



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

DEPARTMENT: Elections If, applicable, was travel approved by Co. Exec. Officer? No

DEPARTURE DATE: 2/27/2013 RETURN DATE: 3/3/2013

TO CITY: New Orleans STATE: Louisiana

NAME OF EMPLOYEES ATTENDING SEMINAR: Yvonne Ramon

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 1

PURPOSE/BENEFIT TO HIDALGO COUNTY:
Texas Association of Elections Administrators 2011 Midwinter Conference

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: Elections Center Special Workshop

SPONSORED BY: Texas Association of Elections Administrators

REGISTRATION CHECK PAYABLE TO: Texas Association of Elections Administrators

REGISTRATION ADDRESS: The Election Center SEMINAR START DATE: 2/27/2013
Conference Office P.O. Box 965 SEMINAR END DATE: 3/3/2013
Elk Grove, CA 95759 PURCHASE ORDER NO. Req# 228737

1. REGISTRATION COST PER EMPLOYEE: \$ 419.00 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": _____

GL ACCT NO.: 341100-414-00-130-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 1

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>419.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>419.00</u>
	TOTAL 2ND PAGE (B + C + D):	<u>#VALUE!</u>
	GRAND TOTAL (A + B + C + D)	<u>#VALUE!</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.

		<u>Ext. 5715</u>
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>Yvonne Ramon</u>		<u>1100010</u>
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.



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TO CITY: New Orleans STATE: Louisiana

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TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 1

PURPOSE/BENEFIT TO HIDALGO COUNTY:
Texas Association of Elections Administrators 2011 Midwinter Conference

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: Elections Center Special Workshop

SPONSORED BY: Texas Association of Elections Administrators

REGISTRATION CHECK PAYABLE TO: Texas Association of Elections Administrators

REGISTRATION ADDRESS: The Election Center SEMINAR START DATE: 2/27/2013
Conference Office P.O. Box 965 SEMINAR END DATE: 3/3/2013
Elk Grove, CA 95759 PURCHASE ORDER NO. Req# 228771

1. REGISTRATION COST PER EMPLOYEE: \$ 399.00 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": _____

GL ACCT NO.: 31-1100-414-00-130-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 1

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>399.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>399.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>2,370.91</u>
	GRAND TOTAL (A + B + C + D)	\$ <u>2,769.91</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.

		<u>EXT 5715</u>
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>1106216</u>
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.