

\* REVISED \*



HIDALGO COUNTY, TEXAS
OUT - OF - COUNTY
FINAL TRAVEL EXPENSE CLAIM

EMPLOYEE NAME: Rosa E. Trevino DEPARTMENT: J.P. Pct. 2 PL 2
TRAVEL TO CITY: San Antonio STATE: Texas
DEPARTURE DATE: 3/23/2014 RETURN DATE: 3/26/2014
TIME OF DEPARTURE: 10:00 AM TIME OF RETURN: 6:00 PM

PURPOSE OF TRIP: Mandatory 20 Hour Seminar for Justice of the Peace
I REIMBURSEMENT FOR EXPENDITURES MADE ON ACCOUNT OF OFFICE BUSINESS:

Table with columns: DESCRIPTION OF TRIP, MONTH/DAY (3/23, 3/24, 3/25, 3/26, 3/27, 3/28), TOTALS. Rows include: Airline/Bus/Train, Car Rental, Gasoline for Car Rental, Personal Car Mileage, Hotel, Parking/Tolls, Telephone, Registration Fees, MEALS, Breakfast, Lunch, Dinner, Total Actual Meal Expense, Total Allowable Meal Expense per County Policy.

REVISED (circled)

Table with columns: Payee Name, Expense Type, Check No./PO. No., Amount, TOTAL FROM T-4 CONTINUATION FORM, TOTAL ALLOWABLE EXPENDITURES, AMOUNTS ADVANCED TO EMPLOYEE OR, TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE, REMIT TO ME, REMITTED TO COUNTY TREASURER ON, TREASURER RECEIPT NO.

Handwritten notes: 598.21, 698.21, 598.21, 100.00, approved 4/22

I hereby certify that the above information is true and correct to the best of my knowledge. The above funds were used solely for official County business. I have not and do not participate in the reimbursement for the above listed travel expenditures from another source.

EMPLOYEE SIGNATURE: [Signature] APPROVED BY: [Signature] DIVISION DIRECTOR/SUPERVISOR DATE: [Blank]

APPROVED FOR PAYMENT BY: [Signature] DEPARTMENT: JUSTICE OF THE PEACE GENERAL LEDGER ACCOUNT NUMBER: 100-412-00-064-001-583

COUNTY AUDITOR'S FORM: T-1.4 (01-14) Note: This report is due no later than 20 calendar days of return from travel.