



HIDALGO COUNTY, TEXAS APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: _____
TOTAL NUMBER OF EMPLOYEES TRAVELING: 2

DEPARTMENT NAME: Safety Division
NAME & TITLE OF EMPLOYEE(S): Armando Guzman Jr, Safety Officer & Rene Parrao, Safety Officer

EVENT INFORMATION

TITLE OF EVENT: OSH502 90 - Update for Construction Industry Outreach Trainers Course
 EVENT DATE(S) FROM: 6/24/13 TO: 6/26/13
 DEPARTURE DATE: 6/23/13 RETURN DATE: 6/26/13
 LOCATION OF EVENT: CITY: San Antonio STATE: Texas

PURPOSE OF TRAVEL

Place an "X" by the applicable purpose of the trip.

- To obtain statutorily required continuing professional education.
- To obtain continuing education related to an employee's work or maintenance of a license or certification.
- 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.
- To participate in professional organizations related to the employee or official's job assignment.
- To conduct essential research & information-gathering for improvement of County operations or compliance with law.
- To monitor the development of state or federal legislation or implementation of legislation that might affect the County
- To participate in forums, coalitions, & discussions relating to the policy, legislative & regulatory interests of the County
- To pursue the County's interests in litigation or criminal justice.
- To promote the economic development interests of the County.
- To carry out other purposes determined by Commissioners' Court to be in the interest of the County.

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 <small>(Place an "X" by applicable mode of travel)</small>
1. REGISTRATION FEE(S)	\$ 1,190.00	✓	AIRFARE*
Subtotal for Object Code 584	\$ 1,190.00	\$	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	\$ -		* If traveling by airplane, the traveler should consider purchasing a refundable fare if possibility of a cancellation exists.
7. MILEAGE REIMBURSEMENT	\$ -		
8. TELEPHONE CALLS	\$ -		** 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.
9. PARKING	\$ -		
10. LODGING	\$ 504.36	✓	
11. MEALS	\$ 312.00	✓	
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 816.36	✓	
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 2,006.36	\$	

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:

- Trip expenses are necessary and will be incurred for official county business.
- Reasonable efforts to minimize the use of county funds have been explored.
- 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: 3/26/13 DEPARTMENT CONTACT PERSON: Roy Quintanilha PHONE NO.: 292-7030

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): Janice Alvarez DATE: 3-27-13 REVIEWER'S SIGNATURE: [Signature] PHONE NO.: 292-7025

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

1. Req# 233093
Reg Fee - \$1190.00

10. Req# 233507
lodging & SOA 76

11. Req# 233095
& Req# 233096
meals for both

HIDALGO COUNTY
BUDGET OFFICE
MAY 27 AM 8:10



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

DEPARTMENT: Safety Division

DEPARTURE DATE: 6/23/13 RETURN DATE: 6/24/13

TO CITY: San Antonio STATE: Texas

NAME OF EMPLOYEES ATTENDING SEMINAR: Armando Guzman Jr. & Rene Parrao

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 2

PURPOSE/BENEFIT TO HIDALGO COUNTY:
Above employees need to be OSHA re-certified in order to train other County Employees.

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: OSH502- 90 Update for Construction Industry Outreach Trainers Course

SPONSORED BY: TEEX/OSHA

REGISTRATION CHECK PAYABLE TO: TEEX/OSHA

REGISTRATION ADDRESS: _____ SEMINAR START DATE: 6/24/13
 _____ SEMINAR END DATE: 6/26/13
 _____ PURCHASE ORDER NO. _____

1. REGISTRATION COST PER EMPLOYEE:	\$ <u>595.00</u>	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	<u>2</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.: 3-1100-419-50-125-003-0-583 TOTAL NO. OF EMPLOYEES ATTENDING: 2

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>1,190.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>1,190.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>504.36</u>
	GRAND TOTAL (A + B + C + D)	\$ <u>1,694.36</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.

	Roy Quintanilha	292-7030
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.

