



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 07/23/12
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
DEPARTMENT NAME: Hidalgo County Extension Service
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Nora N. Garza, CEA-Family Resources

EVENT INFORMATION

TITLE OF EVENT: State Food Protection Management Training
EVENT DATE(S) FROM: 08/07/12 TO: 08/09/12
DEPARTURE DATE: 08/07/12 RETURN DATE: 08/09/12
LOCATION OF EVENT: CITY: Corpus Christi STATE: Texas

PURPOSE OF TRAVEL

- Place an "X" by the applicable purpose of the trip.
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.
[X] 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.
[X] 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 (Place an "X" by applicable mode of travel). Rows include Registration Fee, Airfare, Taxi Fare, Bus Fare, Rental Car, Gasoline/Diesel/Fuel, Mileage Reimbursement, Telephone Calls, Parking, Lodging, Meals, Other Expenses, and Total Estimated Travel 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.
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: 7/24/12 DEPARTMENT CONTACT PERSON: [Signature] PHONE NO.: (972) 383-1026

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): Veronica Ortiz DATE: 7/24/12 REVIEWER'S SIGNATURE: [Signature] PHONE NO.: (556) 292-7025
DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): DATE: SIGNATURE OF DBM DEPARTMENT HEAD: [Signature]

2-1100-461-00-350-001-0-583

7/24/12
Lodging/Meals

Reg # 00219967

PO#

Balance \$ 871.56

DC-583

Comm Code

Hotel 97130

Meals 96347



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME: <u>Nora N. Garza</u>		EMPLOYEE ID. NO.: <u>102733</u>	EMPLOYEE TITLE: <u>CEA-Family Resources</u>
DEPARTMENT: <u>Hidalgo County Extension Service</u>		DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE? <u>No</u>	
DEPARTURE DATE: <u>8/7/12</u>	RETURN DATE: <u>8/9/12</u>		
TIME OF DEPARTURE: <u>8:00 AM</u>	TIME OF RETURN: <u>8:30 PM</u>		
TO CITY: <u>Corpus Christi</u>		STATE: <u>Texas</u>	
SEMINAR/CONFERENCE/MEETING:	START DATE: <u>8/7/2012</u>	END DATE: <u>8/9/2012</u>	ACTUAL NO. OF DAYS: <u>3</u>
TITLE OF WORKSHOP/CONFERENCE: <u>State Food Protection Management Training</u>			
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL): <u>County Vehicle</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>None</u>			
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? <u>Yes</u>		IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE? <u>County vehicle will be used</u>	
PURPOSE/BENEFIT TO HIDALGO COUNTY: <u>To obtain continuing education related to an employoo's work or maintenance of a license or certification. To participate in professional organizations related to the employee or official's job assignment.</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
		7-Aug	8-Aug	9-Aug					
Breakfast	\$9.00	\$0.00	\$0.00	\$0.00					\$0.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00					\$36.00
Dinner	\$18.00	\$18.00	\$18.00	\$18.00					\$54.00
Total	\$39.00	\$30.00	\$30.00	\$30.00	\$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 @ \$ 0.555 (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.

IV. OTHER (Itemize)

_____ \$

_____ \$

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE:	VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 90.00
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)
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HIDALGO COUNTY, TEXAS
SEMINAR, HOTEL, CAR RENTAL, AND AIRFARE
CHECK REQUEST FORM
PAGE 1 OF 2

DEPARTMENT: Hidalgo County Extension Service If, applicable, was travel approved by Co. Exec. Officer? _____

DEPARTURE DATE: 8/7/2012 RETURN DATE: 8/9/2012

TO CITY: Corpus Christi STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Nora N. Garza, CEA-Family Resources

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: One (1)

PURPOSE/BENEFIT TO HIDALGO COUNTY:
 To obtain continuing education related to an employee's work or maintenance of a license or certification. To participate in professional organizations related to the employee or official's job assignment.

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:	<u>"FREE"</u>	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):	<u>\$ 185.30</u>
	GRAND TOTAL (A + B + C + D):	<u>\$ 185.30</u>

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>Barbara Stern</u> DEPARTMENT'S PUBLIC OFFICIAL (Signature)	<u>Nora Linda Cruz</u> DEPARTMENT'S CONTACT PERSON	<u>(956) 383-1026</u> PHONE #
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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.

