



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

DEPARTMENT: Purchasing

DEPARTURE DATE: 6/20/2012 RETURN DATE: 1/0/1900

TO CITY: South Padre STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Darlene Betancourt , Leticia Saenz, Martha Salazar

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: _____ HOTEL PHONE NO: _____

ADDRESS OF HOTEL: _____ CONFIRMATION NO.(s): _____

ROOM RATE: _____ PURCHASE ORDER NO. _____

NUMBER OF NIGHTS: _____ GENERAL LEDGER ACCT NO: _____

ROOM RATE: _____ TOTAL NO. OF ROOMS: _____

NUMBER OF NIGHTS: _____

ROOM RATE: _____ HOTEL TAX RATE: _____

NUMBER OF NIGHTS: _____

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

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: _____
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) \$ -



HIDALGO COUNTY, TEXAS HOTEL, CAR RENTAL, AND SEMINAR REGISTRATION CHECK REQUEST FORM

DEPARTMENT:	Purchasing Department		
DEPARTURE DATE:	6/20/2012	RETURN DATE:	6/22/2012
TO CITY:	South Padre Island	STATE:	Texas
NAME OF EMPLOYEES ATTENDING SEMINAR:	Martha Salazar , Darlene Betancourt, Leticia Saenz		
	NAPM		
	National Assocaition Purchasing Manangment		

SEMINAR REGISTRATION

TITLE OF WORKSHOP/CONFERENCE:	Summer Session 2012		
SPONSORED BY:	National Assocaition Purchasing Manangment		
REGISTRATION CHECK PAYABLE TO:	NAPM -Rlo Grande		
REGISTRATION ADDRESS:	P.O. Box 2047 Brownsville, Texas 78522		
1. REGISTRATION COST PER EMPLOYEE:	\$ 200.00	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	3
2. REGISTRATION COST PER EMPLOYEE:	\$ -	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	0
3. "FREE REGISTRATION COST:	"FREE"	NO. OF EMPLOYEES ATTENDING FOR "FREE":	0
GENERAL LEDGER ACCT NO.: 1-1100-415-18-160-001-0	TOTAL NO. OF EMPLOYEES ATTENDING:		3
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.			\$ 600.00

HOTEL

NAME OF HOTEL:	HOTEL PHONE NUMBER:		
ADDRESS OF HOTEL:	GENERAL LEDGER ACCT NO.:		
1. DAILY ROOM RATE:	CONFIRMATION NUMER(S):		
TAX RATE:			
NUMBER OF NIGHTS:			
TOTAL AT THIS RATE:	\$ -		
2. DAILY ROOM RATE:	CONFIRMATION NUMER(S):		
TAX RATE:			
NUMBER OF NIGHTS:			
TOTAL AT THIS RATE:	\$ -	TOTAL # OF ROOMS REQUESTED	
TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate + Tax) x No. of Nights). B.			\$ -

CAR RENTAL

NAME OF CAR RENTAL COMPANY:			
ADDRESS OF CAR RENTAL COMPANY:			
PHONE NUMBER OF CAR RENTAL COMPANY:			
1. DAILY CAR RATE:	\$ -	CONFIRMATION NO. 1:	
NUMBER OF DAYS:	0		
TOTAL AT THIS RATE:	\$ -		
2. DAILY CAR RATE:	\$ -	CONFIRMATION NO. 1:	
NUMBER OF DAYS:	0		
TOTAL AT THIS RATE:	\$ -		
GENERAL LEDGER ACCOUNT NUMBER: _____			
TOTAL CHECK AMOUNT FOR CAR RENTAL (Daily Car Rate x No. of Days) C.			\$ -

Please indicate below how Hidalgo County will benefit from this trip: TOTAL (A + B + C) \$ 600.00

Continuing Education

I hereby certify that information and estimates provided on this form are true and as accurate as possible. The funds will be used solely for Official County travel.

