



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

DEPARTMENT: TAX OFFICE If, applicable, was travel approved by Co. Exec. Officer? N/A

DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015

TO CITY: SOUTH PADRE ISLAND STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: PABLO (PAUL) VILLARREAL JR.

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: _____

PURPOSE/BENEFIT TO HIDALGO COUNTY:
 THERE IS A TOTAL OF 58 PLUS ASSR EMPLOYEES ATTENDING THIS CONFERENCE FOR A TOTAL OF 59.

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX

SPONSORED BY: _____

REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA

REGISTRATION ADDRESS: P.O. BOX 1010 SEMINAR START DATE: 2/26/2015
SAN BENITO, TX 78586 SEMINAR END DATE: 2/26/2015
 PURCHASE ORDER NO. REQ 269841

1. REGISTRATION COST PER EMPLOYEE: \$ 110.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 1

2. REGISTRATION COST PER EMPLOYEE: _____ NO. OF EMPLOYEES ATTENDING AT THIS RATE: _____

3. "FREE REGISTRATION COST": "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE": _____

GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 1

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>110.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>110.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>-</u>
	GRAND TOTAL (A + B + C + D):	\$ <u>110.00</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.

	MARY GARCIA	EXT- 4716
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.

<u>PABLO (PAUL) VILLARREAL JR.</u>		<u>014338</u>
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.
_____ EMPLOYEE NAME (PRINT)	_____ EMPLOYEE'S SIGNATURE	_____ EMPLOYEE NO.



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

DEPARTMENT: _____ TAX OFFICE _____ If, applicable, was travel approved by Co. Exec. Officer? N/A

DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015

TO CITY: SOUTH PADRE ISLAND STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: LINDA RUSSELL, DAISY PEREZ, ARELI SANCHEZ, MYRA GARZA, EDNA SANCHEZ, JENNIFER GARATE

TOTAL # OF EMPLOYEES ATTENDING SEMINAR: 6

PURPOSE/BENEFIT TO HIDALGO COUNTY:
THERE IS A TOTAL OF 58 PLUS ASER - EMPLOYEES ATTENDING THIS CONVERENCE FOR A TOTAL OF 59.

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX

SPONSORED BY: _____

REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA

REGISTRATION ADDRESS: P.O. BOX 1010 SEMINAR START DATE: 2/26/2015
SAN BENITO, TX 78586 SEMINAR END DATE: 2/26/2015
PURCHASE ORDER NO. REQ 269841

1. REGISTRATION COST PER EMPLOYEE: \$ 90.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 58

2. REGISTRATION COST PER EMPLOYEE: _____ NO. OF EMPLOYEES ATTENDING AT THIS RATE: _____

3. "FREE REGISTRATION COST": "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE": _____

GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 58

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>5,220.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>5,220.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>-</u>
	GRAND TOTAL (A + B + C + D)	\$ <u>5,220.00</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.

	MARY GARCIA	EXT- 4716
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.

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LINDA RUSSELL EMPLOYEE NAME (PRINT)		<u>107042</u> EMPLOYEE NO.
DAISY PEREZ EMPLOYEE NAME (PRINT)		<u>060127</u> EMPLOYEE NO.
ARELI SANCHEZ EMPLOYEE NAME (PRINT)		<u>171377</u> EMPLOYEE NO.
MYRA GARZA EMPLOYEE NAME (PRINT)		<u>196126</u> EMPLOYEE NO.
EDNA SANCHEZ EMPLOYEE NAME (PRINT)		<u>195820</u> EMPLOYEE NO.
JENNIFER GARATE EMPLOYEE NAME (PRINT)		<u>200977</u> EMPLOYEE NO.



