

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

Requisition # 00256737 Print Requisition Date Entered 06-16-2014 Account Year 14 PQ # Item Total 1,769.93

Enter Req's Only Approve Approve By Year Requisition Status Needs Approval by DA View Acct Total 1,769.93

Order Header Items Accounts Inquire Approval

Inquire Vendor Documents **GUERRA, RENE A.**
C/O D.A.'S OFFICE

Stipend Vendor: Approve as Vendor Allow Stipend Order: Approve Disapprove Approval Level Owner

Type: Order: CRIMINAL DISTRICT ATTORN
Ship: CRIMINAL DISTRICT ATTORNEY
Special Inst Internal: HOTEL REIMBURSEMENT FOR MR. GUERRA AS PERSONAL View
Po Special Inst: Owner: CRAMOS

Line No	Qty Ordered	Description	Product Class	Unit Price	Final Cost
2	2	(1) DOUBLE OCCUPANCY N/S ROOM RATE-\$110- TAX RA	97130	110.00	220.00
3	2	(1) SINGLE OCCUPANCY N/S ROOM RATE-\$110- TAX RATI	97130	110.00	220.00
4	2	(1) SINGLE OCCUPANCY N/S ROOM RATE-\$110- TAX RATI	97130	110.00	220.00
5	2	(1) SINGLE OCCUPANCY N/S ROOM RATE-\$106- TAX RATI	97130	106.00	212.00
6	2	(1) DOUBLE OCCUPANCY N/S ROOM RATE-\$106- TAX RA	97130	106.00	212.00
7	2	(1) SINGLE OCCUPANCY N/S ROOM RATE- \$106- TAX RAT	97130	106.00	212.00
8	4	TAX RATE 16.75% PER ROOM RATE OF \$110	96379	36.85	147.40
9	3	TAX RATE 16.75% PER ROOM RATE OF \$106	96379	35.51	106.53

Account Number	Description	Account Balance	Amount
4-1100-412-00-080-002-0-583	CRIM DA-TRAVEL OUT OF COUNTY	24,673.36	1,769.93



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DATE OF REQUEST: 06/12/14
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
DEPARTMENT NAME: DISTRICT ATTORNEY
NAME & TITLE OF EMPLOYEE(S) TRAVELING: ANDREW ALMAGUER

EVENT INFORMATION

TITLE OF EVENT: 2014 WHITE COLLAR CRIME SEMINAR
EVENT DATE(S) FROM: 06/18/14 TO: 06/20/14
DEPARTURE DATE: 06/18/14 RETURN DATE: 06/20/14
LOCATION OF EVENT: CITY: SAN ANTONIO STATE: TX

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.
[X] 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.

Table with 4 columns: SUMMARY OF ESTIMATED TRAVEL EXPENSES, ESTIMATED EXPENSES, (DBM USE ONLY) FUNDS AVAILABLE BALANCE, and MODE OF TRAVEL. Rows include Registration Fee, Airfare, Taxi, Bus, Rental Car, Gasoline, Mileage, Telephone, Parking, Lodging, Meals, and Other Expenses.

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:
[X] Trip expenses are necessary and will be incurred for official county business.
[X] Reasonable efforts to minimize the use of county funds have been explored.
[X] 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.:

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): DATE: REVIEWER'S SIGNATURE: PHONE NO.:

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



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DEPARTMENT NAME: DISTRICT ATTORNEY
DATE OF REQUEST: 06/12/14
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
NAME & TITLE OF EMPLOYEE(S) TRAVELING: ROLANDO CANTU

EVENT INFORMATION

TITLE OF EVENT: 2014 WHITE COLLAR CRIME SEMINAR
EVENT DATE(S) FROM: 06/18/14 TO: 06/20/14
DEPARTURE DATE: 06/18/14 RETURN DATE: 06/20/14
LOCATION OF EVENT: CITY: SAN ANTONIO STATE: TX

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



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DEPARTMENT NAME: DISTRICT ATTORNEY
DATE OF REQUEST: 06/12/14
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
NAME & TITLE OF EMPLOYEE(S) TRAVELING: ORLANDO ESQUIVEL

