

Requisition Entry/Approval - FOENT01B 12/10/2013 11:15 am

Requisition # 00256351 Print Requisition Date Entered 05-02-2014 Account Year 14 PO # Item Total 178.00

Enter Req's Only  Approve  Approve By Year Requisition Status Needs Approval by IHC View Acct Total 178.00

Order Header Items Accounts **Inquire** Approval

Inquire Vendor Documents Stipend Vendor: Approve as Vendor Allow Stipend Order: Approve Disapprove Approval Level Owner View

OLIVAREZ, EDUARDO  
C/O HEALTH DEPT.

Type:  
Order: HUMAN SERVICES  
Ship: HUMAN SERVICES  
Special Inst Internal:  
Po Special Inst:  
Owner: PLOPEZ

Line No	Qty Ordered	Description	Product Class	Unit Price	Final Cost
1	1	Final Travel Out of County Travel Expense Claim for Edidie C	96347	18.00	18.00
2	1	Final Travel Out of County Travel Expense Claim for Eddie O	40515	130.00	130.00
3	1	Final Travel Out of County Travel Expense Claim for Eddie O	95872	30.00	30.00

Account Number	Description	Account Balance	Amount
4-1100-444-00-240-005-0-583	1115 WAIVER DSRIP-TRAVEL OUT OF COUNTY	3,822.00	178.00



## HIDALGO COUNTY, TEXAS APPLICATION FOR OFFICIAL TRAVEL

	DATE OF REQUEST: <b>05/02/14</b>	
Hidalgo County Health & Human Services	TOTAL NUMBER OF EMPLOYEES TRAVELING: <b>1</b>	
DEPARTMENT NAME: <b>Hidalgo County Health &amp; Human Services</b>		
NAME & TITLE OF EMPLOYEE(S) TRAVELING: <b>Eduardo Olivarez</b>		

### EVENT INFORMATION

TITLE OF EVENT: <b>Attend 1115 Hearing</b>			
EVENT DATE(S) FROM: <b>05/15/14</b>	TO: <b>05/15/14</b>		
DEPARTURE DATE: <b>05/15/14</b>	RETURN DATE: <b>05/15/05</b>		
LOCATION OF EVENT: CITY: <b>Austin</b>	STATE: <b>Texas</b>		

### 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.

### TOLLGATE UPDATE

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)			AIRFARE*
Subtotal for Object Code 584	\$ -	\$ -	BUS**
2. AIRFARE- ROUNDTRIP COACH FARE ONLY			Rental Car**
3. TAXI FARE	\$ -		County Vehicle** <input checked="" type="checkbox"/>
4. BUS FARE	\$ -		Private Vehicle**
5. RENTAL CAR	\$ -		OTHER** (Specify)
6. GASOLINE/DIESEL/FUEL	\$ 130.00		* 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	\$ 30.00		
10. LODGING	\$ 18.00		
11. MEALS	\$ 18.00		
12. OTHER EXPENSES			
Subtotal for Object Code 583	\$ 178.00		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 178.00	\$ -	

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.

*n/a* 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.:
<i>Mike Solomon</i>	<i>5/2/14</i>	<i>Josie Escalante</i>	<i>ext. 2209</i>

### FOR DEPARTMENT OF BUDGET & MANAGEMENT (DBM) USE ONLY:

TRAVEL IS **APPROVED** for the individuals listed below:

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TRAVEL IS **NOT APPROVED** for the individuals listed below:

REVIEWED BY (PRINT NAME):	DATE:	REVIEWER'S SIGNATURE:	PHONE NO.:
DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME):	DATE:	SIGNATURE OF DBM DEPARTMENT HEAD:	