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

DEPARTMENT: TAX OFFICE
DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015
TO CITY: SOUTH PADRE ISLAND STATE: TEXAS
NAME OF EMPLOYEES ATTENDING SEMINAR: FLOR E RAMIREZ, TOMAS MARTINEZ, BIANKA F VAZQUEZ, RYAN DOUGHERTY, DYANEIH GARCIA, AIDA PERERA
TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 58
PURPOSE/BENEFIT TO HIDALGO COUNTY:

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX
SPONSORED BY:
REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA
REGISTRATION ADDRESS: P.O. BOX 1010 SAN BENITO, TX 78586
SEMINAR START DATE: 2/26/2015 SEMINAR END DATE: 2/26/2015 PURCHASE ORDER NO. REQ 269841
1. REGISTRATION COST PER EMPLOYEE: \$ 90.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 58
2. REGISTRATION COST PER EMPLOYEE: NO. OF EMPLOYEES ATTENDING AT THIS RATE:
3. "FREE REGISTRATION COST: "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE":
GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 58
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A. \$ 5,220.00
(SEE PAGE 2 FOR SECTIONS B, C, & D) TOTAL THIS PAGE (A): \$ 5,220.00
TOTAL 2ND PAGE (B + C + D): \$ -
GRAND TOTAL (A + B + C + D) \$ 5,220.00

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.

Signature of Public Official: [Handwritten Signature]
MARY GARCIA EXT- 4716
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.

FLOR E RAMIREZ EMPLOYEE NAME (PRINT) [Signature] EMPLOYEE'S SIGNATURE 157791 EMPLOYEE NO.
TOMAS MARTINEZ EMPLOYEE NAME (PRINT) [Signature] EMPLOYEE'S SIGNATURE 160563 EMPLOYEE NO.
BIANKA F VAZQUEZ EMPLOYEE NAME (PRINT) [Signature] EMPLOYEE'S SIGNATURE EMPLOYEE NO.
RYAN DOUGHERTY EMPLOYEE NAME (PRINT) [Signature] EMPLOYEE'S SIGNATURE 203980 EMPLOYEE NO.
DYANEIH GARCIA EMPLOYEE NAME (PRINT) [Signature] EMPLOYEE'S SIGNATURE 203726 EMPLOYEE NO.
AIDA PERERA EMPLOYEE NAME (PRINT) [Signature] EMPLOYEE'S SIGNATURE 200999 EMPLOYEE NO.

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

DEPARTMENT: _____ TAX OFFICE _____ If, applicable, was travel approved by Co. Exec. Officer? **N/A**

DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015

TO CITY: SOUTH PADRE ISLAND STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: JAIME VILLESICAS, KRISTI TORRES, CATALINA GUTIERREZ, JUAN G ZAMORA, MAGGIE GARCIA, JESSICA JIMENEZ

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 58

PURPOSE/BENEFIT TO HIDALGO COUNTY: _____

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX

SPONSORED BY: _____

REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA

REGISTRATION ADDRESS: P.O. BOX 1010 SEMINAR START DATE: 2/26/2015
SAN BENITO, TX 78588 SEMINAR END DATE: 2/26/2015
 PURCHASE ORDER NO. REQ 269841

1. REGISTRATION COST PER EMPLOYEE: \$ 90.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 58

2. REGISTRATION COST PER EMPLOYEE: _____ NO. OF EMPLOYEES ATTENDING AT THIS RATE: _____

3. "FREE REGISTRATION COST: "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE": _____

GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 58




TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>5,220.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>5,220.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>-</u>
	GRAND TOTAL (A + B + C + D)	\$ <u>5,220.00</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.

	MARY GARCIA	EXT- 4716
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.

<u>JAIME VILLESICAS</u>		<u>074979</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>KRISTI TORRES</u>		<u>107339</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>CATALINA GUTIERREZ</u>		<u>032468</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>JUAN ZAMORA</u>		<u>095397</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>MAGGIE GARCIA</u>		<u>100617</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>JESSICA JIMENEZ</u>		<u>155098</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.

