



HIDALGO COUNTY, TEXAS APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 10/22/12
TOTAL NUMBER OF EMPLOYEES TRAVELING: 3

DEPARTMENT NAME: Fire Marshal
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Juan Martinez, Fire Marshal; Javier Garcia, Deputy Fire Marshal; and Rolando Casas, Deputy Fire Marshal

EVENT INFORMATION

TITLE OF EVENT: 14th Annual Texas Fire Marshals' Conference
EVENT DATE(S) FROM: 10/15/12 TO: 10/19/12
DEPARTURE DATE: 10/14/12 RETURN DATE: 10/19/12
LOCATION OF EVENT: CITY: Austin STATE: TX

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).

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 <small>(Place an "X" by applicable mode of travel)</small>
1. REGISTRATION FEE(S)	\$ 495.00		AIRFARE* _____
Subtotal for Object Code 584	\$ 495.00	\$	BUS** _____
2. AIRFARE- ROUNDTRIP COACH FARE ONLY	\$ -		Rental Car** _____
3. TAXI FARE	\$ -		County Vehicle** <input checked="" type="checkbox"/>
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	\$ 1,466.25		
11. MEALS	\$ 702.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 2,168.25		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 2,663.25	\$	
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: 8/21/12 DEPARTMENT CONTACT PERSON: Yolanda Orozco PHONE NO.: 318-2656

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

DEPARTMENT: Fire Marshal If, applicable, was travel approved by Co. Exec. Officer? Yes

DEPARTURE DATE: 10/14/2012 RETURN DATE: 10/19/2012

TO CITY: Austin STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Juan Martinez, Javier Garcia and Rolando Casas

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 3

PURPOSE/BENEFIT TO HIDALGO COUNTY:
Trainings of this nature will keep us abreast of new and changing polices and procedures, thus enabling us to better perform our duties as Fire Marshal and Deputies for Hidalgo County.

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 14th Annual Texas Fire Marshals' Conference

SPONSORED BY: Texas Fire Marshals' Association

REGISTRATION CHECK PAYABLE TO: Texas Fire Marshals' Association

REGISTRATION ADDRESS: P. O. Box 450123 SEMINAR START DATE: 10/15/2012
Garland, Texas 75045-0123 SEMINAR END DATE: 10/19/2012
 PURCHASE ORDER NO. 00221367

1. REGISTRATION COST PER EMPLOYEE: \$ 165.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 3

2. REGISTRATION COST PER EMPLOYEE: _____ NO. OF EMPLOYEES ATTENDING AT THIS RATE: _____

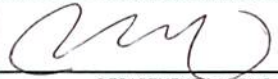
3. "FREE REGISTRATION COST: "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE": _____

GL ACCT NO.: _____ TOTAL NO. OF EMPLOYEES ATTENDING: 3

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>495.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>495.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>1,466.25</u>
	GRAND TOTAL (A + B + C + D):	\$ <u>1,961.25</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.

	Yolanda Orozco	956-318-2656
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.

Juan Martinez		138126
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
Javier Garcia		138223
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
Rolando Casas		105937
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: Fire Marshal

DEPARTURE DATE: 10/14/2012 RETURN DATE: 10/19/2012

TO CITY: Austin STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Juan Martinez, Javier Garcia and Rolando Casas

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: Crowne Plaza Hotel Austin HOTEL PHONE NO: 512-323-5466

ADDRESS OF HOTEL: 6121 North IH 35 CONFIRMATION NO.(s): 65048973, 65048983, 65048994
Austin, TX 78752

ROOM RATE: \$ 97.75 PURCHASE ORDER NO. 00221369

NUMBER OF NIGHTS: 5 GENERAL LEDGER ACCT NO: 2-1100-422-10-300-001-0-583

ROOM RATE: \$ 97.75 TOTAL NO. OF ROOMS: 3

NUMBER OF NIGHTS: 5

ROOM RATE: \$ 97.75 HOTEL TAX RATE: _____

NUMBER OF NIGHTS: 5

TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate x No. of Rooms x No. of Days x Tax Rate). B. \$ 1,466.25

