



# Purchase Order

## COUNTY OF HIDALGO

PO#: 678745

DATE: 07/27/12

Page No 1 Of 1

VENDOR: 297321

REQ:00220197

Email:

Phone:

FIGUEROA-MUNOZ, ADELITA  
C/O TEXAS COOPERATIVE EXT

BUYER:

SHIP TO: TEXAS COOPERATIVE EXTENSION  
410 N. 13TH AVE  
EDINBURG TX 78541

Vendor Acct:

CONTACT:

SITE: TEXAS AGRILIFE EXTENSION

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.

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
1	EACH	RM Fuel purchased for County vehicle with personal credit card at Flying "J" Store #727 - 1307 East Monte Cristo, Edinburg, TX 78539.	50.00	50.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		Total		50.00
		*****		
		For Hidalgo County use only		
		2-1100-461-00-380-001-0-583	50.00	
		Approved _____		

Authorized by: Martha L. Salazar





STORE 727  
 1305 East Monte Cristo  
 Edinburg, TX 78539  
 (956) 316-0149  
 04/14/2012

SALE

Transaction #: 2611508 \*\*\*\*PREPAY\*\*\*\*

Qty	Name	Price	Total
1	Prepay	50.00	50.00
	Pump:	10	
	Gallons:	1.000	
	Price / Gal:	.000	

Subtotal 50.00  
 Sales Tax 0.00  
 Total 50.00

Received:  
 MC 50.00  
 XXXXXXXXXXXX6584 SWIPED  
 Approved  
 Auth #: R9065Z

*[Handwritten Signature]*

Pos:2 Clerk:109 04/14/2012 07:16:21  
 ORIGINAL RECEIPT

2012 July 10 PM 2 49

RECEIVED BY  
 COUNTY AUDITOR

Fashion Show en Falfurrias  
 Comp. Vehicle.



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

DATE OF REQUEST: 03/27/12

TOTAL NUMBER OF EMPLOYEES TRAVELING: 4

DEPARTMENT NAME: Hidalgo County Extension Service  
 NAME & TITLE OF EMPLOYEE(S): Christina Perez, CEA-4-H & Youth Development; Nora N. Garza, CEA-Family Resources;  
 TRAVELING: Adelita Munoz, CEA-FCS; Alonso Lopez, 4-H Outreach Coord.

**EVENT INFORMATION**

TITLE OF EVENT: District 12 4-H Fashion Show  
 EVENT DATE(S) FROM: 04/14/12 TO: 04/14/12  
 DEPARTURE DATE: 04/14/12 RETURN DATE: 04/14/12  
 LOCATION OF EVENT: CITY: Falfurrias 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).

**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-		AIRFARE*
Subtotal for Object Code 584	\$-0-	\$	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-		
11. MEALS	\$-0-		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ -		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 0	\$	

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 Storn* DATE: 3/27/12 DEPARTMENT CONTACT PERSON: *Noralinda Cruz* PHONE NO.: 383-1026

**FOR DEPARTMENT OF BUDGET & MANAGEMENT (DBM) USE ONLY:**

TRAVEL IS APPROVED for the individuals listed below:  
*Christina Perez + 3 staff*

TRAVEL IS NOT APPROVED for the individuals listed below:

REVIEWED BY (PRINT NAME): *JC Carnean* DATE: 3-28-12 REVIEWER'S SIGNATURE: *JC Carnean* PHONE NO.:

DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): *Sergio Cruz* DATE: 3-28-12 SIGNATURE OF DBM DEPARTMENT HEAD: *[Signature]*

RECEIVED BY  
COUNTY AUDITOR

2012 MAR 28 PM 4 18

M/A  
8-1100-461-00-380-001-0

APPROVED BY  
OFFICE OF EXECUTIVE OFFICER



# HIDALGO COUNTY, TEXAS

## OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

678745

EMPLOYEE NAME :	Adelita F. Munoz	DEPARTMENT:	Hidalgo County Extension Service
TRAVEL TO CITY :	Falfurrias	STATE:	Texas
DEPARTURE DATE:	4/14/2012	RETURN DATE:	4/14/2012
TIME OF DEPARTURE:	6:00 AM	TIME OF RETURN:	6:00 PM

PURPOSE OF TRIP : To participate in professional organizations related to the employee of official's job assignment.

**I. REIMBURSEMENT FOR EXPENDITURES MADE ON ACCOUNT OF OFFICE BUSINESS:**

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						2011
	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	
	4/14	4/15	4/16	4/17	4/18	4/19	TOTALS
Airline / Bus / Train							\$ -
Car Rental							-
Gasoline for Car Rental	\$50.00						50.00
Personal Car Mileage	Beginning		Ending		TOTAL MILEAGE:	(MILEAGE RATE)	
ODOMETER READINGS:	Mileage:		Mileage:		-	0.555	-
<p><small>NOTE: Mileage is calculated on a point-to-point basis using "Mapquest". Reasonable incidental travel may be reimbursed when the traveler provides specific address destination points by using "Mapquest" to determine mileage. The most direct distance to the destination will be allowed. Any out-of way or unreasonable travel distance as determined by the County Auditor will be at the expense of the traveler.</small></p>							
Hotel (Excluding Meals)							-
Parking / Tolls							-
Taxi and Other Ground Transportation							-
Telephone							-
Registration Fees							-
MEALS (based upon actual charges)	NOTE: When traveling out of state trip and claiming actual meal expenses, receipts must be provided for all days of travel. If not reimbursement will be based on the \$39 per diem.						
Type of Travel (In State =1 /Out of State =2)							
With Receipts = 1 / Without Receipts = 2							
Breakfast (\$9 per diem)							
Lunch (\$12 per diem)							
Dinner (\$18 per diem)							
Total Actual Meal Expense							
Total Allowable Meal Expense per County Policy (County Employee)							-
Other (Please explain below):	Adelita had to use her own personal credit card to fuel county vehicle due to County fuel card not working.						

II. Travel Expenditures paid by COUNTY CHECK or COUNTY CREDIT CARD that were NOT advanced to employee. (I.e. Airfare, Hotel accommodations, Car Rentals, Registration)				TOTAL FROM T-4 CONTINUATION FORM	
Payee Name	Expense Type	Check No / PO. No.	Amount		
				TOTAL ALLOWABLE EXPENDITURES	\$ 50.00
				AMOUNTS ADVANCED TO EMPLOYEE ON :	
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE	-
				REMIT TO ME	\$ 50.00
				REMITTED TO COUNTY TREASURER ON	
Total					\$ 0.00
				TREASURER RECEIPT NO.	

I hereby certify that the above information is true and correct to the best of my knowledge. The above funds were used solely for County business. I have not and do not anticipate to receive reimbursement for the above listed travel expenditures from any other source.

<p><i>Adelita F. Munoz</i> EMPLOYEE SIGNATURE</p>	<p>9/03/12 DATE</p>	<p>APPROVED BY: _____ DIVISION DIRECTOR/SUPERVISOR</p>	<p>DATE</p>
<p>APPROVED FOR PAYMENT BY: _____ DEPARTMENT HEAD</p>		<p>2-1100-461-00-380-001-0-583 GENERAL LEDGER ACCOUNT NUMBER</p>	