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

DEPARTMENT: _____ TAX OFFICE _____ If, applicable, was travel approved by Co. Exec. Officer? **N/A**

DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015

TO CITY: SOUTH PADRE ISLAND STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: EDGAR JARAMILLO, MARIA G. JACKSON, BECKY GAONA, VENESSA LUNA, JENNIFER LOPEZ, ELIZABETH URBANO,

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 58

PURPOSE/BENEFIT TO HIDALGO COUNTY: _____

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX

SPONSORED BY: _____

REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA

REGISTRATION ADDRESS: P.O. BOX 1010 SEMINAR START DATE: 2/26/2015
SAN BENITO, TX 78586 SEMINAR END DATE: 2/26/2015
 PURCHASE ORDER NO. REQ 269841

1. REGISTRATION COST PER EMPLOYEE: \$ 90.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 58

2. REGISTRATION COST PER EMPLOYEE: _____ NO. OF EMPLOYEES ATTENDING AT THIS RATE: _____

3. "FREE REGISTRATION COST: "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE": _____

GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 58

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>5,220.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>5,220.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>-</u>
	GRAND TOTAL (A + B + C + D):	\$ <u>5,220.00</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.

	MARY GARCIA	EXT- 4716
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.

EDGAR JARAMILLO EMPLOYEE NAME (PRINT)		<u>123587</u>
MARIA G. JACKSON EMPLOYEE NAME (PRINT)		<u>096202</u>
BECKY GAONA EMPLOYEE NAME (PRINT)		<u>017655</u>
VENESSA LUNA EMPLOYEE NAME (PRINT)		<u>204749</u>
JENNIFER LOPEZ EMPLOYEE NAME (PRINT)		<u>205907</u>
ELIZABETH URBANO EMPLOYEE NAME (PRINT)		<u>198085</u>
	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.

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

DEPARTMENT: TAX OFFICE If, applicable, was travel approved by Co. Exec. Officer? N/A

DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015

TO CITY: SOUTH PADRE ISLAND STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: NORA D ALVARADO, MARGARITA B. GARCIA, PATRICIA VILLARREAL, DAVID GARZA II, RODOLFO IVAN CANTU, JOSEPH RAMOS

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 58

PURPOSE/BENEFIT TO HIDALGO COUNTY:

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX

SPONSORED BY:

REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA

REGISTRATION ADDRESS: P.O. BOX 1010 SEMINAR START DATE: 2/26/2015
SAN BENITO, TX 78586 SEMINAR END DATE: 2/26/2015
PURCHASE ORDER NO. REQ 269841

1. REGISTRATION COST PER EMPLOYEE: \$ 90.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 58

2. REGISTRATION COST PER EMPLOYEE: NO. OF EMPLOYEES ATTENDING AT THIS RATE:

3. "FREE" REGISTRATION COST: "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE":

GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 58

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>5,220.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>5,220.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>-</u>
	GRAND TOTAL (A + B + C + D):	\$ <u>5,220.00</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.

	MARY GARCIA	EXT- 4716
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.

NORA D ALVARADO		<u>165476</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
MARAGARITA B GARCIA		<u>148318</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
PATRICIA VILLARREAL		<u>188174</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
DAVID GARZA		<u>195740</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
RODOLFO IVAN CANTU		<u>200964</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
JOSEPH RAMOS		<u>18201458</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.



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

DEPARTMENT: TAX OFFICE If, applicable, was travel approved by Co. Exec. Officer? N/A

DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015

TO CITY: SOUTH PADRE ISLAND STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: BLANCA A RODRIGUEZ, JAIME DE LUNA, JULIA CANTU, CHRISSY PULIDO, SANTOS CASTILLEJA III, MARIA ALVARADO

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 58

PURPOSE/BENEFIT TO HIDALGO COUNTY:

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX

SPONSORED BY:

REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA

REGISTRATION ADDRESS: P.O. BOX 1010 SEMINAR START DATE: 2/26/2015
SAN BENITO, TX 78586 SEMINAR END DATE: 2/26/2015
 PURCHASE ORDER NO. REQ 269841

1. REGISTRATION COST PER EMPLOYEE: \$ 90.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 58

2. REGISTRATION COST PER EMPLOYEE: NO. OF EMPLOYEES ATTENDING AT THIS RATE:

3. "FREE" REGISTRATION COST: "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE":

GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 58

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>5,220.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>5,220.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>-</u>
	GRAND TOTAL (A + B + C + D):	\$ <u>5,220.00</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.

