



HIDALGO COUNTY, TEXAS

APPLICATION FOR OFFICIAL TRAVEL

	DATE OF REQUEST: 08/21/12
DEPARTMENT NAME: Safety Division	TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Armando Guzman - Safety Officer	

EVENT INFORMATION

TITLE OF EVENT: MSW A Supervisor Course
EVENT DATE(S) FROM: 10/15/12 TO: 10/18/12
DEPARTURE DATE: 10/14/12 RETURN DATE: 10/18/12
LOCATION OF EVENT: CITY: Kingsville 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.

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)	\$ 650.00		AIRFARE* <input type="checkbox"/>
Subtotal for Object Code 584	\$ 650.00	\$	BUS** <input type="checkbox"/>
2. AIRFARE- ROUNDTRIP COACH FARE ONLY	\$ -		Rental Car** <input type="checkbox"/>
3. TAXI FARE	\$ -		County Vehicle** <input type="checkbox"/>
4. BUS FARE	\$ -		Private Vehicle** <input type="checkbox"/>
5. RENTAL CAR	\$ -		OTHER** (Specify) <input type="checkbox"/>
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	\$ 348.04		
11. MEALS	\$ 174.00		
12. OTHER EXPENSES	\$ 111.00		
Subtotal for Object Code 583	\$ 633.04		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 1,283.04	\$	
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:	DATE: 8-22-12	DEPARTMENT CONTACT PERSON: Roy Quintanilha	PHONE NO.: 292-7030
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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:	

Requisition #s

1. 221318

10. 221381

11. 221322

12. 221319



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

DEPARTMENT:	Safety Division		
DEPARTURE DATE:	10/14/2012	RETURN DATE:	10/18/2012
TO CITY:	Kingsville	STATE:	Texas
NAME OF EMPLOYEES ATTENDING SEMINAR:	Armando Guzman		
TOTAL# OF EMPLOYEES ATTENDING SEMINAR:	1		
PURPOSE/BENEFIT TO HIDALGO COUNTY:	employee will be acquiring license as MSW A Supervisor Type I Landfill		

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR:	MSW A Supervisor Course		
SPONSORED BY:	TETC - Texas Environmental Training & Compliance		
REGISTRATION CHECK PAYABLE TO:	TETC - Texas Environmental Training & Compliance		
REGISTRATION ADDRESS:	P.O. Box 31	SEMINAR START DATE:	10/15/2012
	Frost, Texas 76641	SEMINAR END DATE:	10/18/2012
		PURCHASE ORDER NO.	
1. REGISTRATION COST PER EMPLOYEE:	\$ 650.00	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	1
2. REGISTRATION COST PER EMPLOYEE:		NO. OF EMPLOYEES ATTENDING AT THIS RATE:	
3. "FREE REGISTRATION COST":	"FREE"	NO. OF EMPLOYEES ATTENDING FOR "FREE":	
GL ACCT NO.:	2-1100-419-50-125-003-0-584	TOTAL NO. OF EMPLOYEES ATTENDING:	1
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	650.00	
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$	650.00
	TOTAL 2ND PAGE (B + C + D):	\$	-
	GRAND TOTAL (A + B + C + D)	\$	650.00

*Regist
7/21/18*

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.

	Roy Quintanilha	292-7030
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.

Armando Guzman		129356
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.
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: Safety Division
 DEPARTURE DATE: 10/14/2012 RETURN DATE: 10/18/2012
 TO CITY: Kingsville STATE: Texas
 NAME OF EMPLOYEES ATTENDING SEMINAR: Armando Guzman
 TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 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: Best Western Inn Kingsville HOTEL PHONE NO: 361-595-5656
 ADDRESS OF HOTEL: 2402 East King Avenue CONFIRMATION NO.(S): 21134
Kingsville, Tx 78363
 ROOM RATE: \$ 77.00 PURCHASE ORDER NO.: _____
 NUMBER OF NIGHTS: 4 GENERAL LEDGER ACCT NO.: _____
 ROOM RATE: _____ TOTAL NO. OF ROOMS: _____
 NUMBER OF NIGHTS: _____
 ROOM RATE: _____ HOTEL TAX RATE: 13.00%
 NUMBER OF NIGHTS: _____
 TOTAL CHECK AMOUNT FOR HOTEL(Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) B. \$ 348.04

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) \$ 348.04

*10/18/12
721381*



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

Handwritten notes: 271322

A. TRIP AND TRAVELER INFORMATION

Form section A containing fields for Employee Name (Armando Guzman), Department (Safety Division), Departure Date (10/14/12), Return Date (10/18/12), City (Kingsville), State (Texas), and Purpose (employee will be acquiring MSW A Landfill License).