Armando Guzman Jr.		129356
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
Rene Parrao		127639
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: _____ Safety Division
 DEPARTURE DATE: 6/23/13 RETURN DATE: 6/26/13
 TO CITY: San Antonio STATE: Texas
 NAME OF EMPLOYEES ATTENDING SEMINAR: _____
 SEMINAR: Armando Guzman Jr. & Rene Parrao
 TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 2

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:	<u>La Quinta Inn</u>	HOTEL PHONE NO:	<u>210-819-4677</u>
ADDRESS OF HOTEL:	<u>3180 Goliad Rd</u>	CONFIRMATION NO.(s):	<u>6032105026</u>
	<u>78223</u>		
ROOM RATE:	<u>\$ 168.12</u>	PURCHASE ORDER NO.	<u>Req # 233507</u>
NUMBER OF NIGHTS:	<u>3</u>	GENERAL LEDGER ACCT NO:	<u>3-1100-419-50-125-003-0-583</u>
ROOM RATE:		TOTAL NO. OF ROOMS:	<u>1</u>
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.			\$ 504.36

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:	
<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:	
GENERAL LEDGER ACCOUNT NUMBER	P.O. NO.
TOTAL CHECK AMOUNT FOR AIRLINE COMPANY D.	
\$ -	
SUBTOTAL (B+C+D)	
\$ 504.36	



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Rene Parrao	EMPLOYEE I.D. NO.:	127639	EMPLOYEE TITLE:	Safety Officer
DEPARTMENT:	Safety Division	DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE?	no		
DEPARTURE DATE:	6/23/13	RETURN DATE:	6/26/13		
TIME OF DEPARTURE:	8:00 AM	TIME OF RETURN:	9:00 PM		
TO CITY:	San Antonio	STATE:	Texas		
SEMINAR/CONFERENCE/MEETING:	START DATE: 6/24/13	END DATE: 6/26/13	ACTUAL NO. OF DAYS:	3	
TITLE OF WORKSHOP/CONFERENCE:	OSH502 90 - Update for Construction Industry Outreach Trainers Course				
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?	Armando Guzman Jr.				
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:	Employees need OSHA Re-certification in order to train other County Employees.				

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		
		6/23	6/24	6/25	6/26						
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00				\$36.00		
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	\$39.00	\$39.00	\$39.00	\$39.00	\$0.00	\$0.00	\$0.00	\$156.00		
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 @ \$ _____ (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 Roy 4233096					VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 156.00						
VII. COMMENTS:					VII. GENERAL LEDGER ACCOUNT NUMBER: 3-1100-419-50-125-003-0-583						

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.

	Roy Quintanilha <small>DEPARTMENT OFFICIAL'S NAME (Print Name)</small>	
<small>EMPLOYEE SIGNATURE</small>	<small>DEPARTMENT OFFICIAL'S APPROVAL (Signature)</small>	



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

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Armando Guzman Jr.	EMPLOYEE I.D. NO.:	129356	EMPLOYEE TITLE:	Safety Officer
DEPARTMENT:	Safety Division	DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE?	no		
DEPARTURE DATE:	6/23/13	RETURN DATE:	6/26/13		
TIME OF DEPARTURE:	8:00 AM	TIME OF RETURN:	9:00 PM		
TO CITY:	San Antonio	STATE:	Texas		
SEMINAR/CONFERENCE/MEETING:	START DATE: 6/24/13	END DATE: 6/26/13	ACTUAL NO. OF DAYS:	3	
TITLE OF WORKSHOP/CONFERENCE:	OSH502 90 - Update for Construction Industry Outreach Trainers Course				
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?	Rene Parrao				
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:	Employees need OSHA Re-certification in order to train other County Employees.				

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	
		6/23	6/24	6/25	6/26					
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00				\$36.00	
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	\$39.00	\$39.00	\$39.00	\$39.00	\$0.00	\$0.00	\$0.00	\$156.00	
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 @ \$ _____ (Current Rate) \$ -										
<i>(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.</i>										
IV. OTHER (Itemize) _____ \$ _____										
V. P.O. # ISSUED UNDER EMPLOYEE'S NAME <u>2094 233095 #</u> VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 156.00										
VII. COMMENTS: _____ VII. GENERAL LEDGER ACCOUNT NUMBER: 3-1100-419-50-125-003-0-583										

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	Roy Quintanilha DEPARTMENT OFFICIAL'S NAME (Print Name)	 DEPARTMENT OFFICIAL'S APPROVAL (Signature)
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**HIDALGO COUNTY PURCHASING DEPARTMENT
TRAVEL REQUEST FORM
USING THE STATE OF TEXAS TRAVEL CARD**

Date of Travel Request Submission: 3/12/2013
Department: SAFETY DIVISION Number of Employees: 2
Employee(s) Name (DOB if requesting airfare): Amanda Glezman Jr - Lisa Parra
Destination: SAN ANTONIO, TEXAS
Name of Seminar/Conference: OSH502 90 - UPDATE FOR CONTRUCTION INDUSTRY
OUTREACH TRAINERS COURSE
Travel Account Number: 3-1100-419-50-125-003-0-583

