



**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?

DEPARTURE DATE: 11/28/2012 RETURN DATE: 11/30/2012

TO CITY: South Padre Island STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Juan Martinez, Fire Marshal & Tommy Uresto, Deputy Fire Marshal

TOTALS OF EMPLOYEES ATTENDING SEMINAR: 2

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 Marshals for Hidalgo County.

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: A Forensic Analysis of Fire Dynamics

SPONSORED BY: South Texas Fire Investigators Association

REGISTRATION CHECK PAYABLE TO: South Texas Fire Investigators Association

REGISTRATION ADDRESS: P. O. Box 534114 SEMINAR START DATE: 11/28/2012
Harlingen, TX 78553 SEMINAR END DATE: 11/30/2012
PURCHASE ORDER NO. _____

1. REGISTRATION COST PER EMPLOYEE: \$ 205.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 2

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: 2

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate). A.	\$	410.00
(SEE PAGE 2 FOR SECTIONS B, C, & D) TOTAL THIS PAGE (A):	\$	410.00
TOTAL 2ND PAGE (B + C + D):	\$	-
GRAND TOTAL (A + B + C + D)	\$	410.00

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.

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>Juan Martinez</u>		138126
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>Tommy Uresto</u>		126403
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: 11/28/2012 RETURN DATE: 11/30/2012

TO CITY: South Padre Island STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Juan Martinez, Fire Marshal & Tommy Ureste, Deputy Fire Marshal

TOTALS OF EMPLOYEES ATTENDING SEMINAR: 2

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: Isla Grande Beach Resort HOTEL PHONE NO: 956-761-6311

ADDRESS OF HOTEL: 500 Padre Boulevard CONFIRMATION NO.(s): 152598068
152598180
South Padre Island, TX 78597

ROOM RATE: \$ 79.00 PURCHASE ORDER NO. _____

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

ROOM RATE: \$ 79.00 TOTAL NO. OF ROOMS: 2

NUMBER OF NIGHTS: 2

ROOM RATE: _____ HOTEL TAX RATE: 14.50%

NUMBER OF NIGHTS: _____

TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) B. \$ 361.84

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) \$ 361.84



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME: Tommy Uresto **EMPLOYEE ID. NO.:** 126403 **EMPLOYEE TITLE:** Deputy Fire Marshal
DEPARTMENT: Fire Marshal **DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE?** No
DEPARTURE DATE: 11/28/12 **RETURN DATE:** 11/30/12
TIME OF DEPARTURE: 8:30 AM **TIME OF RETURN:** 3:00 PM
TO CITY: South Padre Island **STATE:** Texas
SEMINAR/CONFERENCE/MEETING: **START DATE:** 11/28/2012 **END DATE:** 11/30/2012 **ACTUAL NO. OF DAYS:** 3
TITLE OF WORKSHOP/CONFERENCE: A Forensic analysis of Fire Dynamics
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
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 me abreast of new and changing policies and procedures, thus enabling me to better perform my duties as Fire Marshal 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
		28-Nov	29-Nov	30-Nov					
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00					\$27.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00					\$36.00
Dinner	\$18.00	\$18.00	\$18.00						\$36.00
Total	\$39.00	\$39.00	\$39.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$99.00

Meal per diem must be prorated for 1st day and last day of travel as follows:

Departure:	Arrival:
Before 8:00 a.m. (breakfast, lunch, & dinner)	Before 8:00 a.m. (breakfast)
\$ 30.00	\$ 9.00
8:00 a.m. - 1:00 p.m. (lunch & dinner)	8:00 a.m. - 6:00 p.m. (breakfast & lunch)
\$ 18.00	\$ 21.00
After 1:00 p.m. (dinner)	After 6:00 p.m. (breakfast, lunch & dinner)
\$ 15.00	\$ 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 @ \$ 0.500 (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. Incidentals 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.

