



HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

EMPLOYEE NAME: Norma Longoria DEPARTMENT: WIC
 TRAVEL TO CITY: Austin STATE: _____
 DEPARTURE DATE: 10/6/2014 RETURN DATE: 10/7/2014
 TIME OF DEPARTURE: 6:00 AM TIME OF RETURN: 7:30 PM

PURPOSE OF TRIP: Lactation Service Meeting

I. REIMBURSEMENT FOR EXPENDITURES MADE ON ACCOUNT OF OFFICE BUSINESS:

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						2014
	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	
	10/6	10/7	10/8	10/9	10/10	10/11	TOTALS
Airline / Bus / Train		\$ -					\$ -
Car Rental							-
Gasoline for Car Rental							-
Personal Car Mileage							-
ODOMETER READINGS:	Beginning Mileage:		Ending Mileage:		TOTAL MILEAGE:	(MILEAGE RATE)	-
						0.560	-
NOTE: Mileage is calculated on a point-to-point basis using "Mapquest". Reasonable incidental travel may be reimbursed when the traveler provides specific address destination points by using "Mapquest" to determine mileage. The most direct distance to the destination will be allowed. Any out-of-way or unreasonable travel distance as determined by the County Auditor will be at the expense of the traveler.							
Hotel (Excluding Meals)	289.80						289.80
Parking / Tolls							-
Taxi and Other Ground Transportation							-
Telephone							-
Registration Fees							-
MEALS (based upon actual charges)	NOTE: When traveling out of state trip and claiming actual meal expenses, receipts must be provided for all days of travel. If not reimbursement will be based on the \$39 per diem.						
Type of Travel (In State =1 / Out of State =2)	2						
With Receipts = 1 / Without Receipts = 2	2	2	2	2			
Breakfast (\$9 per diem)	9.00	9.00					
Lunch (\$12 per diem)	12.00	12.00					
Dinner (\$18 per diem)	18.00	18.00					
Total Actual Meal Expense	39.00	39.00					
Total Allowable Meal Expense per County Policy (County Employee)	39.00	39.00					78.00
Other (Please explain below):							-

Explanation Notes:

II. Travel Expenditures paid by COUNTY CHECK or COUNTY CREDIT CARD that were NOT advanced to employee. (i.e. Airfare, Hotel accommodations, Car Rentals, Registration)

Payee Name	Expense Type	Check No./ PO. No.	Amount	TOTAL FROM T-4 CONTINUATION FORM
Citibank	Hotel	715574	\$ 289.80	TOTAL ALLOWABLE EXPENDITURES \$ 367.80
		0		AMOUNTS ADVANCED TO EMPLOYEE ON:
				No advance \$ -
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE 289.80
				REMIT TO ME \$ 78.00
				REMITTED TO COUNTY TREASURER ON
Total			\$ 289.80	TREASURER RECEIPT NO. \$ 0.00

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 anticipate to receive reimbursement for the above listed travel expenditures from another source.

EMPLOYEE SIGNATURE: Norma Longoria DATE: 10/8/14 APPROVED BY: Norma L Longoria DIVISION DIRECTOR/SUPERVISOR DATE: 10/8/15

APPROVED FOR PAYMENT BY: Norma L Longoria DEPARTMENT HEAD

4.1292.441.00.350.017.5.583
GENERAL LEDGER ACCOUNT NUMBER

COUNTY AUDITOR'S FORM: T.1.4 (01/14)

Note: This report is due no later than 20 calendar days of return from travel.



HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

EMPLOYEE NAME: Esther B. Carrizales DEPARTMENT: WIC

TRAVEL TO CITY: Austin STATE: _____

DEPARTURE DATE: 10/6/2014 RETURN DATE: 10/7/2014

TIME OF DEPARTURE: 6:00 AM TIME OF RETURN: 7:30 PM

PURPOSE OF TRIP: Lactation Service Meeting

I. REIMBURSEMENT FOR EXPENDITURES MADE ON ACCOUNT OF OFFICE BUSINESS:

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						2014
	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	
	10/6	10/7	10/8	10/9	10/10	10/11	TOTALS
Airline / Bus / Train		\$ -					\$ -
Car Rental							-
Gasoline for Car Rental							-
Personal Car Mileage							-
ODOMETER READINGS:	Beginning Mileage:		Ending Mileage:		TOTAL MILEAGE:	(MILEAGE RATE)	-
					-	0.560	-
<p>NOTE: Mileage is calculated on a point-to-point basis using "Mapquest". Reasonable incidental travel may be reimbursed when the traveler provides specific address destination points by using "Mapquest" to determine mileage. The most direct distance to the destination will be allowed. Any out-of way or unreasonable travel distance as determined by the County Auditor will be at the expense of the traveler.</p>							
Hotel (Excluding Meals)							-
Parking / Tolls							-
Taxi and Other Ground Transportation							-
Telephone							-
Registration Fees							-
MEALS (based upon actual charges)	NOTE: When traveling out of state trip and claiming actual meal expenses, receipts must be provided for all days of travel. If not reimbursement will be based on the \$39 per diem.						-
Type of Travel (In State =1 / Out of State =2)	2						-
With Receipts = 1 / Without Receipts = 2	2	2	2	2			-
Breakfast (\$9 per diem)	9.00	9.00					-
Lunch (\$12 per diem)	12.00	12.00					-
Dinner (\$18 per diem)	18.00	18.00					-
Total Actual Meal Expense	39.00	39.00					-
Total Allowable Meal Expense per County Policy (County Employee)	39.00	39.00					78.00
Other (Please explain below):							-

