



HIDALGO COUNTY, TEXAS APPLICATION FOR OFFICIAL TRAVEL

	DATE OF REQUEST:	03/07/13
DEPARTMENT NAME: I. T. Department	TOTAL NUMBER OF EMPLOYEES TRAVELING:	1
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Renan Ramirez CIO		

EVENT INFORMATION			
TITLE OF EVENT: TAGITM 35th Anniversary Conference			
EVENT DATE(S) FROM:	04/22/13	TO:	04/25/13
DEPARTURE DATE:	04/22/13	RETURN DATE:	04/25/13
LOCATION OF EVENT: CITY:	South Padre Island	STATE:	Texas

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

SUMMARY OF ESTIMATED TRAVEL EXPENSES	ESTIMATED EXPENSES	(DBM USE ONLY) FUNDS AVAILABLE BALANCE	MODE OF TRAVEL (Place an "X" by applicable mode of travel)
1. REGISTRATION FEE(S)	\$ 550.00		AIRFARE*
Subtotal for Object Code 584	\$ 550.00		BUS**
2. AIRFARE- ROUNDTRIP COACH FARE ONLY	\$ -		Rental Car**
3. TAXI FARE	\$ -		County Vehicle**
4. BUS FARE	\$ -		Private Vehicle**
5. RENTAL CAR	\$ -		OTHER** (Specify)
6. GASOLINE/DIESEL/FUEL	\$ 80.00		* If traveling by airplane, the traveler should consider purchasing a refundable fare if possibility of a cancellation exists. ** If mode of travel includes bus, rental car, county vehicle, private vehicle, or other form of transportation, a comparison of the savings that will be achieved by not choosing to travel by airplane must be provided with supporting documentation.
7. MILEAGE REIMBURSEMENT	\$ -		
8. TELEPHONE CALLS	\$ -		
9. PARKING	\$ -		
10. LODGING	\$ 295.41		
11. MEALS	\$ 147.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 522.41		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 1,072.41		

Registration:
Req # 232967

Gasoline / Meals
Req: 232960

Lodging
Req # 232966

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:	
<input type="checkbox"/>	Trip expenses are necessary and will be incurred for official county business.
<input type="checkbox"/>	Reasonable efforts to minimize the use of county funds have been explored.
<input checked="" type="checkbox"/>	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:	DATE:	DEPARTMENT CONTACT PERSON:	PHONE NO.:
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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): <i>Janie Atkins</i>	DATE: <i>3-11-13</i>	REVIEWER'S SIGNATURE: <i>Janie Atkins</i>	PHONE NO.: <i>298-7035</i>
DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME):	DATE:	SIGNATURE OF DBM DEPARTMENT HEAD:	



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

DEPARTMENT:	I. T. Department		
DEPARTURE DATE:	4/22/2013	RETURN DATE:	4/25/2013
TO CITY:	South Padre Island	STATE:	Texas
NAME OF EMPLOYEES ATTENDING SEMINAR:	Renan Ramirez CIO		
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/

NAME OF HOTEL:	Pearl South Padre	HOTEL PHONE NO:	956.761.6551
ADDRESS OF HOTEL:	310 Padre Boulevard	CONFIRMATION NO.(s):	40010831042
	South Padre Island, Tx 78597		
ROOM RATE:	\$ 86.00	PURCHASE ORDER NO.	
NUMBER OF NIGHTS:	3	GENERAL LEDGER ACCT NO:	3-1100-415-00-002-0-583
ROOM RATE:		TOTAL NO. OF ROOMS:	1
NUMBER OF NIGHTS:			
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.			\$ 295.41

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	No	IF YES, EXPLAIN REASON FOR NOT UTILIZING IT? Attach memo if more space needed.	
NAME OF CAR RENTAL COMPANY:	N/A		
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:	N/A		
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)			\$ 295.41

Edna Kirby

From: R [renan.ramirezcano@gmail.com]
Sent: Wednesday, February 20, 2013 2:05 PM
To: edna.kirby@co.hidalgo.tx.us
Subject: Fwd: Pearl South Padre Reservation Confirmation 40010831042

----- Forwarded message -----

From: Pearl South Padre <reservations@pearlsouthpadre.com>
Date: Fri, Feb 15, 2013 at 9:11 AM
Subject: Pearl South Padre Reservation Confirmation 40010831042
To: renan.ramirezcano@gmail.com