 DEPARTMENT HEAD APPROVAL (Signature)	Nilda Cavazos DEPARTMENT CONTACT PERSON	4853 PHONE #
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HIDALGO COUNTY, TEXAS OUT-OF-COUNTY – TRAVEL ADVANCE REQUEST

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME: <u>Darlene Betancourt</u>		EMPLOYEE I.D. NO.: <u>029815</u>	EMPLOYEE TITLE: <u>Procurement Manager</u>
DEPARTMENT: <u>Purchasing</u>		DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE? <u>no</u>	
DEPARTURE DATE: <u>6/20/12</u>	RETURN DATE: <u>6/22/12</u>		
TIME OF DEPARTURE: <u>10:00 AM</u>	TIME OF RETURN: <u>3:00 PM</u>		
TO CITY: <u>South Padre</u>	STATE: <u>Texas</u>		
SEMINAR/CONFERENCE/MEETING: _____	START DATE: <u>6/20/2012</u>	END DATE: <u>6/22/2012</u>	ACTUAL NO. OF DAYS: <u>3</u>
TITLE OF WORKSHOP/CONFERENCE: <u>NAPM</u>			
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL): <u>personal</u>		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? _____			
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? _____		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
		20-Jun	21-Jun	22-Jun					
Breakfast	\$9.00		\$9.00	\$9.00					\$18.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00					\$36.00
Dinner	\$18.00	\$18.00	\$18.00						\$36.00
Total	\$39.00	\$30.00	\$39.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$90.00

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 @ \$ 0.510 (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: \$ <u>90.00</u>
VII. COMMENTS: _____	VII. GENERAL LEDGER ACCOUNT NUMBER: _____

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)
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HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 06/01/12
TOTAL NUMBER OF EMPLOYEES TRAVELING: 3
DEPARTMENT NAME: Purchasing
NAME & TITLE OF EMPLOYEE(S): Martha Salazar, Darlene Betancourt, Leticia Saenz

EVENT INFORMATION

TITLE OF EVENT: NAPM Summer Session 2012
EVENT DATE(S) FROM: 06/20/12 TO: 06/22/12
DEPARTURE DATE: 06/20/12 RETURN DATE: 06/22/12
LOCATION OF EVENT: CITY: South Padre 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.
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.
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
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.

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 fare, rental car, gasoline, mileage, telephone calls, parking, lodging, meals, other expenses, and totals.

14. IF HIDALGO COUNTY IS NOT FUNDING ANY OR PART OF THE TRAVEL, LIST 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.
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: 6/1/12 DEPARTMENT CONTACT PERSON: [Signature] PHONE NO.: 4853

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 HOTEL, CAR RENTAL, AND SEMINAR REGISTRATION CHECK REQUEST FORM

DEPARTMENT:	Purchasing Department		
DEPARTURE DATE:	6/20/2012	RETURN DATE:	6/22/2012
TO CITY:	South Padre Island	STATE:	Texas
NAME OF EMPLOYEES	Martha L Salazar		
ATTENDING SEMINAR:	NAPM		

SEMINAR REGISTRATION

TITLE OF WORKSHOP/CONFERENCE:	Summer Session 2012		
SPONSORED BY:	National Association of Purchasing Management		
REGISTRATION CHECK PAYABLE TO:	NAPM- Rio Grande Valley		
REGISTRATION ADDRESS:	P.O. Box 2047 Brownsville, Texas 78522-2047		
1. REGISTRATION COST PER EMPLOYEE:	\$ 200.00	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	1
2. REGISTRATION COST PER EMPLOYEE:	\$ -	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	0
3. "FREE REGISTRATION COST:	"FREE"	NO. OF EMPLOYEES ATTENDING FOR "FREE":	0
GENERAL LEDGER ACCT NO.: 2-1100-415-18-160-001-0	TOTAL NO. OF EMPLOYEES ATTENDING:		1
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.			\$ 200.00

