



Purchase Order

COUNTY OF HIDALGO

PO#: 678747

DATE: 07/27/12

Page No 1 Of 1

VENDOR: 399213

REQ:00220196

Email:

Phone:

PEREZ, CHRISTINA LORRAINE
C/O EXTENSION SERVICE

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 REIMBURSE 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 to County vehicle paid from personal credit card on April 4, 2012. Purchase was made at TA Travel Center #235 in Edinburg, TX.	40.00	40.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		Total		40.00

		For Hidalgo County use only		
		2-1100-461-00-380-001-0-583	40.00	
		Approved _____		

Authorized by: Martha L. Salazar

THANK YOU
FOR SHOPPING
TA TRAVELCENTER #235
EDINBURG
TX 78541

030 Juan Store: 0235
Register # 22. Receipt# 34521

CUSTOMER COPY
Wed Apr 04 2012 07:43:28

PREPAY FUEL DEPT \$40.00
Dept. 100

***** PREPAY RECEIPT *****

PUMP# 14 \$40.00

Sale Total \$40.00
Tax Total \$0.00
Total \$40.00
VISA CARD \$40.00

TOTAL AMOUNT = \$40.00

VISA CARD
ACCOUNT#: XXXXXXXXXXXX2103

AUTHORIZATION # 195002
REF # 195002

Host Data*
Merch: JZ48925490001
Seq Num: 119545

DATE: 04-04-12 TIME: 07:49:53

CREDIT CARD INVOICE

PLEASE COME AGAIN!

Thank you
Questions or Comments?
Site Manager: 956-383-0788
District Manager Cell: 210-289-9021

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2012 Jun 10 PM 2 50

Dist 12 Photography in
Alice



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 03/20/12
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1

DEPARTMENT NAME: Hidalgo County Extension Service
NAME & TITLE OF EMPLOYEE(S): Christina Perez, CEA-4-H & Youth Development

EVENT INFORMATION

TITLE OF EVENT: District 12 4-H Photography Contest
EVENT DATE(S) FROM: 04/04/12 TO: 04/04/12
DEPARTURE DATE: 04/04/12 RETURN DATE: 04/04/12
LOCATION OF EVENT: CITY: Alice 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.
[X] 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.

Table with 4 columns: SUMMARY OF ESTIMATED TRAVEL EXPENSES, ESTIMATED EXPENSES, (DBM USE ONLY) FUNDS AVAILABLE BALANCE, MODE OF TRAVEL (Place an "X" by applicable mode of travel). Rows include Registration Fee, Airfare, Taxi, Bus, Rental Car, Gasoline, Mileage, Telephone, Parking, Lodging, Meals, Other Expenses, and 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.
[X] Reasonable efforts to minimize the use of county funds have been explored.
[X] 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 C. Sharp DATE: 3/20/12 DEPARTMENT CONTACT PERSON: Nora Linda Cruz PHONE NO.: 383-1024

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

TRAVEL IS APPROVED for the individuals listed below: Christina Perez
TRAVEL IS NOT APPROVED for the individuals listed below:

REVIEWED BY (PRINT NAME): JC Carnean DATE: 3-21-12 REVIEWER'S SIGNATURE: JC Carnean PHONE NO.:

DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): Sergio Cruz DATE: 3-21-12 SIGNATURE OF DBM DEPARTMENT HEAD: Sergio Cruz

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APPROVED BY OFFICE OF EXECUTIVE OFFICER 2-1100-461-00-360-001-0-583



HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

PO
6278747

EMPLOYEE NAME :	Christina L. Perez	DEPARTMENT:	Hidalgo County Extension Service
TRAVEL TO CITY :	Alice	STATE:	Texas
DEPARTURE DATE:	4/4/2012	RETURN DATE:	4/4/2012
TIME OF DEPARTURE:	6:00 AM	TIME OF RETURN:	5:00 PM

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

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

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						2011	TOTALS
	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY		
Airline / Bus / Train	4/4	4/5	4/6	4/7	4/8	4/9		\$.
Car Rental								.
Gasoline for Car Rental		\$40.00						40.00
Personal Car Mileage	Beginning Mileage:		Ending Mileage:		TOTAL MILEAGE:	(MILEAGE RATE)		
ODOMETER READINGS:						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		\$0.00						.
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):	Christina had to use her own personal credit card to purchase fuel for County vehicle due to County fuel card locking her out of being able to purchase fuel for the day. Christina had put in the incorrect ID#.							

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 2012 SEP 5 PM 2 38

Explanation Notes:

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)

Payee Name	Expense Type	Check No./ PO. No.	Amount	TOTAL FROM T-4 CONTINUATION FORM
				TOTAL ALLOWABLE EXPENDITURES \$ 40.00
AMOUNTS ADVANCED TO EMPLOYEE ON :				
TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE				
REMIT TO ME				\$ 40.00
REMITTED TO COUNTY TREASURER ON				
Total				\$.
TREASURER RECEIPT NO.				0.00

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

EMPLOYEE SIGNATURE: *Christina Perez* DATE: 9/4/12
 APPROVED BY: _____ DIVISION DIRECTOR/SUPERVISOR DATE: _____
 APPROVED FOR PAYMENT BY: *Barbara Sporn* DEPARTMENT HEAD
 GENERAL LEDGER ACCOUNT NUMBER: 2-1100-461-00-380-001-0-583