B. ESTIMATED EXPENSES

Table I. MEALS: (Meals for one-day travel not requiring an overnight stay will not be advanced). Columns include Meal Rate, Date (14-Oct to 18-Oct), and Total (\$174.00).

Table for Meal per diems with columns for Departure and Arrival times and associated costs (e.g., Before 8:00 a.m. \$39.00).

Section II. INCIDENTAL EXPENSES (taxi fare, shuttle fare, gas charges for car rentals, airport and hotel parking): Expense type: days @ \$ 20.00

Section III. PERSONAL VEHICLE MILEAGE: Miles @ \$ 0.510 (Current Rate). Includes a note about Mapquest and a link to Mapquest.

Section IV. OTHER (Itemize): Blank area for additional expenses.

Section V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE: Section VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 174.00

Section VII. COMMENTS: Section VII. GENERAL LEDGER ACCOUNT NUMBER: 2-1100-419-50-125-003-0-583

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.

Signature lines for Employee Signature (Armando Guzman), Department Official's Name (Roy Quintanilha), and Department Official's Approval (Signature).



903.695.0288

Check Availability - Click Here
 Update My Data!

Home Register OnLine Schedule Courses Other Services Environmental Services
 Contact Us

Course A. - Registration and Policies

[Pulsa aquí para ver la página en español](#)



TETC uses the simple and secure PayPal service.
 We do not store credit card information!
 You do not have to register for a PayPal account, just have an email address.

**All students at the end of a course must have a check or money order in the amount of \$111.00 made payable to TCEQ.
 Cash or credit cards will not be accepted.**

A Course – Type I Landfill License

This 30 hour Course covers regulatory, management, and operational knowledge meeting the educational requirements for a MSW A Supervisor's License. You have two (2) options. Option A is the 30 hour course. Options B is the course *renewal*.

This Course is intended for supervisors of Type I, IAE, and IX facilities. [Sample](#) [More Info](#)

MSW A Supervisor Course

Date/Location/Map Links

- [January 9-20, 2012 Brownsville](#)
- [January 17-20, 2012 Denton](#)
- [February 6-9 Bryan](#)
- [April 23-26, 2012 Lubbock](#)
- [October 15-18 Kingsville](#)

Full Course

Early Registration - \$615
 Standard Registration - \$650
30 Hour Course

Select your option from the box below when making your purchase

Early-Standard

Early\$615.00 USD

Date

January 9-20, 2012 Brownsville

Renewal Course

Early Registration - \$500
 Standard Registration - \$540
16 Hour Course - Renewal

Select your option from the box below when making your purchase

Early-Standard

Early\$500.00 USD

Date/Location

January 9-20, 2012 Brownsville

Call to Setup Unscheduled Classes

COURSE REGISTRATION PROCESS

1. Pre-registration is mandatory for us to ensure adequate materials are provided to the course location.
 2. Two Options to register:
 Option A. Complete the [registration form](#) with one form per student. Fax to (972) 692-7746
 Option B. Register above by clicking on one of the options in the red box area. Students must call (903) 695-0288 if trying to register with less than 3 business days before the course!
 3. Submit registration form and payment. Remember full payment must be received 10 business days before course begins to qualify for Early Registration Fee. Only a check, credit card or on-line payment qualifies as full payment for Early Registration Fee. Purchase Orders do not qualify as full payment.
 4. If requested, course manuals can sent in advance of the class for mailing and handling charges.
 5. Course Completion Certificate or notification to a state regulatory agency will not be issued until the full payment of course.
 If registered student is unable to attend class.
 1. No charge if cancellation or course transfer is completed 10 calendar days before start of the course.
 2. 70% fee refund if attendance is canceled less than 10 calendar days before course begins.
 3. A \$40.00 transfer fee if course transfer is made within 10 calendar days before course begins.
- Complimentary courses
 TETC provides complimentary courses to employees of state regulatory agencies size permitting. They must call first!
 TETC provides a complimentary course to the hosting organization if the class size reaches 12.
- COURSE CANCELLATION**
 Courses may be canceled if a minimum number of 10 students has not registered five (5) calendar days prior to start date of course.
- All registered students will be notified of the cancellation.
 Registrations will be transferred to another course or refunded at no charge.