HOTEL: Req. #: _____ P.O. #: _____

MUST REQUEST CHECK FOR HOTEL

Hotel Name: La Quinta Inn Hotel Address: 3180 Goliad Rd, San Antonio, Texas 78223
Number of Rooms: 1 Hotel Phone Number: 210-819-4677
Check In: 6/23/13 Check Out: 6/26/13
Single Bed or Double Beds

AUTO: Req. #: 233507 P.O. #: _____

Rental Location: _____
Date/Time of Pick up: _____ Date/Time of Drop off: _____

AIRFARE: Req. #: _____ P.O. #: CITIBANK vendor #: 343277
Refundable: YES NO Airline Name: _____

Departure Date/Time: _____ Return Date/Time: _____
[Signature] Date: 3-21-13
Signature: Elected Official/Department Head

For Purchasing Department Office Use Only

Hotel Confirmation: _____
Auto Confirmation: _____
Flight Confirmation: _____
Received Confirmation via email/fax: _____
Credit Card Authorization Form Hotel: _____ Faxed back to Hotel: _____
CC Approval on: _____
HCPD-TRAVEL-2011

Rosie Luna

From: Nielda Cavazos [nielda.cavazos@co.hidalgo.tx.us]
Sent: Monday, April 08, 2013 2:15 PM
To: Rosie Luna
Subject: Reservation Confirmation
Attachments: LOGO0.jpg

From: LQ6032GM@laquinta.com
To: "nielda cavazos" <nielda.cavazos@co.hidalgo.tx.us>
Sent: Monday, April 8, 2013 1:43:48 PM
Subject: Reservation Confirmation

4/8/2013 2:43:48 PM

NiteVision 2010 SP0 HF2 P1

LA QUINTA INN SAN ANTONIO ALAMODOME SOUTH
3180 GOLIAD ROAD
SAN ANTONIO, TX 78223
210-337-7171

LA QUINTA
INNS & SUITES

RESERVATION CONFIRMATION

Confirmation#: 6032105026
Arrival Date: 6/23/2013
Armando Guzman
Departure Date: 6/26/2013
2812 S Business Hwy 281
Number of Nights: 3
EDINBURG, TX 78539
RoomType Reserved: DDR - 2 DOUBLE BEDS NS

Adults/Children 1/0
Method of Guarantee: ... 6574

Total Estimated Stay: \$283.71

Rate Detail: Room Charges: \$243.00
Taxes: \$40.71

Thank you for choosing La Quinta Inns & Suites for your upcoming hotel stay. Please contact us at least 24-hours before check-in should your travel plans change.

Plan your next stay with La Quinta Inns & Suites on LQ.com where you'll find the best rates online. Choose from hundreds of hotels across the U.S., Canada, and Mexico offering free high-speed Internet access, Free Bright Side Breakfast, and comfy beds.

Sincerely,

La Quinta Inns & Suites
wake up on the bright side

--
Nielda Cavazos, Travel Specialist
Hidalgo County Purchasing
2812 S Bus Hwy 281
Edinburg, Texas 78539
O/956-318-2626
F/956-318-2629

Search TEEX

[Go]



Español | Register | Course Catalog | Course Calendar | Online Courses | DHS-FEMA Courses | Veterans Benefits | Contact Us

Class Details

OS OSH502 91 — Update for Construction Industry Outreach Trainers

Price	Start Date	End Date	Start Time	Instructor	Location	
\$595.00 full participant rate	6/24/2013	6/26/2013	900	To be announced	H. B. Zachary Training Center 9350 South Presa San Antonio, TX 78223 USA	[see Other information below] [details]

Course Description

OSH502 - Update for Construction Industry Outreach Trainers - 19.25 Hours

Prerequisites
SEE BELOW.

Description

IMPORTANT PREREQUISITE: In order to participate in this course, the student **MUST** have successfully completed the *Trainer In Occupational Safety And Health Standards For Construction Industry* course (OSHA 500), as verified by **ONE** of the following:

1. Verification by TEEX Customer Care Center of successful completion of the TEEX *Trainer In Occupational Safety And Health Standards For Construction Industry* course (OSHA500),
OR
2. Providing TEEX Customer Care Center a copy of your successful completion certificate for a *Trainer In Occupational Safety And Health Standards For Construction Industry* course (OSHA 500),
OR
3. Providing TEEX Customer Care Center a copy of your valid OSHA Construction Industry Outreach Trainer card.
AND
4. Downloading and mailing in the completed, signed, and dated OTISEC Registration Form (TO INCLUDE PAYMENT).

