



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 07/24/12
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
DEPARTMENT NAME: Health & Human Services
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Ronnie Ramirez

EVENT INFORMATION

TITLE OF EVENT: Basic Animal Control Officer Training Course
EVENT DATE(S) FROM: 09/26/12 TO: 09/28/12
DEPARTURE DATE: 09/26/12 RETURN DATE: 09/28/12
LOCATION OF EVENT: CIT Harlingen STATE: Texas

PURPOSE OF TRAVEL

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

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.

To obtain Basic Animal Control Certification

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, Other Expenses, and Total Estimated Travel Expenses.

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.
x

APPROVED BY ELECTED OFFICIAL/DEPARTMENT HEAD: [Signature] DATE: 8-17-2012 DEPARTMENT CONTACT PERSON: [Signature] PHONE NO.: 383-6221

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: 8/20/12 REVIEWER'S SIGNATURE: [Signature] PHONE NO.: 242-7025
DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): DATE: SIGNATURE OF DBM DEPARTMENT HEAD:

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

DEPARTMENT: Hidalgo County Health & Human Services

DEPARTURE DATE: 9/26/2012 RETURN DATE: 9/28/2012

TO CITY: Harlingen STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Ronnie Ramirez

TOTAL# OF EMPLOYEES ATTENDING SEM: 1

PURPOSE/BENEFIT TO HIDALGO COUNTY:
To Obtain Basic Animal Control Certification

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: Basic Animal Control Officer Training Course

SPONSORED BY: Texas Department of State Health Services

REGISTRATION CHECK PAYABLE TO: Texas Department of State Health Services

REGISTRATION ADDRESS: 601 West Sesame Drive SEMINAR START DATE: 9/26/2012
harlingen, TX 78550 SEMINAR END DATE: 9/28/2012
PURCHASE ORDER NO. _____


1. REGISTRATION COST PER EMPLOY	<u>\$75.00</u>	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	<u>1</u>
2. REGISTRATION COST PER EMPLOY		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: _____

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending)	<u>\$75.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	
TOTAL THIS PAGE (A):	<u>\$75.00</u>
TOTAL 2ND PAGE (B + C + D):	<u>\$-</u>
GRAND TOTAL (A + B + C + D)	<u>\$75.00</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.

	Josie Escalante	383-6221
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.

<u>Ronnie Ramirez</u>		<u>058598</u>
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 Health & Human Services
 DEPARTURE DATE: 9/26/2012 RETURN DATE: 9/28/2012
 TO CITY: Harlingen STATE: Texas
 NAME OF EMPLOYEES ATTENDING SEMINAR: Ronnie Ramirez
 TOTAL# OF EMPLOYEES ATTENDING SEM 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: _____ 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: 15.00%
 NUMBER OF NIGHTS: _____
 TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) \$-

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: _____
required for every group of 4 or less employees traveling.
 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) \$-

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 \$-
 SUBTOTAL (B+C+D) \$-



Zoonosis Control
601 West Sesame Drive
Harlingen, TX 78550
Office: (956) 444-3212
FAX: (956) 444-3216

TO: Animal Control Agencies
Humane Societies

FROM: Laura E. Robinson, DVM, MS *LER*
Zoonosis Control Veterinarian

DATE: July 23, 2012

SUBJECT: Animal Control Officer Training Course

The **DSHS Animal Control Officer Training Course** is scheduled for **September 26 - 28, 2012** in **Cameron County**. **Deadline for registration is August 10th**. Please submit a **COMPLETE** registration form for each student and return it to the Zoonosis Control office in Harlingen. There are no prerequisites for the course.

The Animal Control Training Manual is a strongly recommended study reference. The ACO Training Manual is available through the Zoonosis Control office and cost for the manual is \$40.00.

If you have any questions, please call Letty Tamayo at (956) 444-3212.

**Texas Department of State Health Services (DSHS), Zoonosis Control (ZC)
Animal Control Officer (ACO) Basic Training Course
Application to Attend**

Enrollment based on space availability. Course date you would like to attend: September 26-28, 2012

(Please Print Clearly)

Name (Mr., Mrs., Ms.) Ronnie Ramirez DOB 12-04-1976

Animal Control/Shelter Agency Name Hidalgo Co Health Dept

Mailing Address (Street or PO Box) 1045 25th St City Edinburg Zip 78579

(Please provide the address where course information/materials and test results should be sent.)

Phone Number (956) 383-0111 Ext. 274 County Hidalgo Co

Email Ronnie.Ramirez@hchd.org Fax (956) 383-7351

Supervisor's Signature: Orlando Ramirez Date: 7/24/12

Mail to:
Texas Department of State Health Services
Zoonosis Control
601 West Sesame Drive
Harlingen, Texas 78550

OR FAX to: (956) 444-3216

444-3216

For more information call: (956) 444-3212

Cost of attending a course is \$75.00. Information on how to submit payment will be provided by the Zoonosis Control Regional office. Do not send payment with this application.

Students will be tested over the material contained in the DSHS *Animal Control Officer Training Manual*. Students should study the entire manual thoroughly prior to attending a course.

Contact your Zoonosis Control Regional office or <http://TexasZoonosis.org> for further information on the manual and how to obtain a copy.



Purchase Order COUNTY OF HIDALGO

PO#: 679075

DATE: 08/06/12

Page No 1 Of 1

VENDOR: 308501

REQ:00220359

Email:

BUYER: JESCALANTE

Phone:

SHIP TO: HEALTH DEPARTMENT

TEXAS DEPARTMENT OF STATE HEALTH SERVICE

1304 S. 25TH

ZOONOSIS CONTROL

EDINBURG TX 78539

601 WEST SESAME DRIVE

HARLINGEN TX 78550

Vendor Acct:

CONTACT:

SITE: HEALTH

Special Instructions:

Contract No:

VENDOR NOTES

1. DO NOT ADD TO, OR ALTER THIS PURCHASE ORDER. THIS ORDER IS NOT RENEWABLE.
2. TAX EXEMPTION: THIS PURCHASE ORDER MAY BE ACCEPTED IN LIEU OF EXEMPTION CERTIFICATE.
3. THIS ORDER IS ALSO PLACED F.O.B. DESTINATION. VENDOR MUST REPAY ALL SHIPPING COSTS.
4. INVOICE EACH PURCHASE ORDER SINGLY. ORIGINAL INVOICES ARE REQUIRED CUSTOMER COPY MAY BE ACCEPTED. OUT NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, AND PACKAGES.
5. PAYMENT WILL BE MADE ONLY FOR A BONA FIDE AND FULLY COMPLETED ORDERS, UNLESS OTHERWISE ATTACHED.

RECEIVED

AUG 07 2012

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
1	EACH	ED REGISTRATION FEES FOR RONNIE RAMIREZ TRAINING: BASIC ANIMAL CONTROL OFFICER TRAINING COURSE DATE: SEPTEMBER 26-28, 2012 LOCATION: HARLINGEN, TEXAS	75.00	75.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		Total		75.00
		***** For Hidalgo County use only 2-1100-441-00-340-001-0-584		75.00
		Approved -----		

Authorized by: _____

Martha L. Salazar