IV. OTHER (Itemize)

_____ \$ _____

_____ \$ _____

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE: _____

VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 99.00

VII. COMMENTS: _____ **VII. GENERAL LEDGER ACCOUNT NUMBER:** 2-1100-422-10-300-001-0-583

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. 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	<u>Juan Martinez</u> DEPARTMENT OFFICIAL'S NAME (Print Name)	 DEPARTMENT OFFICIAL'S APPROVAL (Signature)
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HIDALGO COUNTY, TEXAS OUT-OF-COUNTY - TRAVEL ADVANCE REQUEST

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME: Juan Martinez EMPLOYEE ID NO: 138126 EMPLOYEE TITLE: Fire Marshal

DEPARTMENT: Fire Marshal DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE? No

DEPARTURE DATE: 11/28/12 RETURN DATE: 11/30/12

TIME OF DEPARTURE: 6:30 AM TIME OF RETURN: 3:00 PM

TO CITY: South Padre Island STATE: Texas

SEMINAR/CONFERENCE/MEETING: START DATE 11/28/2012 END DATE: 11/30/2012 ACTUAL NO. OF DAYS: 3

TITLE OF WORKSHOP/CONFERENCE: A Forensic analysis of Fire Dynamics

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? Tommy Ureste

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 me abreast of new and changing policies and procedures, thus enabling me to better perform my duties as Fire Marshal 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
		28-Nov	29-Nov	30-Nov					
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00					\$27.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00					\$36.00
Dinner	\$18.00	\$18.00	\$18.00						\$36.00
Total	\$39.00	\$39.00	\$39.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$99.00

Meal per diem 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. - 8:00 p.m. (breakfast & lunch)	\$ 21.00
After 8:00 p.m. (breakfast, lunch & dinner)	\$ 39.00

II. INCIDENTAL EXPENSES (taxi fare, shuttle fare, gas charges for car rentals, airport and hotel parking):

Exponso type: _____ days @ \$ 20.00 \$ -

III. PERSONAL VEHICLE MILEAGE

_____ Miles @ \$ 0.500 (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.

IV. OTHER (Itemize)

_____ \$ -

_____ \$ -

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE:

VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 99.00

VII. COMMENTS:

VII. GENERAL LEDGER ACCOUNT NUMBER:

2-1100-422-10-300-001-0-583

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. 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 Exponso 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 Exponso 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)

**"A Forensic Analysis of Fire Dynamics"
Registration Form**

Name: Tommy Ureste
Organization: Hidalgo Co. Fire Marshal's Office
Address: 1615 S. Closter Ste. H.

City: Edinburg State: Tx. Zip: 78539

Phone: (956) 318-2656

E-mail: Tommy.Ureste@co.Hidalgo.Tx.US

EARLY REGISTRATIONS (on or before Nov. 1, 2012): \$205.00

LATE REGISTRATIONS (on or after Nov. 2, 2012): \$225.00

Remit Registration Forms and Payment to:

South Texas Fire Investigators Association

PO Box 534114

Harlingen, Texas 78553

or

email your registration form to dwamer@myharlingen.us

or

fax your registration to (956) 216-5297

Please make your hotel reservations directly with:

Isla Grand Beach Resort (www.islagrand.com)

500 Padre Boulevard

South Padre Island, Texas 78597

956-761-6511 or 800-292-7704

Request the code: 1211 Fire 02

For more information please contact:

Danny Warner at dwamer@myharlingen.us or by calling 956-216-5790

**"A Forensic Analysis of Fire Dynamics"
Registration Form**

Name: Juan Martinez
Organization: Hidalgo County Fire Marshal's office
Address: 145 S. Closter Ste. H

City: Edinburg State: TX Zip: 78539
Phone: (956) 318-2656
E-mail: juan.martinez@co.hidalgo.tx.us

EARLY REGISTRATIONS (on or before Nov. 1, 2012): \$205.00
LATE REGISTRATIONS (on or after Nov. 2, 2012): \$225.00

Remit Registration Forms and Payment to:
South Texas Fire Investigators Association
PO Box 534114
Harlingen, Texas 78553

or

email your registration form to dwarner@myharlingen.us

or

fax your registration to (956) 216-5297

Please make your hotel reservations directly with:

Isla Grand Beach Resort (www.islagrand.com)

