



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME: Alonso Lopez, EMPLOYEE I.D. NO.: 132527, EMPLOYEE TITLE: 4-H Outreach Coordinator
DEPARTMENT: Hidalgo County Extension Service, DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE?: No
DEPARTURE DATE: 5/23/12, RETURN DATE: 5/24/12
TIME OF DEPARTURE: 7:00 AM, TIME OF RETURN: 7:00 PM
TO CITY: South Padre Island, STATE: Texas
SEMINAR/CONFERENCE/MEETING: START DATE: 5/23/2012, END DATE: 5/24/2012, ACTUAL NO. OF DAYS: 2
TITLE OF WORKSHOP/CONFERENCE: 2012 District 12 Spring Faculty Meeting
METHOD OF TRAVEL: County Vehicles, IS COORDINATION OF TRAVEL REQUIRED?: Yes
LIST NAMES OF COUNTY EMPLOYEES TRAVELING WITH YOU IN THE COUNTY VEHICLE, CAR RENTAL, OR PERSONAL VEHICLE?: Barbara Storz, Christina Perez, Brad Cowan, Adelita Munoz, Nora N. Garza
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? Yes, IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE? We will use Van and Ford F350
PURPOSE/BENEFIT TO HIDALGO COUNTY: To obtain continuing education related to an employee's work or maintenance of a license or certification. To promote the economic development interests of the County.

B. ESTIMATED EXPENSES:

I. MEALS: (Meals for one-day travel not requiring an overnight stay will not be advanced)
Table with columns: Meal Rate, 23-May, 24-May, Total. Rows: Breakfast (\$9.00), Lunch (\$12.00), Dinner (\$18.00), Total (\$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 @ \$ 0.555 (Current Rate) \$ -
IV. OTHER (Itemize)

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE:
VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 45.00
VII. COMMENTS: VII. GENERAL LEDGER ACCOUNT NUMBER: 2-1100-461-00-380-001-0-583

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.

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: Alonso Lopez
DEPARTMENT OFFICIAL'S NAME (Print Name): Barbara Storz
DEPARTMENT OFFICIAL'S APPROVAL (Signature): [Signature]

Req # 00214665 PO.#



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME: Adelita F. Munoz, EMPLOYEE I.D. NO.: 127957, EMPLOYEE TITLE: CEA-Family & Consumer Science
DEPARTMENT: Hidalgo County Extension Service, DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE?: No
DEPARTURE DATE: 5/23/12, RETURN DATE: 5/24/12
TIME OF DEPARTURE: 7:00 AM, TIME OF RETURN: 7:00 PM
TO CITY: South Padre Island, STATE: Texas
SEMINAR/CONFERENCE/MEETING: START DATE: 5/23/2012, END DATE: 5/24/2012, ACTUAL NO. OF DAYS: 2
TITLE OF WORKSHOP/CONFERENCE: 2012 District 12 Spring Faculty Meeting
METHOD OF TRAVEL: County Vehicles, IS COORDINATION OF TRAVEL REQUIRED?: Yes
LIST NAMES OF COUNTY EMPLOYEES TRAVELING WITH YOU IN THE COUNTY VEHICLE, CAR RENTAL, OR PERSONAL VEHICLE?: Christina Perez, Al Lopez, Brad Cowan, Nora N. Garza, Barbara Storz
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? Yes, IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE? We will use Van and Ford F350
PURPOSE/BENEFIT TO HIDALGO COUNTY: To obtain continuing education related to an employee's work or maintenance of a license or certification. To promote the economic development interests of the County.

B. ESTIMATED EXPENSES:

I. MEALS: (Meals for one-day travel not requiring an overnight stay will not be advanced)
Table with columns: Meals will be prorated for partial days, Meal Rate, MONTH / DAY (23-May, 24-May), Total.
Breakfast: \$9.00, Lunch: \$12.00, Dinner: \$18.00, Total: \$39.00

Meal per diems must be prorated for 1st day and last day of travel as follows:
Departure: Before 8:00 a.m. (breakfast, lunch, & dinner) \$ 39.00, 8:00 a.m. - 1:00 p.m. (lunch & dinner) \$ 30.00, After 1:00 p.m. (dinner) \$ 18.00
Arrival: Before 8:00 a.m. (breakfast) \$ 9.00, 8:00 a.m. - 6:00 p.m. (breakfast & lunch) \$ 21.00, 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 @ \$ 0.555 (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: \$ 45.00
VII. COMMENTS: VII. GENERAL LEDGER ACCOUNT NUMBER: 2-1100-461-00-380-001-0-583

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: [Signature]
DEPARTMENT OFFICIAL'S NAME (Print Name): Barbara Storz
DEPARTMENT OFFICIAL'S APPROVAL (Signature): [Signature]

Req.# 002146666
Po#



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

### A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME: <u>Christina Perez</u>		EMPLOYEE I.D. NO.: <u>188760</u>	EMPLOYEE TITLE: <u>CEA-4-H Youth &amp; Development</u>
DEPARTMENT: <u>Hidalgo County Extension Service</u>		DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE? <u>No</u>	
DEPARTURE DATE: <u>5/23/12</u>	RETURN DATE: <u>5/24/12</u>		
TIME OF DEPARTURE: <u>7:00 AM</u>	TIME OF RETURN: <u>7:00 PM</u>		
TO CITY: <u>South Padre Island</u>	STATE: <u>Texas</u>		
SEMINAR/CONFERENCE/MEETING: <u>START DATE: 5/23/2012</u>	<u>END DATE: 5/24/2012</u>	<u>ACTUAL NO. OF DAYS</u>	<u>2</u>
TITLE OF WORKSHOP/CONFERENCE: <u>2012 District 12 Spring Faculty Meeting</u>			
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL): <u>County Vehicles</u>		IS COORDINATION OF TRAVEL REQUIRED? IF NO, ATTACH WRITTEN EXPLANATION FROM THE COUNTY OFFICIAL. <u>Yes</u>	
LIST NAMES OF COUNTY EMPLOYEES TRAVELING WITH YOU IN THE COUNTY VEHICLE, CAR RENTAL, OR PERSONAL VEHICLE? <u>Barbara Storz, Al Lopez, Brad Cowan, Adelita Munoz, Nora N. Garza</u>			
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? <u>Yes</u>		IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE? <u>We will use Van and Ford F350</u>	
PURPOSE/BENEFIT TO HIDALGO COUNTY: <u>To obtain continuing education related to an employee's work or maintenance of a license or certification. To promote the economic development interests of the County.</u>			

### 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
		23-May	24-May						
Breakfast	\$9.00	\$9.00	\$0.00						\$9.00
Lunch	\$12.00	\$0.00	\$0.00						\$0.00
Dinner	\$18.00	\$18.00	\$18.00						\$36.00
<b>Total</b>	<b>\$39.00</b>	<b>\$27.00</b>	<b>\$18.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$45.00</b>

**\$ 45.00**

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 @ \$ 0.555 (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:** \$ 45.00

**VII. COMMENTS:** \_\_\_\_\_ **VII. GENERAL LEDGER ACCOUNT NUMBER:** 2-1100-461-00-380-001-0-583

### 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)

Rog.#  
00214663  
POT#