✖

✖ Hotel
✖ Local Information
✖ Direction:
✖ Modifv Reservation

✖

CONFIRMATION #40010831042

Pearl South Padre
 310 Padre Boulevard
 South Padre Island TX US 78597
 Phone: 956-761-6551
 Fax: 956-761-6570
[Driving Directions to the Hotel >](#)

GUEST
 Renan Ramirez
 1902 E 23 St
 Mission TX US 78572

ARRIVING: 04/22/2013 **DEPARTING:** 04/25/2013
CHECK IN TIME: 3:00 PM **CHECK OUT TIME:** 12:00 PM

ROOM RATE
 Tagit/ Texas Associatoin
 Of Gove
 3 nights 86.00 USD
 Subtotal (3 nights) 258.00 USD
 Taxes 37.41 USD
 Fees 0.00 USD
Grand Total 295.41 USD

Additional fees may apply
[Read complete terms and conditions](#)

ACCOMMODATIONS
 282 sq ft; Patio/Balcony, 37" LCD TV, Partial ocean view.

Classic Deluxe Room with King Bed
Uncover a gem on the soft sand and beautiful beaches of South Padre Island

Features:
 ·268 sq. ft. room accommodations

- Partial views of the island and Gulf of Mexico available
- 37" LCD television with *cable channels* and Video on Demand
- High-speed internet access
- Patio/Balcony with table and chairs
- Refrigerator in room

NUMBER OF GUESTS

1 Adult(s) 0 Child(ren)

GUARANTEE

Mastercard *****5065

Deposit not required

CANCELLATION: Canceled by 12PM on 04/19/2013 to avoid \$98.47 penalty

The use of a debit card will initiate, at the time of check-in, an immediate deduction from your bank account for your room rate, inclusive of tax, for all room nights plus \$50.00 per night for incidentals. Upon check-out, any unused funds will be credited back to your account. Based upon the business rules of your bank, it may take 72 hours or longer for your bank to process this back to your account.



If you have a question about this reservation please contact us by phone 1-855-887-3275 or send us email at reservations@pearlsouthpadre.com. You can obtain

more information regarding Pearl South Padre from our website. We thank you for

your patronage and wish you a pleasant stay at the **Pearl South Padre**. Other

customer requests will be confirmed at check-in.

©2013 Pearl South Padre. All Rights Reserved.

[- Go to Upcoming Event List](#)

[:: Legal/Privacy ::](#)



- [If migrating to Windows 8, leave no app behind](#) 2012-10-11, 03:00 am
Laplank's PCmover can automate the process and c
- [3D printing can't build a city \(yet\), but it can help plan one](#) 2012-10-11, 03:00 am
'Vision Louisville' invites the public to use
- [4 waves of cloud: Are agencies along for the ride?](#) 2012-10-11, 03:00 am
The public sector has moved toward cloud computing

10

Community Calendar

COMMUNITY SEARCH


Enter search criteria


Search >

Username

Password

Remember Me



 **Connect**

Forgot your password?

Haven't registered yet?

 Register [Tell a Friend](#)

2013 Annual Conference

2013 APRIL 22 - 25

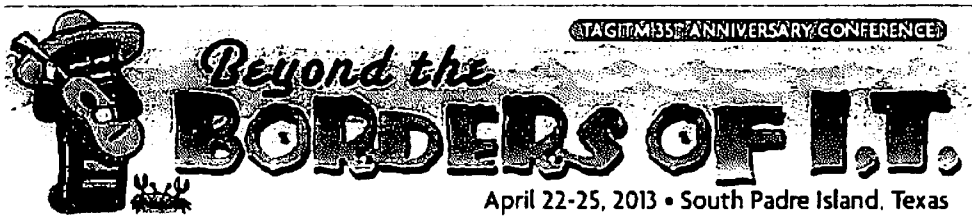
When: April 22 -25, 2013

Where: South Padre Island

Contact: Lindy Jordan (info@tagitm.org)

Online registration is available until: 4/22/2013

[Register for this event >>](#)



4/22/2013 - 4/25/2013
2013 Annual Conference

CONFERENCE INFORMATION

The conference will be held April 22-25, 2013 at the Pearl South Padre Island, 310 Padre Boulevard, South Padre Island, TX 78597. The conference will kick off with a round table session from 2 - 5 pm and the welcome reception at 6:30 pm on Monday, April 22. The conference will conclude at 11:30 am on Thursday, April 25. Dress for the conference is business casual.