EVENT INFORMATION

TITLE OF EVENT: 2014 WHITE COLLAR CRIME SEMINAR
EVENT DATE(S) FROM: 06/18/14 TO: 06/20/14
DEPARTURE DATE: 06/18/14 RETURN DATE: 06/20/14
LOCATION OF EVENT: CITY: SAN ANTONIO STATE: TX

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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:



**HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL**

DATE OF REQUEST: 06/12/14
 TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
 DEPARTMENT NAME: DISTRICT ATTORNEY
 NAME & TITLE OF EMPLOYEE(S) TRAVELING: ALFREDO DE LA ROSA

EVENT INFORMATION

TITLE OF EVENT: 2014 WHITE COLLAR CRIME SEMINAR
 EVENT DATE(S) FROM: 06/18/14 TO: 06/20/14
 DEPARTURE DATE: 06/18/14 RETURN DATE: 06/20/14
 LOCATION OF EVENT: CITY: SAN ANTONIO STATE: TX

PURPOSE OF TRAVEL

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

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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)	\$ 350.00		AIRFARE* _____
Subtotal for Object Code 584	\$ 350.00	\$	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	\$ 256.85		
11. MEALS	\$ 117.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 373.85	\$	
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 723.85	\$	

14. IF HIDALGO COUNTY IS NOT FUNDING ANY OR PART OF THIS TRIP, INDICATE BELOW THE EXPENSE TYPE & SOURCE OF PAYMENT:

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ELECTED OFFICIAL/DEPARTMENT HEAD CERTIFICATION (Place an "X" by each of the certifications)

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APPROVED BY ELECTED OFFICIAL/DEPARTMENT HEAD: _____ DATE: _____ DEPARTMENT CONTACT PERSON: _____ PHONE NO.: _____

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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: _____



**HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL**

DATE OF REQUEST: 06/12/14
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1

DEPARTMENT NAME: DISTRICT ATTORNEY

NAME & TITLE OF EMPLOYEE(S) TRAVELING: ALEXANDRO BENAVIDES

EVENT INFORMATION

TITLE OF EVENT: 2014 WHITE COLLAR CRIME SEMINAR
EVENT DATE(S) FROM: 06/18/14 TO: 06/20/14
DEPARTURE DATE: 06/18/14 RETURN DATE: 06/20/14
LOCATION OF EVENT: CITY: SAN ANTONIO STATE: TX

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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)	\$ 350.00		AIRFARE* _____
Subtotal for Object Code 584	\$ 350.00	\$	BUS** _____
2. AIRFARE- ROUNTRIP 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	\$ 247.51		
11. MEALS	\$ 117.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 364.51		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 714.51	\$	

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

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: _____



HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL

DEPARTMENT NAME: DISTRICT ATTORNEY
DATE OF REQUEST: 06/12/14
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
NAME & TITLE OF EMPLOYEE(S) TRAVELING: GRACIELA SAENZ REYNA

EVENT INFORMATION

TITLE OF EVENT: 2014 WHITE COLLAR CRIME SEMINAR
EVENT DATE(S) FROM: 06/18/14 TO: 06/20/14
DEPARTURE DATE: 06/18/14 RETURN DATE: 06/20/14
LOCATION OF EVENT: CITY: SAN ANTONIO STATE: TX

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



**HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL**

DATE OF REQUEST: 06/12/14
 TOTAL NUMBER OF EMPLOYEES TRAVELING: 1
 DEPARTMENT NAME: DISTRICT ATTORNEY
 NAME & TITLE OF EMPLOYEE(S) TRAVELING: ROXANNA SALINAS

EVENT INFORMATION

TITLE OF EVENT: 2014 WHITE COLLAR CRIME SEMINAR
 EVENT DATE(S) FROM: 06/18/14 TO: 06/20/14
 DEPARTURE DATE: 06/18/14 RETURN DATE: 06/20/14
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1. REGISTRATION FEE(S)	\$ 350.00		AIRFARE* _____
Subtotal for Object Code 584	\$ 350.00	\$	BUS** _____
2. AIRFARE- ROUNDTrip COACH FARE ONLY			Rental Car** _____
3. TAXI FARE	\$ -		County Vehicle** _____
4. BUS FARE	\$ -		Private Vehicle** <input checked="" type="checkbox"/>
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	\$ 456.00		
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	\$ 247.51		
11. MEALS	\$ 117.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 820.51		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 1,170.51	\$	

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