coalitions, & discussions relating to the policy, legislative & regulatory interests of the County
X To pursue the County's interests in litigation or criminal justice.
X To promote the economic development interests of the County.
X 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.

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

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.
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.
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: 4/04/12 DEPARTMENT CONTACT PERSON: [Signature] PHONE NO.: 318-2656

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:

1950-1951  
1952-1953  
1954-1955

1956-1957  
1958-1959  
1960-1961  
1962-1963  
1964-1965  
1966-1967  
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2004-2005  
2006-2007  
2008-2009  
2010-2011  
2012-2013  
2014-2015  
2016-2017  
2018-2019  
2020-2021  
2022-2023  
2024-2025

1950-1951

1952-1953

1954-1955



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

### A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Juan Martinez	EMPLOYEE ID. NO.:	138126	EMPLOYEE TITLE:	Fire Marshal	
DEPARTMENT:	Fire Marshal	DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE?	No			
DEPARTURE DATE:	5/7/12	RETURN DATE:	5/9/12			
TIME OF DEPARTURE:	1:00 p.m.	TIME OF RETURN:	8:00 p.m.			
TO CITY:			STATE:			
SEMINAR/CONFERENCE/MEETING:	START DATE:	5/8/2012	END DATE:	5/9/2012	ACTUAL NO. OF DAYS:	2
TITLE OF WORKSHOP/CONFERENCE:	Texas Division of Emergency Management Council					
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	County Vehicle		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?	None					
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT?	Yes		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	Total
		7-May	8-May	9-May				
Breakfast	\$9.00		\$9.00	\$9.00				\$18.00
Lunch	\$12.00		\$12.00	\$12.00				\$24.00
Dinner	\$18.00	\$18.00	\$18.00	\$18.00				\$54.00
<b>Total</b>	<b>\$39.00</b>	<b>\$18.00</b>	<b>\$39.00</b>	<b>\$39.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$96.00</b>

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	\$	-
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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:	Req: 00214040	VI. TOTAL TRAVEL ADVANCE REQUESTED: \$	96.00
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VII. COMMENTS:	VII. GENERAL LEDGER ACCOUNT NUMBER:	2-1100-422-10-300-001-0-583
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### 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.

	<p style="font-size: 1.2em; margin: 0;">Juan Martinez</p>	
EMPLOYEE SIGNATURE	DEPARTMENT OFFICIAL'S NAME (Print Name)	DEPARTMENT OFFICIAL'S APPROVAL (Signature)

12

12

01:44:40

12:44:40



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

DEPARTMENT: Fire Marshal If applicable, was travel approved by Co. Exec. Officer?

DEPARTURE DATE: 5/7/2012 RETURN DATE: 5/9/2012

TO CITY: Kingsville STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Juan Martinez

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 1

PURPOSE/BENEFIT TO HIDALGO COUNTY:  
 Trainings of this nature will keep me abreast of new and changing policies and procedures, thus enabling me to better perform my duties as Fire Marshal for Hidalgo County.

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

TITLE OF WORKSHOP/SEMINAR: \_\_\_\_\_

SPONSORED BY: \_\_\_\_\_

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: \_\_\_\_\_

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):	\$ -
	GRAND TOTAL (A + B + C + D):	\$ -

**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.

	Yelanda Crozco	4/04/12
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.

Juan Martinez		138126
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.
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:	Fire Marshal		
DEPARTURE DATE:	5/7/2012	RETURN DATE:	5/9/2012
TO CITY:	Kingsville	STATE:	Texas
NAME OF EMPLOYEES ATTENDING SEMINAR:	Juan Martinez		
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/](http://www.window.state.tx.us/procurement/prog/stmp/)

NAME OF HOTEL:	Holiday Inn Express	HOTEL PHONE NO.:	361-592-8333
ADDRESS OF HOTEL:	2400 South Highway 77	CONFIRMATION NO.(S):	68857193
ROOM RATE:	\$ 89.00	PURCHASE ORDER NO.:	
NUMBER OF NIGHTS:	2	GENERAL LEDGER ACCT NO.:	2-1100-422-10-300-001-0-583
ROOM RATE:		TOTAL NO. OF ROOMS:	
NUMBER OF NIGHTS:	1		
ROOM RATE:		HOTEL TAX RATE:	13.00%
NUMBER OF NIGHTS:			
TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) . . . . . B.			\$ 201.14

**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.	
<b>SUBTOTAL ( B+C+D) \$ 201.14</b>	

# Requisition

Req # 00214041

PO #

Date: 04/04/12

Bill To: x  
x

**Vendor:** 399302  
KELLY PHARR INVESTORS  
D/B/A HOLIDAY INN EXPRESS  
2400 S. HWY 77  
KINGSVILLE TX 78363  
FAX (361)592-3665