Important Note:

Room reservations must be made directly with and paid to the Pearl South Padre Island by calling 956-761-6551 (Reference: TAGITM Government or Vendor room block) no later than April 6, 2013. We encourage you to call promptly, since rooms are subject to availability. You will be required to provide a credit card to secure your reservation. You are responsible for booking your reservation with the hotel.

PAYMENT INFORMATION

Purchase Orders may be emailed to info@tagitm.org or faxed to 512-692-2651.

Payments can be remitted to the following mailing Address:
TAGITM, Inc.



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

DEPARTMENT:	I. T. Department	If, applicable, was travel approved by Co. Exec. Officer?	
DEPARTURE DATE:	4/22/2013	RETURN DATE:	4/25/2013
TO CITY:	South Padre Island	STATE:	Texas
NAME OF EMPLOYEES ATTENDING SEMINAR:	Renan Ramirez CIO		
TOTAL # OF EMPLOYEES ATTENDING SEMINAR:	1		
PURPOSE/BENEFIT TO HIDALGO COUNTY:	Conduct / Research / Information gathering to enhance the county's computer infrastructure.		

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR:	TAGITM 2013 Conference		
SPONSORED BY:	TAGITM		
REGISTRATION CHECK PAYABLE TO:	TAGITM, Inc.		
REGISTRATION ADDRESS:	P. O. Box 200363	SEMINAR START DATE:	4/22/2013
	Austin, Texas	SEMINAR END DATE:	4/25/2013
	78720	PURCHASE ORDER NO.	
1. REGISTRATION COST PER EMPLOYEE:	\$ 550.00	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.:	3-1100-415-00-200-001-0-584	TOTAL NO. OF EMPLOYEES ATTENDING:	1
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	550.00	
<i>(SEE PAGE 2 FOR SECTIONS B, C, & D)</i>	TOTAL THIS PAGE (A):	\$	550.00
	TOTAL 2ND PAGE (B + C + D):	\$	295.41
	GRAND TOTAL (A + B + C + D)	\$	845.41

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.

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 OUT-OF-COUNTY – TRAVEL ADVANCE REQUEST

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Renan Ramirez	EMPLOYEE I.D. NO.:	050229	EMPLOYEE TITLE:	CIO	
DEPARTMENT:	I. T. Department	DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE?				
DEPARTURE DATE:	4/22/13	RETURN DATE:	4/25/13			
TIME OF DEPARTURE:	12:00 Noon	TIME OF RETURN:	5:00PM			
TO CITY:	South Padre Island	STATE:	Texas			
SEMINAR/CONFERENCE/MEETING:	START DATE:	4/22/2013	END DATE:	4/25/2013	ACTUAL NO. OF DAYS	4
TITLE OF WORKSHOP/CONFERENCE:	TAGITM 35th Anniversary Conferene					
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	Personal 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?	None					
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT?	No	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
		22-Apr	23-Apr	24-Apr	25-Apr				
Breakfast	\$9.00		\$9.00	\$9.00	\$9.00				\$27.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00				\$48.00
Dinner	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00				\$72.00
Total	\$39.00	\$30.00	\$39.00	\$39.00	\$39.00	\$0.00	\$0.00	\$0.00	\$147.00

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)	Before 8:00 a.m. (breakfast)
\$ 39.00	\$ 9.00
8:00 a.m. - 1:00 p.m. (lunch & dinner)	8:00 a.m.- 6:00 p.m. (breakfast & lunch)
\$ 30.00	\$ 21.00
After 1:00 p.m. (dinner)	After 6:00 p.m. (breakfast,lunch,&dinner)
\$ 18.00	\$ 39.00

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

Expense type:	Gas	4	days @ \$	20.00	\$	80.00
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III. PERSONAL VEHICLE MILEAGE _____ Miles @ \$ 0.565 (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: \$	227.00
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VII. COMMENTS:	VII. GENERAL LEDGER ACCOUNT NUMBER:	3-1100-415-00-200-001-0-58
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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.