TETC 2012 TRAINING SCHEDULE

<u>MSW A Supervisor Course</u>			<u>MSW B Supervisor Course</u>			<u>Waste Screening</u>		
<u>DATE</u>		<u>LOCATION</u>	<u>DATE</u>		<u>LOCATION</u>	<u>DATE</u>		<u>LOCATION</u>
January	17-20	Denton	June	11-14	San Antonio	March	16	Haskel
April	23-26	Lubbock	June	25-28	Amarillo	June	22 Cancelled	Abilene
July	16-19 Registration Closed	Midland	August	13-16 Registration Closed	Denton	June	29	Amarillo
October	15-18	Kingsville	September	24-27 (NEW)	Corpus Christi (Robstown)	September	22	Temple
			November	5-8	Midland	December	TBD	North Central Texas
<i>Call to set up an unscheduled class.</i>			<i>Call to set up an unscheduled class.</i>			<i>Call to set up an unscheduled class.</i>		

REGISTRATION PROCESS

- Pre-Registration is mandatory to obtain course location information, etc.
- Complete the registration form or register through the TETC website at www.TETC-env.net
- Complete one form per student or duplicate as needed.
- Full payment must be received 10 business days before the course to qualify for Early Registration Fee. Purchase Orders do not qualify as full payment
- Upon full payment, TETC will forward course information to student. IF requested, manuals can be sent in advance of the class. If manuals are sent ahead, a mailing and handling charge will be assessed.
- Course Completion Certificate or notification to the TCEQ of course completion will not be issued until full payment is received.

REGISTRATION

Fax to: 972-692-7746

or

Email to: info@tetc-env.net

Please print **CLEARLY**. Fill out form **COMPLETELY**.

P.O. #: _____

Student Name: Armando Guzman **Company Name:** Hidalgo County Safety Division

Email: rosie.luna@co.hidalgo.tx.us **Phone:** (956)292-7030 **Fax:** (956)318-2658

Address: 2818 S. Business Hwy. 281 **City/State/Zip:** Edinburg, Texas 78539

Course Name: MSW A Supervisor Course **Course Date:** 10/15-18/12 Full Renewal

TETC
P.O. Box 31
Frost, Texas 76641
Office: 903-695-0288
Fax: 972-692-7746
Email: info@tetc-env.net
www.TETC-env.net

If registered student is unable to attend class:

- No charge if cancelation or transfer is complete 10 calendar days before the start of the course.
- 70% refund if attendance is cancelled less than 10 calendar days before course begins.
- A \$40.00 transfer fee if course transfer is requested less than 10 calendar days before the start of the course.

**HIDALGO COUNTY PURCHASING DEPARTMENT
TRAVEL REQUEST FORM
USING THE STATE OF TEXAS TRAVEL CARD**

Date of Travel Request Submission: 8/8/12
Department: Safety Division Number of Employees: 1
Employee(s) Name (DOB if requesting airfare): Armando Guzman
Destination: Kingsville, Texas
Name of Seminar/Conference: Course A – Type I Landfill License
Travel Account Number: 2-1100-419-50-125-003-0-583

HOTEL: Req. #: _____ P.O. #: _____

MUST REQUEST CHECK FOR HOTEL

Hotel Name: Best Western Inn Kingsville Hotel Address: 2402 East King Avenue, Kingsville, TX
Number of Rooms: 1 Hotel Phone Number: 361-595-5656
Check In: 10/14/12 Check Out: 10/18/12
Single Bed or Double Beds

AUTO: Req. #: _____ P.O. #: _____

Rental Location: _____
Date/Time of Pick up: _____ Date/Time of Drop off: _____

AIRFARE: Req. #: _____ P.O. #: CITIBANK vendor #: 343277
Refundable: YES NO Airline Name: _____

Departure Date/Time: _____ Return Date/Time: _____

Signature: [Signature]
Elected Official/Department Head

Date: 8-15-12

For Purchasing Department Office Use Only

Hotel Confirmation: _____
Auto Confirmation: _____
Flight Confirmation: _____
Received Confirmation via email/fax: _____
Credit Card Authorization Form Hotel: _____ Faxed back to Hotel: _____
CC Approval on: _____
HCPD-TRAVEL-2011