



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

DATE OF REQUEST: 08/07/12
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1

DEPARTMENT NAME: Hidalgo County Extension Service
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Adelita F. Munoz, CEA-Family & Consumer Sciences

EVENT INFORMATION

TITLE OF EVENT: Paraprofessional Inservice Lyford ISD
EVENT DATE(S) FROM: 08/22/12 TO: 08/23/12
DEPARTURE DATE: 08/22/2012 & 8/23/2012 RETURN DATE: 08/22/2012 & 8/23/2012
LOCATION OF EVENT: CITY: Lyford STATE: Texas

PURPOSE OF TRAVEL

Place an "X" by the applicable purpose of the trip.

To obtain statutorily 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).

Providing continuing ed. for teachers.

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.

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)	\$0.00		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	\$ -		OTHER** (Specify) _____
6. GASOLINE/DIESEL/FUEL	\$ -		* If traveling by airplane, the traveler should consider purchasing a refundable fare if possibility of a cancellation exists.
7. MILEAGE REIMBURSEMENT	\$ -		
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	\$ -		
10. LODGING	\$0.00		
11. MEALS	\$0.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ -		
13. 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:

- 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: Barbara Stern DATE: 8/7/12 DEPARTMENT CONTACT PERSON: Nora Linda Cruz PHONE NO.: 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: 8/9/12 REVIEWER'S SIGNATURE: [Signature] PHONE NO.: 292-7025

DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): _____ DATE: _____ SIGNATURE OF DBM DEPARTMENT HEAD: _____

cc 8/21/12



Improving Lives. Improving Texas.

PARAPROFESSIONAL INSERVICE LYFORD ISD

129272 High School Circle, Lyford TX

Adelita Figueroa-Munoz
Hidalgo County Extension Agent
Family & Consumer Sciences

August 22, 2012

August 23, 2012

AGENDA

- ◆ **Welcome & Introduction**
- ◆ **Ice Breakers - Getting Acquainted**
- ◆ **Team Work**
- ◆ **Communication Skills**
- ◆ **Leadership**
- ◆ **Stress Management**
- ◆ **Questions & Answers**

Nora Cruz

From: Janie Perales
Sent: Tuesday, August 07, 2012 4:06 PM
To: Nora Cruz
Subject: Agenda
Attachments: Agenda.pdf

Nora Linda,

Attached is the agenda for Adelita's training. As soon as she let's me know on the vehicle, I'll tell you. I can fill out that form and send it to safety. She need the other permission to travel also?

Janie Perales
Administrative Assistant II
Texas AgriLife Extension Service
Hidalgo County
410 N. 13th Avenue
Edinburg, TX 78541
T:(956) 383-1026
F: (956) 383-1735

Travel Outside of Hidalgo County in County Vehicle

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

FROM: Hidalgo County Extension Service

DATE: 8/7/2012

Notice to be processed
minimum of 24 hours
prior to trip

Date(s) Requested: From: 8/22/2012 & 8/23/12 To: 8/23/2012
Estimated Time Leave: 7:00 AM Est. Time Return: 6:00 PM
Destination: 129272 High School Circle, Lyford, TX 78569, Willacy County
Reason for Trip: Conducting a Training for Lyford ISD

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

Name of Driver: Adelita Figueroa Munoz ✓
DL Number: 04995041 ✓ (Texas Only)
Birth Date: 10/22/1944 ✓
Expiration Date: 10/22/2017 ✓

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

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

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

Vehicle VIN#: 1FMRE11262HA49041 ✓
Tag Number: 824-672 ✓
Asset Number: 037765 ✓

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

Signed: Barbara C. Scharf
Department Head/Designee

D.B.M. Safety Division Checked Insurances:

Mark Kenna

Dated: 8/7/2012

Date: 8/8/12 9:35/14