Explanation Notes:

II. Travel Expenditures paid by COUNTY CHECK or COUNTY CREDIT CARD that were NOT advanced to employee. (I.e. Airfare, Hotel accommodations, Car Rentals, Registration)

Payee Name	Expense Type	Check No./ PO. No.	Amount	TOTAL FROM T-4 CONTINUATION FORM
Citibank	Hotel	715574	\$ -	TOTAL ALLOWABLE EXPENDITURES
				\$ 78.00
				AMOUNTS ADVANCED TO EMPLOYEE ON:
				No advance
				\$ -
		0		TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE
				-
				REMIT TO ME
				\$ 78.00
				REMITTED TO COUNTY TREASURER ON
Total			\$ -	TREASURER RECEIPT NO.
				\$ 0.00

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 anticipate to receive reimbursement for the above listed travel expenditures from another source.

EMPLOYEE SIGNATURE: Esther B. Carrizales DATE: 10/08/14

APPROVED BY: Norman L. Longoria DATE: 10/8/15
DIVISION DIRECTOR/SUPERVISOR

APPROVED FOR PAYMENT BY: Norman L. Longoria
DEPARTMENT HEAD

COUNTY AUDITOR'S FORM: T.1.4 (01/14)

4.1292.441.00.350.017.5.583
GENERAL LEDGER ACCOUNT NUMBER

Note: This report is due no later than 20 calendar days of return from travel.



HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

EMPLOYEE NAME: Diana Cardona DEPARTMENT: WIC
 TRAVEL TO CITY: Austin STATE: _____
 DEPARTURE DATE: 10/6/2014 RETURN DATE: 10/7/2014
 TIME OF DEPARTURE: 6:00 AM TIME OF RETURN: 7:30 PM

PURPOSE OF TRIP: Lactation Service Meeting

I. REIMBURSEMENT FOR EXPENDITURES MADE ON ACCOUNT OF OFFICE BUSINESS:

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						2014 TOTALS
	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	
Airline / Bus / Train	10/6	10/7	10/8	10/9	10/10	10/11	
Car Rental	156.00						\$ -
Gasoline for Car Rental	30.00	30.00	20.00				156.00
Personal Car Mileage							80.00
ODOMETER READINGS:	Beginning Mileage:		Ending Mileage:		TOTAL MILEAGE:	(MILEAGE RATE)	
						0.560	
NOTE: Mileage is calculated on a point-to-point basis using "Mapquest". Reasonable incidental travel may be reimbursed when the traveler provides specific address destination points by using "Mapquest" to determine mileage. The most direct distance to the destination will be allowed. Any out-of way or unreasonable travel distance as determined by the County Auditor will be at the expense of the traveler.							
Hotel (Excluding Meals)							-
Parking / Tolls							-
Taxi and Other Ground Transportation							-
Telephone							-
Registration Fees							-
MEALS (based upon actual charges)	NOTE: When traveling out of state trip and claiming actual meal expenses, receipts must be provided for all days of travel. If not reimbursement will be based on the \$39 per diem.						
Type of Travel (In State =1 / Out of State =2)	2						
With Receipts = 1 / Without Receipts = 2	2	2	2	2			
Breakfast (\$9 per diem)	9.00	9.00					
Lunch (\$12 per diem)	12.00	12.00					
Dinner (\$18 per diem)	18.00	18.00					
Total Actual Meal Expense	39.00	39.00					
Total Allowable Meal Expense per County Policy (County Employee)	39.00	39.00					
Other (Please explain below):							78.00

Explanation Notes:
 II. Travel Expenditures paid by COUNTY CHECK or COUNTY CREDIT CARD that were NOT advanced to employee.
 (i.e. Airfare, Hotel accommodations, Car Rentals, Registration)

Payee Name	Expense Type	Check No./ PO. No.	Amount	TOTAL FROM T-4 CONTINUATION FORM
Citibank	Hotel	715574	\$ -	TOTAL ALLOWABLE EXPENDITURES \$ 314.00
Enterprise	Rental	715584	\$ 156.00	AMOUNTS ADVANCED TO EMPLOYEE ON:
		0		No advance \$ -
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE 156.00
				REMIT TO ME \$ 158.00
				REMITTED TO COUNTY TREASURER ON
			\$ 156.00	TREASURER RECEIPT NO. \$ 0.00

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 anticipate to receive reimbursement for the above listed travel expenditures from another source.