500 Padre Boulevard

South Padre Island, Texas 78597

956-761-6511 or 800-292-7704

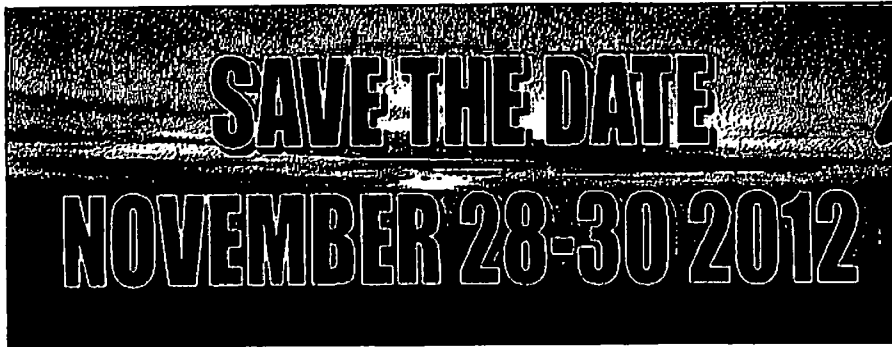
Request the code: 1211 Fire 02

For more information please contact:

Danny Warner at dwarner@myharlingen.us or by calling 956-216-5790

**The South Texas Fire Investigators Association in
conjunction with the Texas Chapter of the IAAI and
TEEX**

Reminds you to



**2012 South Texas Fire Investigators Seminar
“Advanced Hypothesis Development and Testing
in Fire Investigations”**

Presented by Steven W. Carman

This presentation will include an advanced level of training in fire science, thermodynamics, fire dynamics, fire investigation methodology and fire investigation technology as it relates to fire origin and cause investigations. Topics to be discussed include Post-Flashover Fire Behavior, Clean Burn Fire Patterns, High Temperature Accelerant Fires, Elevated Fires and others. Carman has been a leader in the advancement of fire investigator training for two decades having designed and presented scores of programs to national and international audiences including investigators to scientists and engineers.

This seminar will be held at the Isla Grand Beach Resort in South Padre Island, Texas. The nightly room rate has been held over from last year (~~\$75.00~~ per night) and will be good for 3 days prior to and after the seminar.

Early registration fee is \$205.00 dollars.

2012 South Texas Fire Investigators Seminar

*No Parking
Fee*

*#79.00
+ 14.5 tax
Phone: 956-761-6511*

Ivonne

Nov. 28

8:00 - 12:00 Reg & Setup

1:00 - 5:00 Class

Nov. 29

8:00 - 5:00 class

Nov. 30

8:00 to Noon

Per Night
\$7.00

14.5 @ 70 tax

\$ 90.45


I S L A G R A N D

B E A C H R E S O R T

OCT-30-12

**Mr. Tommy Ureste
2812 South Business Highway 281
Edinburg TX 78539
United States**

Dear Mr. Ureste,

Thank you for making your reservation at the Isla Grand Beach Resort, South Padre. We have reserved the following accommodations for you:

Arrival Date:	11-28-12
Departure Date:	11-30-12
Room Type:	Pool Gardenview 1 King Non smk Standard Bed
Estimated Total Cost of Stay:	\$180.92 Including 8.5% City tax and 6% State Tax
Nightly Room Rate:	\$79.00

Your Confirmation Number is 152598180, and you are guaranteed for late arrival. Check-in time is 3:00 PM and Check-out time is 11:00 AM.

If you find it necessary to change your plans, please inform us 48 hours before your date of arrival in order to avoid the penalty of one night's room charge plus tax.

Please note the following hotel policies: Someone 21 years of age or older must register and stay in the room. Pets are allowed at ISLA GRAND BEACH RESORT (50 lbs. or less). An additional fee of \$25 plus tax will be charged per day. Adjoining rooms, room numbers, or floor levels are not guaranteed. All credit card payments and advance deposits require a credit card imprint at the front desk on the day of arrival. If the credit card holder is not present, the credit card payment will not be accepted unless we have a written notice from the credit card holder. Early departures will be penalized in full.

Best regards,

Reservations Office

**Isla Grand Beach Resort
500 Padre Boulevard
South Padre Island, TX 78597
Telephone: (956) 761-6511 Fax: (956) 761-1042
www.islagrand.com**

ISLA GRAND

BEACH RESORT

OCT-30-12

Mr. Juan Martinez
2812 South Business 281
Edinburg TX 78539
United States

Dear Mr. Martinez.

Thank you for making your reservation at the Isla Grand Beach Resort, South Padre. We have reserved the following accommodations for you:

Arrival Date:	11-28-12
Departure Date:	11-30-12
Room Type:	Pool Gardenview 1 King Non smk Standard Bed
Estimated Total Cost of Stay:	\$180.92 Including 8.5% City tax and 6% State Tax
Nightly Room Rate:	\$79.00

Your Confirmation Number is 152598068, and you are guaranteed for late arrival. Check-in time is 3:00 PM and Check-out time is 11:00 AM.