HOTEL

NAME OF HOTEL:	_____			HOTEL PHONE NUMBER:	_____
ADDRESS OF HOTEL:	_____			GENERAL LEDGER ACCT NO.:	_____
1. DAILY ROOM RATE:	_____	CONFIRMATION NUMER(S):	_____		
TAX RATE:	_____	_____			
NUMBER OF NIGHTS:	_____	_____			
TOTAL AT THIS RATE:	\$ -	_____			
2. DAILY ROOM RATE:	\$ -	CONFIRMATION NUMER(S):	_____		
TAX RATE:	0.00%	_____			
NUMBER OF NIGHTS:	0	_____			
TOTAL AT THIS RATE:	\$ -	TOTAL # OF ROOMS REQUESTED	_____		
TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate + Tax) x No. of Nights) B.					\$ -

CAR RENTAL

NAME OF CAR RENTAL COMPANY:	_____				
ADDRESS OF CAR RENTAL COMPANY:	_____				
PHONE NUMBER OF CAR RENTAL COMPANY:	_____				
1. DAILY CAR RATE:	\$ -	CONFIRMATION NO.:	_____		
NUMBER OF DAYS:	0	_____			
TOTAL AT THIS RATE:	\$ -	_____			
2. DAILY CAR RATE:	\$ -	CONFIRMATION NO.:	_____		
NUMBER OF DAYS:	0	_____			
TOTAL AT THIS RATE:	\$ -	_____			
GENERAL LEDGER ACCOUNT NUMBER:	_____				
TOTAL CHECK AMOUNT FOR CAR RENTAL (Daily Car Rate x No. of Days) C.					\$ -
Please indicate below how Hidalgo County will benefit from this trip:					TOTAL (A + B + C) \$ 200.00

I hereby certify that information and estimates provided on this form are true and as accurate as possible. The funds will be used solely for Official County travel.

 DEPARTMENT HEAD APPROVAL (Signature)	 DEPARTMENT CONTACT PERSON	4853 PHONE #
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HIDALGO COUNTY, TEXAS OUT-OF-COUNTY – TRAVEL ADVANCE REQUEST

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME: <u>Martha Salazar</u>		EMPLOYEE I.D. NO.: <u>004995</u>	EMPLOYEE TITLE: <u>Purchasing Agent</u>
DEPARTMENT: <u>Purchasing</u>		DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE? <u>no</u>	
DEPARTURE DATE: <u>6/20/12</u>		RETURN DATE: <u>6/22/12</u>	
TIME OF DEPARTURE: <u>10:00 AM</u>		TIME OF RETURN: <u>3:00 PM</u>	
TO CITY: <u>South Padre</u>		STATE: <u>Texas</u>	
SEMINAR/CONFERENCE/MEETING:	START DATE: <u>6/20/2012</u>	END DATE: <u>6/22/2012</u>	ACTUAL NO. OF DAYS: <u>3</u>
TITLE OF WORKSHOP/CONFERENCE: <u>NAPM</u>			
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL): <u>personal</u>		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? _____			
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? _____		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
		20-Jun	21-Jun	22-Jun					
Breakfast	\$9.00		\$9.00	\$9.00					\$18.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00					\$36.00
Dinner	\$18.00	\$18.00	\$18.00						\$36.00
Total	\$39.00	\$30.00	\$39.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$90.00

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 <u>148</u> Miles @ \$ <u>0.510</u> (Current Rate)	\$ 75.72
<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>	
	<u>Mapquest</u>

IV. OTHER (Itemize)	
_____	\$ _____
_____	\$ _____

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME	VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ <u>165.72</u>
FOR THE AMOUNT OF THE TRAVEL ADVANCE:	

VII. COMMENTS:	VII. GENERAL LEDGER ACCOUNT NUMBER:

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	Martha Salazar DEPARTMENT OFFICIAL'S NAME (Print Name)	 DEPARTMENT OFFICIAL'S APPROVAL (Signature)
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HIDALGO COUNTY, TEXAS OUT-OF-COUNTY – TRAVEL ADVANCE REQUEST