<u>Nora N. Garza</u> EMPLOYEE NAME (PRINT)	<u>Nora N. Garza</u> EMPLOYEE'S SIGNATURE	<u>102733</u> 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: Hidalgo County Extension Service

DEPARTURE DATE: 8/7/2012 RETURN DATE: 8/9/2012

TO CITY: Corpus Christi STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Nora N. Garza, CEA-Family Resources

TOTALS OF EMPLOYEES ATTENDING SEMINAR: One (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/

NAME OF HOTEL: La Quinta Inn & Suites HOTEL PHONE NO: (361) 241-4245

ADDRESS OF HOTEL: 10446 IH37 Access Road B CONFIRMATION NO.(s): 099679039
Corpus Christi, TX 78410

ROOM RATE: \$85.00 PURCHASE ORDER NO. _____

NUMBER OF NIGHTS: Two (2) GENERAL LEDGER ACCT NO: 2-1100-461-00-380-001-0-583

ROOM RATE: _____ TOTAL NO. OF ROOMS: One (1)

NUMBER OF NIGHTS: _____

ROOM RATE: _____ HOTEL TAX RATE: 9.00%

NUMBER OF NIGHTS: _____

TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) B. \$185.30

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) #VALUE!

From: L00995GM@laquinta.com
To: Nora Cruz
Subject: Reservation Confirmation
Date: Monday, July 23, 2012 10:57:24 AM

7/23/2012 11:57:13 AM

NiteVision 2010 SP0 HF2 P1



LA QUINTA CORPUS CHRISTI
10446 IH37 ACCESS ROAD B
CORPUS CHRISTI, TX 78410
(361) 241-4245

RESERVATION CONFIRMATION

Confirmation#: 099579039
NORA GARZA
410n 13TH AVE
EDINBURG, TX 78541

Arrival Date: 8/7/2012
Departure Date: 8/9/2012
Number of Nights: 2
RoomType Reserved: DD - 2 QUEEN DEXLUXE NS

Adults/Children 1/0
Method of Guarantee: ... 4170

Total Estimated Stay: \$185.30

Rate Detail: **Room Charges:** \$170.00
Taxes: \$15.30

Thank you for choosing La Quinta Inns & Suites for your upcoming hotel stay. Please contact us at least 24-hours before check-in should your travel plans change.

Plan your next stay with La Quinta Inns & Suites on LQ.com where you'll find the best rates online. Choose from hundreds of hotels across the U.S., Canada, and Mexico offering free high-speed Internet access, Free Bright Side Breakfast, and comfy beds.

Sincerely,

La Quinta Inns & Suites
wake up on the bright side

AG-802 (06/10)

Texas A&M AgriLife
Administrative Services - Disbursements/Travel



TRAVEL REQUEST

Texas AgriLife Research
556 RESEARCH

Texas AgriLife Extension Service
555 EXTENSION

TVMDL
557 TVMDL

Dept/Unit/District: 12 Date: July 23, 2012 Request Number: _____

From: August 7, 2012 8:00 AM To: August 9, 2012 6:30 PM
Travel Dates (including travel time)

Destination: From: Edinburg, Texas To: Corpus Christi, Texas District: 12
City State City State (AgriLife Extension)

Counties Visited (if applicable)*: _____
* County required for out of state travel

Purpose of Travel: State Food Protection Management Training

ADDITIONAL TRIPS LISTED ON SECOND PAGE OF FORM

MODE OF TRANSPORTATION:

Private Auto

Official Auto

University Aircraft

Accompanying Another Party*

Accompanied by* _____

Commercial Transportation (Includes Rental Car)

*Explanation required for two or more employees attending the same or similar duties: _____

EXPENSE TO BE CHARGED TO:

Account Name: County Funded Travel Account No: _____

Estimated Expenses: \$ 278.30 Project No/Support Account: _____

Name: Nora N. Garza UIN: 601005814
Print or Type Required

Signature: Nora N. Garza Title: CEA-Family Resources

RECOMMENDED: [Signature]
Supervisor

APPROVED: _____ APPROVED: _____
Department Head/Resident Director Director/Designee

The logo features a stylized black arch above the text "AgriLIFE EXTENSION". "Agri" is in a serif font, while "LIFE" and "EXTENSION" are in a bold, sans-serif font. Below this, "Texas A&M System" is written in a smaller, sans-serif font.

AgriLIFE EXTENSION
Texas A&M System

Improving Lives. Improving Texas.

To: Nora Garza, CEA-FCS Agent

From: Rebecca S. Dittmar
Extension Program Specialist-Food Protection Management

Julie L. Prouse
Extension Assistant –Food Protection Management

Date: June 15, 2012

Re: More Info.

