



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 01/03/13
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
DEPARTMENT NAME: Hidalgo County Executive Office
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Martin Ramirez

EVENT INFORMATION

TITLE OF EVENT: Smoke School/Visible Emissions Workshop
EVENT DATE(S) FROM: 01/21/13 TO: 01/22/13
DEPARTURE DATE: 01/20/13 RETURN DATE: 01/21/13
LOCATION OF EVENT: CITY: Corpus Christi 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 participate in professional organizations related to the employee or official's job assignment.

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. Includes rows for Registration Fee, Airfare, Taxi, Bus, Rental Car, Gasoline, Mileage, Telephone, Parking, Lodging, Meals, and Other Expenses.

Hotel # 228449
Meals # 228640
Reg. # 228641

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.

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: 1/10/13 DEPARTMENT CONTACT PERSON: Laura Torres PHONE NO.: x4859

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: 1/10/13 REVIEWER'S SIGNATURE: [Signature] PHONE NO.: 282-7025

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

cc 1/15/13



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

### A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Martin Ramirez	EMPLOYEE I.D. NO.:	187097	EMPLOYEE TITLE:	Environmental Compliance Coordinator	
DEPARTMENT:	Hidalgo County Executive Office	DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE?	No			
DEPARTURE DATE:	1/20/13	RETURN DATE:	1/21/13			
TIME OF DEPARTURE:	12:00 PM	TIME OF RETURN:	7:00 PM			
TO CITY:	Corpus Christi	STATE:	Texas			
SEMINAR/CONFERENCE/MEETING:	START DATE:	1/21/2013	END DATE:	1/22/2013	ACTUAL NO. OF DAYS	2
TITLE OF WORKSHOP/CONFERENCE:	Smoke School/Visible Emissions Workshop					
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?	N/A					
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:						

### 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
		20-Jan	21-Jan	22-Jan	23-Jan	24-Jan	25-Jan	26-Jan	
Breakfast	\$9.00		\$9.00						\$9.00
Lunch	\$12.00	\$12.00	\$12.00						\$24.00
Dinner	\$18.00	\$18.00	\$18.00						\$36.00
<b>Total</b>	<b>\$39.00</b>	<b>\$30.00</b>	<b>\$39.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$69.00</b>

**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)	Before 8:00 a.m. (breakfast)
8:00 a.m. - 1:00 p.m. (lunch & dinner)	8:00 a.m. - 6:00 p.m. (breakfast & lunch)
After 1:00 p.m. (dinner)	After 6:00 p.m. (breakfast, lunch, & dinner)
\$ 39.00	\$ 9.00
\$ 30.00	\$ 21.00
\$ 18.00	\$ 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 @ \$ 0.510 (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** \_\_\_\_\_ **VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 69.00**

**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	<b>Valde Guerra</b> DEPARTMENT OFFICIAL'S NAME (Print Name)	 DEPARTMENT OFFICIAL'S APPROVAL (Signature)
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**HIDALGO COUNTY, TEXAS**  
**SEMINAR, HOTEL, CAR RENTAL, AND AIRFARE**  
**CHECK REQUEST FORM**  
**PAGE 2 OF 2**

DEPARTMENT:	Hidalgo County Executive Office		
DEPARTURE DATE:	1/20/2013	RETURN DATE:	1/21/2013
TO CITY:	Corpus Christi	STATE:	Texas
NAME OF EMPLOYEES ATTENDING SEMINAR:	Martin Ramirez		
TOTAL# OF EMPLOYEES ATTENDING SEMINAR:	1		

**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/](http://www.window.state.tx.us/procurement/prog/stmp/)

NAME OF HOTEL:	Holiday Inn Express	HOTEL PHONE NO:	(361) 242-3330
ADDRESS OF HOTEL:	13425 Brockhove Drive Corpus Christi, TX. 78410	CONFIRMATION NO (s):	
ROOM RATE:	\$ 89.00	PURCHASE ORDER NO.	
NUMBER OF NIGHTS:	1	GENERAL LEDGER ACCT NO:	3-1100-413-00-125-001-0583
ROOM RATE:		TOTAL NO. OF ROOMS:	1
NUMBER OF NIGHTS:			
ROOM RATE:		HOTEL TAX RATE:	16.00%
NUMBER OF NIGHTS:			
TOTAL CHECK AMOUNT FOR HOTEL (Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) . . . . . B.			\$ 103.24

**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/](http://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: <i>Note: Coordination of travel is required for every group of 4 or less</i>	
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:	1
GENERAL LEDGER ACCOUNT NUMBER	2-1100-413-00-125-001-0-583
P.O. NO.	
TOTAL CHECK AMOUNT FOR AIRLINE COMPANY . . . . . D.	
\$ -	
<b>SUBTOTAL ( B+C+D) \$ 103.24</b>	



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

DEPARTMENT:	Hidalgo County Executive Office	If, applicable, was travel approved by Co. Exec. Officer?	Yes
DEPARTURE DATE:	1/20/2013	RETURN DATE:	1/21/2013
TO CITY:	Corpus Christi	STATE:	Texas
NAME OF EMPLOYEES ATTENDING SEMINAR:	Martin Ramirez		
TOTAL# OF EMPLOYEES ATTENDING SEMINAR:	1		
PURPOSE/BENEFIT TO HIDALGO COUNTY:			

**A. WORKSHOP/SEMINAR REGISTRATION(S)**

TITLE OF WORKSHOP/SEMINAR:	Smoke School/Visible Emissions Workshop		
SPONSORED BY:			
REGISTRATION CHECK PAYABLE TO:	Whitlow Enterprises LLC		
REGISTRATION ADDRESS:	1305 Charles Griggs Road	SEMINAR START DATE:	1/21/2013
	West Monroe, LA 71292	SEMINAR END DATE:	1/22/2013
		PURCHASE ORDER NO.	
1. REGISTRATION COST PER EMPLOYEE:	\$ 250.00	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	1
2. REGISTRATION COST PER EMPLOYEE:		NO. OF EMPLOYEES ATTENDING AT THIS RATE:	
3. "FREE REGISTRATION COST:	"FREE"	NO. OF EMPLOYEES ATTENDING FOR "FREE":	0
GL ACCT NO.:	3-1100-413-00-125-001-0-584	TOTAL NO. OF EMPLOYEES ATTENDING:	1
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) . . . . A.	\$	250.00	
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$	250.00
	TOTAL 2ND PAGE (B + C + D):	\$	103.24
	GRAND TOTAL (A + B + C + D):	\$	353.24

**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.

	Lauro Torres	ext. 4859
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.

Martin Ramirez		187097
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
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