If you find it necessary to change your plans, please inform us 48 hours before your date of arrival in order to avoid the penalty of one night's room charge plus tax.

Please note the following hotel policies: Someone 21 years of age or older must register and stay in the room. Pets are allowed at ISLA GRAND BEACH RESORT (50 lbs. or less). An additional fee of \$25 plus tax will be charged per day. Adjoining rooms, room numbers, or floor levels are not guaranteed. All credit card payments and advance deposits require a credit card imprint at the front desk on the day of arrival. If the credit card holder is not present, the credit card payment will not be accepted unless we have a written notice from the credit card holder. Early departures will be penalized in full.

Best regards,

Reservations Office

Isla Grand Beach Resort
500 Padre Boulevard
South Padre Island, TX 78597
Telephone: (956) 761-6511 Fax: (956) 761-1042
www.islagrand.com

Requisition

Req # 00225543

PO #

Date: 10/30/12

Bill To: x
x

Vendor: 367885
ISLA GRAND BEACH RESORT
500 PADRE BLVD.
SOUTH PADRE ISLAND TX 78597

Ship To: FIRE MARSHAL
1615 S. CLOSER
SUITE H
EDINBURG TX 78539

Contact: Yolanda Orozco
956-318-2656

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
2.00	NGT	DO NOT DUPLICATE ORDER Hotel Reservation for Juan Martinez to attend "A Forensic Analysis of Fire Dynamics Seminar, Nov 28-30, 2012 at South Padre Island, TX. Room charge is \$79.00 + 14.5% tax = \$90.46 Per Night. Confirmation # 152598068	90.46	180.92
2.00	NGT	Hotel Reservation for Tommy Ureste to attend "A Forensic Analysis of Fire Dynamics Seminar" Nov. 28-30, 2012 at South Padre Island, TX. Room charge is \$79.00 + 14.5% tax = \$90.45 Per Night. Confirmation # 152598180	90.46	180.92
		<u>Account No</u> 2-1100-422-10-300-001-0-583	<u>Encumbrance</u> 361.84	
			Freight	.00
			Total:	361.84
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: 

Requisition

Req # 00225556

PO #

Date: 10/30/12

Bill To: x
x

Vendor: 294012
SOUTH TEXAS FIRE INVESTIGATORS ASSOC
3510 E. GRIMES
HARLINGEN TX 78550

Ship To: FIRE MARSHAL
1615 S. CLOSNER
SUITE H
EDINBURG TX 78539

Contact: Yolanda Orozco
956-318-2656

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
1.00	EACH	Registration Fee for Juan Martinez to attend "A Forensic Analysis of Fire Dynamics Seminar" November 28-30, 2012 at South Padre Island, TX.	205.00	205.00
1.00	EACH	Registration Fee for Tommy Ureste to attend "A Forensic Analysis of Fire Dynamics Seminar" November 28-30, 2012 at South Padre Island, TX.	205.00	205.00
		Account No _____	<u>Encumbrance</u>	
		2-1100-422-10-300-001-0-584	410.00	
			Freight	.00
			Total	410.00
		REPORT ROAD HAZARDS 1-866-HCH-SAFE OR 1-866-427-7233		

Authorized By: _____

Requisition

Req # 00225561

PO #

Date: 10/30/12

Bill To: *
*

Vendor: 372137
URESTE, TOMMY
C/O FIRE MARSHAL'S DEPT.

Ship To: FIRE MARSHAL
1615 S. CLOSER
SUITE H
EDINBURG TX 78539

Contact: Yolanda Orozco
956-318-2656

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	DEAL	DO NOT DUPLICATE ORDER Meals for Tommy Ureste to attend "A Forensic Analysis o Fire Dynamics Seminar" November 28-30, 2012 at South Padre Island, TX. Depart: 11/28/12 @ 6:30a.m. * \$39.00 All Day 11/29/12 * \$39.00 Return 11/30/12 @ 3:00p.m. * \$21.00 Account No 2-1100-422-10-300-001-0-583 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	99.00	99.00
			<u>Encumbrance</u>	
			99.00	
			Freight	.00
			Total	99.00

Authorized By: 