Please find your FSIOB course book enclosed, practice exam, along with a tentative agenda, and a list of possible persons to share rooms with and a hotel (check about state rates, if staying at a different hotel). **Please make sure you bring the FSIOB book to the training in Corpus Christi.** To become a certified FPM instructor you must score a 90% or higher on the ServSafe/Prometric exam. With this being said please start looking over course book now in case you have questions. Please feel free to contact us with any questions you may have.

If you need any additional information or have any questions, please contact Julie Prouse at 979-458-2025 jlommert@ag.tamu.edu or Rebecca Dittmar at 830-896-9037 rsdittmar@ag.tamu.edu.

We look forward to your participation at the training. Thank you.

JLP



State Food Protection Management Training
Texas AgriLife Research & Extension Center (auditorium)
10345 Hwy 44
Corpus Christi, TX 78406
361-265-9201
August 7-9, 2012

August 7, 2012

- 12:30 p.m. Registration/Sign-In
- 1:00 p.m. Welcome, Overview, and Introductions
- 1:15 p.m. Know the Facts about Foodborne Illness
- 1:45 p.m. Prevent Biological Contamination
- 2:45 p.m. Protect Food from Physical and Chemical Contamination
- 3:15 p.m. Purchase Safe Food

August 8, 2012

- 8:15 a.m. Practice Proper Handwashing and Personal Hygiene
- 9:15 a.m. Keep Food Safe in Storage
- 10:15 a.m. Prepare Safe Food
- 11:15 p.m. **LUNCH (on your own)**
- 12:30 p.m. Serve Food Safely
- 1:30 p.m. Food Safety Management Systems
- 2:15 p.m. Maintain Clean Facilities
- 3:15 p.m. Keep Pests and Rodents Out

Walk through Inspection (time TBA)

August 9, 2012

8:00 a.m. Inspections and Food Safety Regulations

8:30 a.m. Working with your Employees

9:00a.m. Review

9:30a.m Test Administered

After Exam Program Information (Class info., Cash Management, Food Handlers, etc)

FPM Agent Training – Corpus Christi, TX

August 7-9, 2012

Below is a list of agents participating in the FPM training if you would like to contact them to possibly share rooms or car pool:

Tina Trevino – Calhoun County

Lauren Tedford – Henderson County

Andrea Becker – Live Oak County

Tanya McGongill – Washington County

Monica Aguirre – CEP Maverick County

Mary Sanders – CEP Washington County

Nora Garza – Hidalgo County

Lindsey Yeager – Franklin County

Erika Bochet – Victoria County

We included the hotel below, we have rooms blocked off until July 13 (feel free to stay at other hotels) be sure to ask them about State rates :

La Quinta Inn & Suites
Corpus Christi Northwest
10446 IH 37 Access Rd B
Corpus Christi, TX 78410
361-241-4245

****Let them know you are with the FPM Group**

**** Bring state ID and tax exempt form**

Travel Outside of Hidalgo County in County Vehicle

TO: D.B.M. SAFETY DIVISION
318-2658FAX

FROM: Hidalgo County Extension Service

DATE: 7/23/2012

Notice to be processed
minimum of 24 hours
prior to trip

Date(s) Requested: From: 8/7/2012 ✓ To: 8/9/2012 ✓
Estimated Time Leave: 8:00 AM Est. Time Return: 6:30 PM ✓
Destination: Corpus Christi, Texas ✓
Reason for Trip: State Food Protection Management Training ✓

The following person(s) are requesting to take the following County vehicle(s) out of County:

Name of Driver: Nora N. Garza ✓
DL Number: #17958966 ✓ (Texas Only)
Birth Date: 3/22/1955 ✓
Expiration Date: 3/22/2017 ✓

Name of Driver: _____
DL Number: _____ (Texas Only)
Birth Date: _____
Expiration Date: _____

Name of Driver: _____
DL Number: _____ (Texas Only)
Birth Date: _____
Expiration Date: _____

Checklist:
Ins. Card in Vehicle
Jack in Vehicle
Drivers License with Driver
This approval with Driver

Vehicle VIN#: #1FMRE11262HA49041 ✓
Tag Number: #824-672
Asset Number: #37766

Vehicle VIN#: _____
Tag Number: _____
Asset Number: _____

Signed: Barbara C. Strong
Department Head/Designee

Dated: 7/23/2012

D.B.M. Safety Division Checked Insurances:

[Signature]
Date: 7/23/12 1:46pm