



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 11/13/12
DEPARTMENT NAME: Fire Marshal
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Rolando Casas, Deputy Fire Marshals

EVENT INFORMATION

TITLE OF EVENT: A Forensic Analysis of Fire Dynamics Seminaor
EVENT DATE(S) FROM: 11/28/12 TO: 11/30/12
DEPARTURE DATE: 11/28/12 RETURN DATE: 11/30/12
LOCATION OF EVENT: CITY: South Padre Island STATE: Texas

PURPOSE OF TRAVEL

- Place an "X" by the applicable purpose of the trip.
X To obtain statutorily required continuing professional education.
X To obtain continuing education related to an employee's work or maintenance of a license or certification.
X 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.
X To conduct essential research & information-gathering for improvement of County operations or compliance with law.
X To monitor the development of state or federal legislation or implementation of legislation that might affect the County
X To participate in forums, coalitions, & discussions relating to the policy, legislative & regulatory interests of the County
X To pursue the County's interests in litigation or criminal justice.
X To promote the economic development interests of the County.
X 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.
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 Marshals for Hidalgo County.

Table with 4 columns: SUMMARY OF ESTIMATED TRAVEL EXPENSES, ESTIMATED EXPENSES, (DBM USE ONLY) FUNDS AVAILABLE BALANCE, MODE OF TRAVEL. Includes rows for registration fee, airfare, taxi, bus, rental car, mileage, etc.

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:
X 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.
X 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: [Signature] DATE: 11/13/12 DEPARTMENT CONTACT PERSON: Yolanda Orozco PHONE NO.: 5910

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): Veronica Ortiz DATE: 11/13/12 REVIEWER'S SIGNATURE: [Signature] PHONE NO.: 292-7025

DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): DATE: SIGNATURE OF DBM DEPARTMENT HEAD: [Signature]

1/13/13 - Oregon State

1/13/13

1/13/13

1/13/13



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME: Rolando Casas EMPLOYEE I.D. NO.: 105937 EMPLOYEE TITLE: Deputy Fire Marshal
 DEPARTMENT: Fire Marshal DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE? No
 DEPARTURE DATE: 11/28/12 RETURN DATE: 11/30/12
 TIME OF DEPARTURE: 6:00AM TIME OF RETURN: 3:00PM
 TO CITY: South Padre Island STATE: TX
 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 Seminar
 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 & 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 Deputy Fire Marshal with 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

\$ 99.00

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 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)

10 _____ \$ _____

_____ \$ _____

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

HIDALGO COUNTY BUDGET OFFICE

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
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: TX

NAME OF EMPLOYEES ATTENDING SEMINAR: Rolando Casas

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 1

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 & Deputy Fire Marshals for Hidalgo County.

A. WORKSHOP/SEMINAR REGISTRATION(S)

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

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:	<u>\$ 225.00</u>	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	<u>1</u>
2. REGISTRATION COST PER EMPLOYEE:	_____	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	_____
3. "FREE REGISTRATION COST:	<u>"FREE"</u>	NO. OF EMPLOYEES ATTENDING FOR "FREE":	_____

GL ACCT NO.: _____ TOTAL NO. OF EMPLOYEES ATTENDING: 1

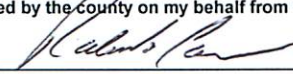
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	<u>\$ 225.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A): <u>\$ 225.00</u>
	TOTAL 2ND PAGE (B + C + D): <u>\$ -</u>
	GRAND TOTAL (A + B + C + D) <u>\$ 225.00</u>

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	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.

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.
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: _____ 11/28/2012 _____ RETURN DATE: _____ 11/30/2012

TO CITY: _____ South Padre Island _____ STATE: _____ TX

NAME OF EMPLOYEES ATTENDING SEMINAR: _____

SEMINAR: _____ 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/
(Sharing Room with another Employee)

NAME OF HOTEL: _____ HOTEL PHONE NO: _____

ADDRESS OF HOTEL: _____ CONFIRMATION NO.(s): _____

ROOM RATE: _____ PURCHASE ORDER NO. _____

NUMBER OF NIGHTS: _____ GENERAL LEDGER ACCT NO: _____

ROOM RATE: _____ TOTAL NO. OF ROOMS: _____

NUMBER OF NIGHTS: _____

ROOM RATE: _____ HOTEL TAX RATE: _____

NUMBER OF NIGHTS: _____

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

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) \$ -

Requisition

Req # 00226206

PO #

Date: 11/13/12

Bill To: x
x

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

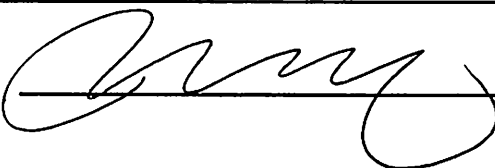
Ship To: FIRE MARSHAL
1615 S. CLOSNER
SUITE H
EDINBURG TX 78539

Contact: Yolanda Orozco
956-318-2656

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	EACH	DO NOT DUPLICATE ORDER Registration Fee for Rolando Casas to attend "A Forensic Analysis of Fire Dynamics Seminar" November 28-30, 2012 at South Padre Island, TX. <u>Account No</u> 2-1100-422-10-300-001-0-584 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	225.00 <u>Encumbrance</u> 225.00 Freight .00 Total 225.00	225.00 .00 225.00

Authorized By: 

**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

**“A Forensic Analysis of Fire Dynamics”
Registration Form**

Name: Rolando Casas

Organization: Hidalgo County Fire Marshal's Office

Address: 1615 S Closner Ste. H

City: Edinburg State: Tx Zip: 78539

Phone: 956-318-2656

E-mail: rolando.casas@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