EMPLOYEE SIGNATURE: [Signature] DATE: 10/8/14
 APPROVED BY: [Signature] DIVISION DIRECTOR/SUPERVISOR DATE: 10/8/14
 APPROVED FOR PAYMENT BY: [Signature] DEPARTMENT HEAD
 GENERAL LEDGER ACCOUNT NUMBER: 4.1292.441.00.350.017.5.583

norma.longoria@wic.co.hidalgo.tx.us

invitation to next meeting of the Lactation Support Centers

Thu, Aug 07, 2014 08:28 AM

From : Linda Zeccola (DSHS)
<Linda.Zeccola@dshs.state.tx.us>

Subject : invitation to next meeting of the Lactation Support Centers

To : esther carrizales
<esther.carrizales@wic.co.hidalgo.tx.us>, norma longoria <norma.longoria@wic.co.hidalgo.tx.us>

We are holding a meeting in October. We try to have meetings quarterly but it often works out to be a slightly longer interval than that. We meet in Austin at our Howard Lane building. During the meeting we discuss issues, concerns, questions related to the Lactation Support Centers. The next one is October 6, 12 pm to 5 pm and then the next morning Oct 7; 9 am to 12 pm. The meeting is at 4616 West Howard Lane, Building 8, suite 840 in the Lonestar Room. I hope things are going well with opening the new center. We look forward to meeting you and hearing about your center. I will be sending out an agenda.

**Linda Zeccola, BSN RN IBCLC
Training Specialist V
Texas Dept of State Health Services
Nutrition Education/Clinic Services
Phone: 512 341-4591**

CORNER STORE
CornerStore4U.com

DELIGHT MORE
CUSTOMERS EVERY DAY

TP48641765-001
CORNER STORE 0425
301 HARBOOTH AVE
THREE RIVERS TX 7807

DATE 10/06/14
TIME 8:34 AM
AUTH# 483733

VISA
CARDONA/ DIANA

PUMP PRODUCT PPG
01 UNLD \$3.099

GALLONS FUEL TOTAL
9.681 \$30.00

Corner Store 0425
301 Harbooth Avenue
Three Rivers TX

EXXON EXPRESS PAY

TEX. BEST TRAVEL CENT

FG48114775001
115 S HWY 28 CBYPASS

ALICE
78992
10/07/2014 312696614
05:53:25 PM

XXXXXXXXXXXXXXXX3026

Uisa
CARDONA/ DIANA

INVOICE 078141
AUTH 388524

PUMP# 01
Regular 3.1950

PRICE/GAL \$3.129

FUEL TOTAL \$30.00

CREDIT \$10.00

0000

Murphy USA 7211
 9300 South IH 35 Service Rd., Bldg. J
 Austin, TX 78748
 10/07/2014 13:22:49 Store#7211

Comments or Concerns, Contact Us:
 Customer Service # 800 843-4298
 Email: CustomerCare@MurphyUSA.com

Your Cashier: Jordan

* This is a PREPAY receipt. Your debit *
 * card will be charged the actual amount *
 * of purchase. You can choose to print a *
 * sale receipt after fueling is complete.*

Pump #13 has been authorized up to \$20.00

1 FUEL PREPAY #13	\$20.00
TOTAL	\$20.00
DEBIT CARDS	\$20.00

Merch.ID: MU48927418001
 Trans. Type: AUTH-ONLY
 Card Type: Visa Debit
 Acct#: *****3026
 Entry Method: S
 Invoice#: 060928 Auth.#: 908912
 Auth. Amount: \$ 20.00

* This is a Preauthorization Receipt.*
 * The Sale receipt will print at the *
 * pump after fueling is complete. *

APPROVED 908912
 ASI Trace# 9928

Murphy USA 5727
 1720 W. University D
 Edinburg, TX 78539

10-08-14 09:25

5727
 TRACE: 2105
 MerchMU48926770001
 *****3026

Entry Method: S
 Invoice: 060928
 Auth. # 908912
 CARD AUTH. 916453
 APPROVED 916453

2000
 2000

PUMP #13 UNLEAD
 NET/GAL: \$3.119
 FUEL TOTAL: \$10.10
 NET TOTAL: \$10.10
 SAVE 10 cents
 You buy 3 Pepsi
 Or Frito Products!!!

Murphy USA 5727
 1720 W. University D
 Edinburg, TX 78539

Site: 5727
 TRACE: 2114
 MerchMU48926770001

SALE
 Visa
 *****3026

Entry Method: S
 Invoice: 060928
 Auth. # 908912
 CARD AUTH. 916453
 APPROVED 916453

PUMP #13 UNLEAD
 NET/GAL: \$3.119
 FUEL TOTAL: \$10.10
 NET TOTAL: \$10.10
 SAVE 10 cents
 You buy 3 Pepsi
 Or Frito Products!!!

To Enter or modify
 SAVE 10 cents
 Per Gallon when
 you buy 3 Pepsi
 Or Frito Products!!!
 and enter my code

20.00

norma.longoria@wic.co.hidalgo.tx.us

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