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Leticia Saenz	EMPLOYEE I.D. NO.:	020311	EMPLOYEE TITLE:	Contracts Manager
DEPARTMENT:	Purchasing	DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE?	no		
DEPARTURE DATE:	6/20/12	RETURN DATE:	6/22/12		
TIME OF DEPARTURE:	10:00 AM	TIME OF RETURN:	3:00 PM		
TO CITY:	South Padre	STATE:	Texas		
SEMINAR/CONFERENCE/MEETING:	START DATE: 6/20/2012	END DATE: 6/22/2012	ACTUAL NO. OF DAYS	3	
TITLE OF WORKSHOP/CONFERENCE:	NAPM				
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	personal		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?	Darlene Betancourt				
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT?			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
		20-Jun	21-Jun	22-Jun					
Breakfast	\$9.00		\$9.00	\$9.00					\$18.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00					\$36.00
Dinner	\$18.00	\$18.00	\$18.00						\$36.00
Total	\$39.00	\$30.00	\$39.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$90.00

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
8:00 a.m. - 1:00 p.m. (lunch & dinner)	\$ 30.00
After 1:00 p.m. (dinner)	\$ 18.00
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	148	Miles @	\$ 0.510	(Current Rate)	\$ 75.72
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(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.

IV. OTHER (Itemize)	\$
	\$

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE:	VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 165.72
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VII. COMMENTS:	VII. GENERAL LEDGER ACCOUNT NUMBER:
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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.

EMPLOYEE SIGNATURE	Leticia Saenz DEPARTMENT OFFICIAL'S NAME (Print Name)	DEPARTMENT OFFICIAL'S APPROVAL (Signature)
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CALENDAR OF EVENTS

SUMMER SESSION 2012

A PUBLIC PURCHASING SEMINAR

June 20, 21, 22, 2012

Hilton Garden Inn Beach Resort • South Padre Island, Texas

Wednesday, June 20 -	9:00 - 5:00 p.m.	Exhibits Open (Wed., Thurs., & Fri.)
	11:00 - 1:00 p.m.	REGISTRATION
	1:00 - 1:05 p.m.	Welcome & Introduction
	1:05 - 3:00 p.m.	Classes
	3:00 - 3:15 p.m.	Afternoon Break
	3:15 - 5:00 p.m.	Classes
	5:00 - 8:00 p.m.	Reception Beach Side Session Come by and meet the speakers and visit with the attending purchasing professionals. Refreshments and hors d'oeuvres will be served. Sponsored by: Meritain Health, HCA Physician Services, ION Wave Tech, Public Sector Group, C&S Safety Supply, PTRX, PACE Purchasing Co-op, Lakeshore Learning, Gateway Printing
Thursday, June 21 -	7:00 - 8:00 a.m.	CONTINENTAL BREAKFAST Sponsored by: Dahill
	8:00 - 10:00 a.m.	Classes
	10:00 - 10:15 a.m.	Mid-Morning Break
	10:15 - 12:00 p.m.	Classes
	12:00 - 1:00 p.m.	Lunch
	1:00 - 2:45 p.m.	Classes
	2:45 - 3:00 p.m.	Afternoon Break
	3:00 - 5:00 p.m.	Classes
	5:00 - 8:00 p.m.	Reception Beach Side Session Visit with co-participants and speakers. Refreshments and hors d'oeuvres will be served Sponsored by: TCPN, Benco Comm. Roofing, Allied Waste, Linebarger Goggan Blair & Sampson, BuyBoard, Gulf Coast Paper, CAS Companies, Armko Ind., Johnstone Supply, T-Mobile
Friday, June 22 -	7:00 - 8:00 a.m.	CONTINENTAL BREAKFAST Sponsored by: IKON OFFICE SOLUTIONS (Ricoh Copiers)
	8:00 - 10:00 a.m.	Classes
	10:00 - 10:15 a.m.	Mid-Morning Break
	10:15 - 12:00 p.m.	Classes
	12:00 - 1:00 p.m.	Lunch
	1:00 - 3:00 p.m.	Group Sessions (Optional)

Summer 2012 Registration

I will register as a:

- Non-ISM (NAPM) MEMBER, \$200.00.
- ISM (NAPM) MEMBER, \$175.00 | ISM Number
- TASBO Member or C.P.A. \$175.00