**Ship To:** FIRE MARSHAL  
1615 S. CLOSNER  
SUITE H  
EDINBURG TX 78539

**Contact:** Yolanda Orozco  
956-318-2656

**Contract No:**

**Special Instructions:**

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
2.00	NGT	DO NOT DUPLICATE ORDER  To cover lodging for Juan Martinez, Fire Marshal to attend the Texas Division of Emergency Management Council, Kingsville, TX, May 7-9, 2012. (Room Rate: \$89.00 plus 13% Tax = \$100.57 per night.)  May 7, 2012 Check In = \$100.57 May 8, 2012 = \$100.57 May 9, 2012 Check Out	100.57	201.14
1.00		Account No _____  2-1100-422-10-300-001-0-583	Encumbrance  201.14	.00
			Freight	.00
			Total	201.14
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

**Authorized By:** \_\_\_\_\_

# Requisition

Req # 00214040

PO #

Date: 04/04/12

Bill To: x  
x

Vendor: 338702  
MARTINEZ, JUAN  
C/O FIRE MARSHAL

Ship To: FIRE MARSHAL  
1615 S. CLOSNER  
SUITE H  
EDINBURG TX 78539

Contact: Yolanda Orozco  
956-318-2656

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	BUNDLE	DO NOT DUPLICATE ORDER  To cover meals for Juan Martinez, Fire Marshal to attend the Texas Division of Emergency Management Council, Kingsville, TX, May 7-9, 2012.  May 7, 2012 - Depart 1:00 p.m. = \$18.00 May 8, 2012 - All Day = \$39.00 May 9, 2012 - Return 8:00 p.m. = \$39.00  Account No _____  2-1100-422-10-300-001-0-583	96.00          Encumbrance 96.00  Freight .00  Total 96.00	96.00          .00  96.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: \_\_\_\_\_

### Event Details

#### Event Details

**Event Name:** Region 3 - TDEM/DSHS Regional Disaster Response Workshop

**Date:** 05/08/2012 - 05/09/2012

**Location:** Texas A&M University - Kingsville  
Kingsville, TX 78363

**Event Description:**

The Texas Division of Emergency Management, along with the Department of State Health Services and several of the valued Emergency Management Council partner agencies and organizations will visit each DPS Region to discuss state capabilities and initiatives that are pertinent to local communities, and to hear feedback and expectations for the coming year. The regional workshops will aid in the effort to streamline coordination of local and state response, providing a prime opportunity for the members of the emergency management community and our partners to come together to discuss the topics that matter most to each region.

Seating is limited.

**Agenda**

Download the workshop [agenda](#).

**Point of Contact:** Suzannah Jones  
Texas Division of Emergency Management  
512-424-5825  
Suzannah.Jones@dps.texas.gov

You've registered for this Event.

*Depart: 5/7/12 @ 1:00 pm*

*Returns: 5/9/12 @ 8:00 pm.*



# TDEM/DSHS Disaster Response Workshop

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## Day 1

- 0800      **Welcome/Introduction**
- 0830      **Organization/Communication**  
*DPS Regional Map*  
*TDEM Structure*  
*MOC/Health Service Regions*  
*Battle Rhythm/Conference Call*  
*STAR (Resource Request*  
*IMT Roles and Responsibilities*

### Part 1: Evacuation

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- 0930      **TxETN**
- 1000      **Gen Pop**  
*STEAR*  
*Embarkation Hubs*  
*Transportation*  
*Contraflow*  
*FNSS*  
*Pets*
- 1100      **Medical**  
*Facility Evacuation*  
*M-IST*  
*Transportation*  
*Staging*  
*Embarkation Hubs*
- 1130      **120-Hour Timeline**
- 1200      **Lunch Provided**
- 1300      **Brief Backs**

### Part 2: Sheltering

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- 1400      **TxETN**
- 1415      **Gen Pop**  
*FNSS*  
*Statewide Shelter Plan*

*Draft Agenda – Subject to Change*

*Pets*

**1445**      **Medical**  
*2012 Medical Sheltering Plan*  
*Medical Shelter Operations*  
*Medical Staff*  
*Medical Resources*

**1545**      **Break**

**1600**      **Breakout Sessions**

**1700**      **Brief Backs**

**1800**      **End of Day**

**Day 2**

**Part 3: Re-entry & Repopulation**

**0800**      **Re-entry**  
*Re-entry Phased Plan*

**0830**      **TxETN**

**0845**      **Gen Pop**  
*Re-entry Plan/Checklist*  
*FNSS*  
*Jurisdictional Shelter Plans*

**0930**      **Medical**  
*Re-entry Guidelines*  
*Transportation*  
*Vector Control*  
*Reimbursement*

**1015**      **Break**

**1030**      **Recovery**  
*Reimbursement*

**1130**      **Lunch Provided/Breakout Sessions**

**1245**      **Brief Backs**

**1345**      **DC Facilitated Regional Meetings**

**1700**      **End of Workshop**

*Draft Agenda – Subject to Change*