NOTE: You must renew your Trainer Course every four years to maintain your "OSHA Authorized Trainer" status. Check your card expiration date. If your card is expired, you must retake the OSHA 500.

NOTE: The student will NOT be registered for the course until the prerequisite is met.

This course (OSHA 502) is designed for personnel who have completed OSHA Course 500 and who are active trainers in the outreach program or those in the construction industry who would like to keep current their knowledge of the OSHA Standards in 29 CFR 1926. It provides an update on such topics as OSHA construction standards, policies, and regulations.



GSA customers, please contact the division to register. Call 800-723-3811.

This course is eligible for 3.01 CM points from the ABIH.

Topics**Audience**

Active trainers in the outreach program.

Other Information**STUDENT ATTENDANCE POLICY**

TEEX-PRT and the OSHA Training Institute (OTI) have an attendance policy that requires all students to fully attend enrolled classes. In order for you to receive a certificate of completion, you must attend the entire class. We realize that extenuating circumstances may arise that would take you out of class and have implemented the following policy to handle those situations. Below are the responsibilities and expectations of you as a student in a TEEX-PRT course.

1. You are expected to attend 100% of the course in which you are enrolled.
2. If an extenuating circumstance arises that requires you to attend less than 100% of class, you must complete the Student Absentee Request form (found in the student manual) prior to leaving the classroom and submit it to the instructor for approval. If the extenuating circumstance arises during non-class hours, you must complete the Student Absentee Request form immediately upon return to the classroom and submit it to the instructor for approval.
3. With an approved absence for extenuating circumstances you may have options for make-up work. See your instructor.
4. Unexcused absences will require you to make-up time missed by attending the same course offered at another time.
5. You must enroll through TEEX-PRT Registrars to attend the make-up course.

This course may be offered on-site on a contract basis. Contact OSHA today for a quote.

Due to the prerequisites, registration must be done by contacting our registrars at 1-800-723-3811 or 972-222-1300.

OSHA Course: OSHA 502.

Contact:

OSHA Training Institute Southwest Education Center



www.TEEX.org

Class Schedule

Start Date	End Date	Start Time	Location	Price	Class Status
4/22/13	4/24/13	900	San Antonio, TX USA	\$595.00 full participant rate	Open
5/20/13	5/22/13	900	Austin, TX USA	\$595.00 full participant rate	Open
5/20/13	5/22/13	900	Mesquite, TX USA	\$595.00 full participant rate	Open
6/3/13	6/5/13	900	Oklahoma City, OK USA	\$595.00 full participant rate	Open
6/24/13	6/26/13	900	San Antonio, TX USA	\$595.00 full participant rate	Open
7/22/13	7/24/13	900	Hobbs, NM USA	\$595.00 full participant rate	Open
7/22/13	7/24/13	900	Mesquite, TX USA	\$595.00 full participant rate	Open
8/26/13	8/28/13	900	San Antonio, TX USA	\$595.00 full participant rate	Open
9/9/13	9/11/13	900	Mesquite, TX USA	\$595.00 full participant rate	Open
10/28/13	10/30/13	900	San Antonio, TX USA	\$595.00 full participant rate	Open
11/11/13	11/13/13	900	Mesquite, TX USA	\$595.00 full participant rate	Open
12/9/13	12/11/13	900	Oklahoma City, OK USA	\$595.00 full participant rate	Open
12/16/13	12/18/13	900	Austin, TX USA	\$595.00 full participant rate	Open

This schedule is subject to change without notice. If you have not received confirmation of the class prior to the class start, please [contact us](#) to get the latest schedule.

Course Description**Course Number**

OSH502 — Update for Construction Industry Outreach Trainers

Hours

19.25 Hours

DO NOT EMAIL THIS FORM

For your security and ours, TEEX cannot accept personal information such as social security numbers or credit card information via email.