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) \$ 1,466.25



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Juan Martinez	EMPLOYEE I.D. NO.:	138126	EMPLOYEE TITLE:	Fire Marshal	
DEPARTMENT:	Fire Marshal	DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE?	No			
DEPARTURE DATE:	10/14/12	RETURN DATE:	10/19/12			
TIME OF DEPARTURE:	7:00am	TIME OF RETURN:	10:00pm			
TO CITY:	Austin	STATE:	Texas			
SEMINAR/CONFERENCE/MEETING:	START DATE:	10/15/2012	END DATE:	10/19/2012	ACTUAL NO. OF DAYS:	5
TITLE OF WORKSHOP/CONFERENCE:	14th Annual Texas Fire Marshals' Conference					
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	County Vehicle		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?						
Javier Garcia and Rolando Casas						
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No						
IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE?						
PURPOSE/BENEFIT TO HIDALGO COUNTY:						
Trainings of this nature will keep us abreast of new and changing policies and procedures, thus enabling us to better perform our duties as Fire Marshal and Deputies for 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
		14-Oct	15-Oct	16-Oct	17-Oct	18-Oct	19-Oct		
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$54.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$72.00
Dinner	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$108.00
Total	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$0.00	\$234.00

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 _____ 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.

Mapquest

IV. OTHER (Itemize)

_____ \$ _____

_____ \$ _____

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE: 00221373	VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 234.00
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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.

	Juan Martinez	
EMPLOYEE SIGNATURE	DEPARTMENT OFFICIAL'S NAME (Print Name)	DEPARTMENT OFFICIAL'S APPROVAL (Signature)



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Rolando Casas	EMPLOYEE ID NO:	105937	EMPLOYEE TITLE:	Deputy Fire Marshal	
DEPARTMENT:	Fire Marshal	DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE?	No			
DEPARTURE DATE:	10/14/12	RETURN DATE:	10/19/12			
TIME OF DEPARTURE:	7:00am	TIME OF RETURN:	10:00pm			
TO CITY:	Austin	STATE:	Texas			
SEMINAR/CONFERENCE/MEETING:	START DATE:	10/15/2012	END DATE:	10/19/2012	ACTUAL NO. OF DAYS:	5
TITLE OF WORKSHOP/CONFERENCE:	14th Annual Texas Fire Marshals' Conference					
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	County Vehicle	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?	Juan Martinez and Javier Garcia					
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT?	Yes	IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE?				
PURPOSE/BENEFIT TO HIDALGO COUNTY:	Trainings of this nature will keep us abreast of new and changing policies and procedures, thus enabling us to better perform our duties as Fire Marshal and Deputies for 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
		14-Oct	15-Oct	16-Oct	17-Oct	18-Oct	19-Oct		
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$54.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$72.00
Dinner	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$108.00
Total	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$0.00	\$234.00
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 travelling 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					VI. TOTAL TRAVEL				
FOR THE AMOUNT OF THE TRAVEL ADVANCE: 00221395					ADVANCE REQUESTED: \$ 234.00				
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	Juan Martinez DEPARTMENT OFFICIAL'S NAME (Print Name)	DEPARTMENT OFFICIAL'S APPROVAL (Signature)



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Javier Garcia	EMPLOYEE I.D. NO.:	138223	EMPLOYEE TITLE:	Deputy Fire Marshal	
DEPARTMENT:	Fire Marshal	DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE?	No			
DEPARTURE DATE:	10/14/12	RETURN DATE:	10/19/12			
TIME OF DEPARTURE:	7:00am	TIME OF RETURN:	10:00pm			
TO CITY:	Austin	STATE:	Texas			
SEMINAR/CONFERENCE/MEETING:	START DATE:	10/15/2012	END DATE:	10/19/2012	ACTUAL NO. OF DAYS	5
TITLE OF WORKSHOP/CONFERENCE:	14th Annual Texas Fire Marshals' Conference					
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	County Vehicle		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?						
Juan Martinez and Rolando Casas						
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT?			IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE?			
Yes						
PURPOSE/BENEFIT TO HIDALGO COUNTY:						
Trainings of this nature will keep us abreast of new and changing polices and procedures, thus enabling us to better perform our duties as Fire Marshal and Deputies for 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
		14-Oct	15-Oct	16-Oct	17-Oct	18-Oct	19-Oct		
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00		\$54.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00		\$72.00
Dinner	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00		\$108.00
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Meal per diems must be prorated for 1st day and last day of travel as follows:	
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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	Miles @ \$ 0.555 (Current Rate)	\$ -
<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>		
	Mapquest	

IV. OTHER (Itemize)	\$
	\$

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME	VI. TOTAL TRAVEL
FOR THE AMOUNT OF THE TRAVEL ADVANCE: 00221375	ADVANCE REQUESTED: \$ 234.00

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.

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EMPLOYEE SIGNATURE	Juan Martinez DEPARTMENT OFFICIAL'S NAME (Print Name)	DEPARTMENT OFFICIAL'S APPROVAL (Signature)
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