Payment Method:

- P.O. Number
- Visa MasterCard American Express
- Credit Card Number Expiration Date
- Will Bring Check Will Send Check

Name (First, MI, Last) Martha L Salazar

Your Title Purchasing Agent

Your Email Address: martha.salazar@co.hidalgo.tx.us

Company/Institution: Hidalgo County

Phone: (956)318-2626 ~~(999) 888-1234~~

Address: 2812 S Bus Hwy 281

Fax: (956)318-2629 ~~(999) 888-1234~~

City: Edinburg

State: Texas

Zip: 78539

[Submit Registration](#)

Summer 2012 Registration

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- Non-ISM (NAPM) MEMBER, \$200.00.
- IISM (NAPM) MEMBER, \$175.00 | ISM Number
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- P.O. Number
 - Visa MasterCard American Express
- Credit Card Number Expiration Date
- Will Bring Check Will Send Check

Name:

Name (First, MI, Last)

Your Title:

Your Email Address:

Company/Institution:

Phone:

Address:

Fax:

City:

State:

Zip:

Name:

Name:



priceline.com hotel receipt

Print Receipt Back to Previous Page

Your Reservation is Confirmed

Thank you for your reservation. Please print your hotel receipt and show it at check in.

Your Name: Hidalgo County Hidalgo County
Priceline Trip Number: 10080400383

Hilton Garden Inn South Padre Island

7010 Padre Boulevard	Check-In: Wed, Jun 20, 2012
South Padre Island, TX	Check-Out: Fri, Jun 22, 2012
78597	Number of Nights: 2
Phone: 956-761-8700	Number of Rooms: 3

Room 1: Leticia Saenz	Confirmation Number: 3475140917
Room 2: Martha Salazar	Confirmation Number: 3473278083
Room 3: Darlene Betancourt	Confirmation Number: 3473883546

Room Type: 1 King Bed Comp Wifi- Bed With Adjustable Firmness Dial Hi Def. Flat Screen Tv-Refrigerator-Microwave

Hotel Freebies: On Sale Now -> Save 15% on this stay — Free internet and free parking

Summary of Charges

Billing Name:	Hidalgo County Hidalgo County
Payment Method:	Mastercard (ending in 6707)
Room Cost: avg. per room, per night	\$187.85
Rooms:	3
Nights:	2
Room Subtotal:	\$1127.10
Taxes and Fees:	\$164.34
Total Charged to Card: <small>prices are in US dollars</small>	\$1291.44

*Hotel
Tax is not
correct
Waiting on
Corrected one*

Customer Help

If you have any questions or require further assistance, please contact our Customer Service Department toll-free at 1-800-657-9168.

Please have your Priceline Trip Number (10080400383) and the phone number you used when you placed your request (9563182626) ready when you call.

Important Information

- **Rate Description:** Websaver - Full pre-payment required upon booking
- **Hotel Freebies Details:**
 - On Sale Now -> Save 15% on this stay — The Great Getaway — Offer subject to availability at participating hotels. Non-refundable. Discount reflected in the rate displayed. Not valid for groups.
 - Free internet and free parking
- **Cancellation Policy:** For the room type and rate that you've selected, you are not allowed to change or cancel your reservation. If you cancel your room, you will still be charged for the full reservation amount.
- **Guarantee Policy:** Reservation is guaranteed for arrival on the confirmed check-in date only. If you don't check-in to the hotel on the first day of your reservation and you do not alert the hotel in advance, the remaining portion of your reservation will be canceled and you will not be entitled to a refund.
- All rooms are booked for double occupancy (i.e. 2 adults) and accommodations for more than two adults are not guaranteed.
- The reservation holder must present a valid photo ID and credit card at check-in. The credit card is required for any additional hotel specific service fees or incidental charges or fees that may be charged by the hotel to the customer at checkout. These charges may be mandatory (e.g., resort fees) or optional (parking, phone calls or minibar charges) and are not included in the room rate.

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