	DEPARTMENT OFFICIAL'S NAME (Print Name)	
EMPLOYEE SIGNATURE	DEPARTMENT OFFICIAL'S APPROVAL (Signature)	

Requisition

Req # 00232960

PO #

Date: 03/08/13

Bill To: x
x

Vendor : 182958
RAMIREZ, RENAN A.
C/O IT DEPT

Ship To: INFORMATION TECHNOLOGY DEPARTMENT
100 E. CANO, 4TH FLOOR
EDINBURG TX 78540

Contact: EDNA KIRBY
956-292-7010

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		ATTENDING A TAGITM 2013 CONFERENCE AT SOUTH PADRE ISLAND, TEXAS ON 04/22/13 THRU 04/25/13 DO NOT DUPLICATE ORDER		
3.00	EACH	BREAKFAST 04/23-04/25/2013	9.00	27.00
4.00	EACH	LUNCH 04/22-04/25/2013	12.00	48.00
4.00	EACH	DINNER 04/22-04/25/2013	18.00	72.00
4.00	DAY	GAS	20.00	80.00
		Account No	Encumbrance	
		3-1100-415-00-200-001-0-583	227.00	
			Freight	.00
			Total	227.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

Requisition

Req # 00232967

PO #

Date: 03/08/13

Bill To: x
x

Vendor : 340502
TEXAS ASSOCIATION OF GOVERNMENTAL
IT MANAGERS
P O BOX 200363
AUSTIN TX 78720

Ship To: INFORMATION TECHNOLOGY DEPARTMENT
100 E. CANO, 4TH FLOOR
EDINBURG TX 78540

Contact: EDNA KIRBY
956-292-7010

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	EACH	DO NOT DUPLICATE ORDER TAGITM CONFERENCE 2013 FOR IT MANAGERS AT SOUTH PADRE ISLAND, TEXAS APRIL 22-25, 2013 FOR RENAN RAMIREZ Account No 3-1100-415-00-200-001-0-584 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	550.00 Encumbrance 550.00 Freight Total	550.00 .00 550.00

Authorized By: _____

Community Calendar

Registration [View All Events](#)

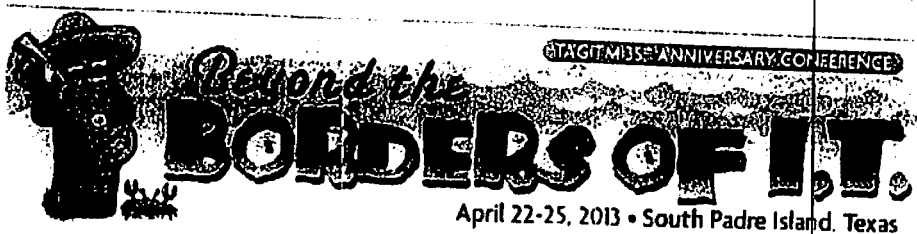
2013 Annual Conference

When: April 22 -25, 2013
Where: South Padre Island

Contact: Lindy Jordan (Info@tagitm.org)

Online registration is available until: 4/22/2013

[Register for this event »](#)



CONFERENCE INFORMATION

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PAYMENT INFORMATION

Purchase Orders may be emailed to info@tagitm.org or faxed to 512-692-2651.

Payments can be remitted to the following mailing Address:
TAGITM, Inc.

SEARCH

Username

Password

Remember Me

Log In

Facebook Connect

[Forgot your password?](#)

[Haven't registered yet?](#)

CALENDAR

4/22/2013 - 4/25/2013
2013 Annual Conference

Requisition

Req # 00232966

PO #

Date: 03/08/13

Bill To: x
x

Vendor : 395811
PEARL SOUTH PADRE
310 PADRE BLVD
SOUTH PADRE ISLAND TX 78597
FAX (956)761-1817

Ship To: INFORMATION TECHNOLOGY DEPARTMENT
100 E. CANO, 4TH FLOOR
EDINBURG TX 78540

Contact: EDNA KIRBY
956-292-7010

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	EACH	ATTENDING A TAGITM 2013 CONFERENCE AT SOUTH PADRE ISLAND, TEXAS DO NOT DUPLICATE ORDER LODGING CONFIRMATION # 40010831042 3 NIGHTS \$86.00 TAXES \$37.41 GRAND TOTAL \$295.41 Account No 3-1100-415-00-200-001-0-583 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	295.41 Encumbrance 295.41 Freight Total	295.41 0.00 295.41

Authorized By: _____