



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

DEPARTMENT: VETERANS SERVICES If, applicable, was travel approved by Co. Exec. Officer? YES

DEPARTURE DATE: 2/11/2013 RETURN DATE: 2/13/2013

TO CITY: AUSTIN STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: \_\_\_\_\_ 1

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: \_\_\_\_\_ 1

PURPOSE/BENEFIT TO HIDALGO COUNTY:  
 THIS CONFERENCE WILL BE VERY BENEFICIAL & KNOWLEDGE GAINED WILL ENABLE ME TO BETTER SERVE THE VETERANS AND THEIR DEPENDENTS RESIDING IN OUR COUNTY. TEXAS STRIKE FORCE FDC TEAMS TO ASSIST WITH VETERANS CLAIM BACKLOG. (SEE ATTACHED FOR ADDITIONAL BENEFIT DATA).

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

TITLE OF WORKSHOP/SEMINAR: TEXAS VETERANS COMMISSION 15TH ANNUAL VETERANS SUMMIT

SPONSORED BY: TEXAS VETERANS COMMISSION

REGISTRATION CHECK PAYABLE TO: N/A

REGISTRATION ADDRESS: \_\_\_\_\_ SEMINAR START DATE: 2/11/2013  
 \_\_\_\_\_ SEMINAR END DATE: 2/13/2013  
 \_\_\_\_\_ PURCHASE ORDER NO. 229980


1. REGISTRATION COST PER EMPLOYEE:	NO. OF EMPLOYEES ATTENDING AT THIS RATE:
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": <u>1</u>

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.	\$ -
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A): \$ -
	TOTAL 2ND PAGE (B + C + D): \$ <u>248.40</u>
	GRAND TOTAL (A + B + C + D): \$ <u>248.40</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.

 DEPARTMENT'S PUBLIC OFFICIAL (Signature)	DEPARTMENT'S CONTACT PERSON	PHONE #
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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>Emilio De Los Santos</u> EMPLOYEE NAME (PRINT)	 EMPLOYEE'S SIGNATURE	<u>1-25-13</u> 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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**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: RADISSON HOTEL & SUITES AUSTIN DOWNTOWN HOTEL PHONE NO: (512) 478-9611

ADDRESS OF HOTEL: 111 CESAR CHAVEZ CONFIRMATION NO.(S): CST05C7  
AUSTIN, TEXAS

ROOM RATE: \$ 108.00 PURCHASE ORDER NO. 229980

NUMBER OF NIGHTS: 2 GENERAL LEDGER ACCT NO: 3-1100-444-00-370-001-0-583

ROOM RATE: \_\_\_\_\_ TOTAL NO. OF ROOMS: 1

NUMBER OF NIGHTS: \_\_\_\_\_

ROOM RATE: \$ - HOTEL TAX RATE: 0.15%

NUMBER OF NIGHTS: \_\_\_\_\_

TOTAL CHECK AMOUNT FOR HOTEL(Daily Room Rate x No. of Rooms x No. of Days x Tax Rate) . . . . . B. \$ 248.40

**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 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) \$ 248.40