	<u>MARY GARCIA</u>	<u>EXT- 4716</u>
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.

<u>BLANCA A RODRIGUEZ</u>		<u>177105</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>JAIME DE LUNA</u>		<u>190128</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>JULIA CANTU</u>		<u>034118</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>CHRISSY PULIDO</u>		<u>196495</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>SANTOS CASTILLEJA III</u>		<u>083518</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>MARIA ALVARADO</u>		<u>102318</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.



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

DEPARTMENT: _____ TAX OFFICE _____ If, applicable, was travel approved by Co. Exec. Officer? N/A

DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015

TO CITY: SOUTH PADRE ISLAND STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: REBECCA (BECKIE) VARGAS, MANUEL HERNANDEZ, EVA MIRELES, ROSIE HERNANDEZ, ANA MELARA, DARRYK CARAVEO

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: IRENE HERNANDEZ

PURPOSE/BENEFIT TO HIDALGO COUNTY:
THERE IS A TOTAL OF 58 PLUS ASSR EMPLOYEES ATTENDING THIS CONFERENCE FOR A TOTAL OF 59.

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX

SPONSORED BY: _____

REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA

REGISTRATION ADDRESS: P.O. BOX 1010 SEMINAR START DATE: 2/26/2015
SAN BENITO, TX 78586 SEMINAR END DATE: 2/26/2015
PURCHASE ORDER NO. REQ 269841

1. REGISTRATION COST PER EMPLOYEE: \$ 90.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 58

2. REGISTRATION COST PER EMPLOYEE: _____ NO. OF EMPLOYEES ATTENDING AT THIS RATE: _____

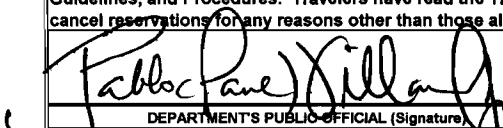
3. "FREE REGISTRATION COST: "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE": _____

GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 58

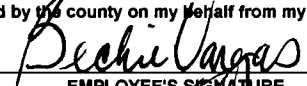
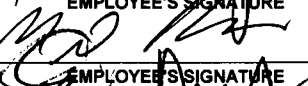



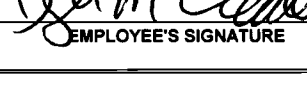
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>5,220.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>5,220.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>-</u>
	GRAND TOTAL (A + B + C + D)	\$ <u>5,220.00</u>

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.

	MARY GARCIA	EXT- 4716
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.

REBECCA (BECKIE) VARGAS EMPLOYEE NAME (PRINT)		<u>084255</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
MANUEL HERNANDEZ EMPLOYEE NAME (PRINT)		<u>157209</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
EVA MIRELES, EMPLOYEE NAME (PRINT)		<u>029505</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
ROSIE HERNANDEZ, EMPLOYEE NAME (PRINT)		<u>180831</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
ANA MELARA EMPLOYEE NAME (PRINT)		<u>195812</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
DARRYK CARAVEO EMPLOYEE NAME (PRINT)		<u>205044</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.