Fill Out Registration Form. (Photocopies can be made for additional participants.) **GSA Eligible?** Yes No

Rene Parrao 458-19-1458

Participant Name

TEEX Student ID** (or Full Social Security Number*)

OSH 502 Update for Construction Industry Outreach Trainers San Antonio, Texas 6/24-26/13 \$ 595.00

Course #

Course Name

Class Location

Class Date

Class Fee

Organization Hidalgo County Safety Division Supervisor Name Roy Quintanilha

Address PO Box 1356 City/State/Zip Edinburg, Texas 78539

Phone 956-292-7030 Fax 956-318-2658

Email rosie.luna@co.hidalgo.tx.us

NOTE: Are you licensed by the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE)?
 If so, enter your PID# 215104

NOTE: Are you a water/wastewater worker licensed by the Texas Commission on Environmental Quality (TCEQ)?
 If so, enter your TCEQ License# _____

*Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 552a) requires that when any federal, state or local government agency requests an individual to disclose his or her social security account number (SSN) that individual also must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited and what uses will be made of it. (Call 800-SAFE-811 or 800-723-3811 for full privacy statement) ** New students will receive a student ID number from TEEX.

Transfers, Cancellations, and Refund Policy

If you cannot attend a class, you MUST contact TEEX in advance to either transfer or cancel your registration. Please refer to the transfer, cancellation, and no-show policy listed below.

- Transfers:**
- Transfers to another scheduled class (or from one customer to another) are accepted at any time before the start of the class at no charge.
 - Customers are encouraged to transfer to a future scheduled class of the same course.
 - If the customer cannot transfer to a scheduled class of the same course, then he/she may transfer to another class of a different course and receive either a refund or pay the difference between the two class fees (if applicable).
 - If the customer cannot attend any scheduled class, then the Cancellation/Refund Policy is in effect.

- Cancellations:**
- TEEX will provide a full refund if you cancel 15 or more calendar days before the start of the class.
 - Cancellations received 14 calendar days or less before the start of the class will be charged a fee of 10% of the class tuition.
 - If TEEX cancels a class, customers will be offered: 1) a transfer to a scheduled class of the same course; 2) a transfer to another class of a different course (customers will receive either a refund or pay the difference between the two class fees, if applicable); 3) a full refund.

No Shows: Registered participants who do not contact TEEX in advance to cancel their registration and do not attend their scheduled class will be charged the entire class fee.
eLearning/Home Study Courses: Refunds are not available for eLearning or home study courses, nor may the course be transferred from one customer to another.

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Payment Information – Advance registration is required. Payment must accompany registration.

Total Amount Due \$ 595.00

Arrange payment by one of the following methods:

- ***Check/Money Order/Cashier's Check enclosed payable to **TEEX** - (Please add course number, course name, and course date)
- Purchase Order (Copy of official and signed company PO must be attached. TEEX will send you an invoice)
- Credit Card
 - MasterCard
 - VISA
 - American Express
 - Discover
 - PIN-less Debit Card

(Print) Name on card _____ Last 4 Digits of card number: _____

Signature _____

Ad Code: R12RB1

FOR CUSTOMER SECURITY REQUIRED INFORMATION BELOW WILL BE DESTROYED ONCE PAYMENT IS PROCESSED

Credit Card #: _____ Expiration Date: _____ (MM/YY)

***By sending your check, please be aware that you are authorizing the Texas Engineering Extension Service (TEEX) to make a one-time electronic debit from your account at the financial institution on your check. This electronic debit will be for the amount of the check; no additional amount will be added to the amount and ALL transactions will remain secure. Please contact TEEX's Financial Services Department at 979-458-6906 to learn about other payment options if you prefer NOT to have your check used in this way. We value your business and appreciate your selecting TEEX for your training needs.

DO NOT EMAIL THIS FORM

For your security and ours, TEEX cannot accept personal information such as social security numbers or credit card information via email.

Fill Out Registration Form. (Photocopies can be made for additional participants.) **GSA Eligible?** Yes No

Armando Guzman Jr. 456-33-6465

Participant Name

TEEX Student ID** (or Full Social Security Number*)

OSH 502 Update for Construction Industry Outreach Trainers San Antonio, Texas 6/24-26/13 \$ 595.00

Course #

Course Name

Class Location

Class Date

Class Fee

Organization Hidalgo County Safety Division Supervisor Name Roy Quintanilha

Address PO Box 1356 City/State/Zip Edinburg, Texas 78539

Phone 956-292-7030 Fax 956-318-2658

Email rosie.luna@co.hidalgo.tx.us

NOTE: Are you licensed by the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE)?
 If so, enter your PID# _____

NOTE: Are you a water/wastewater worker licensed by the Texas Commission on Environmental Quality (TCEQ)?
 If so, enter your TCEQ License# SW0005629

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- Credit Card
 - MasterCard
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 - PIN-less Debit Card

(Print) Name on card _____ Last 4 Digits of card number: _____

Signature _____

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