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

DEPARTMENT: TAX OFFICE If, applicable, was travel approved by Co. Exec. Officer? N/A

DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015

TO CITY: SOUTH PADRE ISLAND STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: PILAR ALVAREZ, NORMA L. LOZANO, RODOFO FLORES, DALIA GARZA, MELISSA DE LA ROSA, ALMA L LONGORIA

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: 58

PURPOSE/BENEFIT TO HIDALGO COUNTY:

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX

SPONSORED BY:

REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA

REGISTRATION ADDRESS: P.O. BOX 1010 SEMINAR START DATE: 2/26/2015
SAN BENITO, TX 78586 SEMINAR END DATE: 2/26/2015
PURCHASE ORDER NO. REQ 269841

1. REGISTRATION COST PER EMPLOYEE: \$ 90.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 58

2. REGISTRATION COST PER EMPLOYEE: NO. OF EMPLOYEES ATTENDING AT THIS RATE:

3. "FREE REGISTRATION COST: "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE":

GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 58

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>5,220.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>5,220.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>-</u>
	GRAND TOTAL (A + B + C + D)	\$ <u>5,220.00</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.

	MARY GARCIA	EXT- 4716
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.

<u>PILAR ALVAREZ</u>	<u>Pilar Alvarez</u>	<u>193224</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>NORMA L LOZANO</u>	<u>Norma L Lozano</u>	<u>032239</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>RODOLFO (RUDY) FLORES</u>	<u>Rudy Flores</u>	<u>83984</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>DALIA GARZA</u>	<u>Dalia Garza</u>	<u>193160</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>MELISSA DE LA ROSA</u>	<u>Melissa De La Rosa</u>	<u>191574</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
<u>ALMA L LONGORIA</u>	<u>Alma Longoria</u>	<u>104507</u>
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.

(Pablo Paul)
Killam



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

DEPARTMENT: TAX OFFICE If, applicable, was travel approved by Co. Exec. Officer? N/A

DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015

TO CITY: SOUTH PADRE ISLAND STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: BELINDA RIOS, LEO ALANIZ, LUCY FLORES, MELINDA MENDOZA, YOLANDA ZUNIGA,

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: IRENE HERNANDEZ

PURPOSE/BENEFIT TO HIDALGO COUNTY:
THERE IS A TOTAL OF 58 PLUS ASSR EMPLOYEES ATTENDING THIS CONFERENCE FOR A TOTAL OF 59.

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX

SPONSORED BY: _____

REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA

REGISTRATION ADDRESS: P.O. BOX 1010 SEMINAR START DATE: 2/26/2015
SAN BENITO, TX 78586 SEMINAR END DATE: 2/26/2015
PURCHASE ORDER NO. REQ 269841

1. REGISTRATION COST PER EMPLOYEE: \$ 90.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 58

2. REGISTRATION COST PER EMPLOYEE: _____ NO. OF EMPLOYEES ATTENDING AT THIS RATE: _____

3. "FREE REGISTRATION COST: "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE": _____

GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 58

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$	<u>5,220.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$ <u>5,220.00</u>
	TOTAL 2ND PAGE (B + C + D):	\$ <u>-</u>
	GRAND TOTAL (A + B + C + D):	\$ <u>5,220.00</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.

	MARY GARCIA	EXT- 4716
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.

✓ BELINDA RIOS EMPLOYEE NAME (PRINT)		<u>141836</u> EMPLOYEE NO.
✓ LEO ALANIZ EMPLOYEE NAME (PRINT)		<u>154369</u> EMPLOYEE NO.
✓ LUCY FLORES EMPLOYEE NAME (PRINT)		<u>200905</u> EMPLOYEE NO.
✓ MELINDA MENDOZA EMPLOYEE NAME (PRINT)		<u>070858</u> EMPLOYEE NO.
✓ YOLANDA ZUNIGA EMPLOYEE NAME (PRINT)		<u>200280</u> EMPLOYEE NO.
✓ IRENE HERNANDEZ EMPLOYEE NAME (PRINT)		<u>156779</u> EMPLOYEE NO.



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

DEPARTMENT: TAX OFFICE If, applicable, was travel approved by Co. Exec. Officer? N/A

DEPARTURE DATE: 2/26/2015 RETURN DATE: 2/26/2015

TO CITY: SOUTH PADRE ISLAND STATE: TEXAS

NAME OF EMPLOYEES ATTENDING SEMINAR: JULIO ESPINOSA, FERNANDO CANTU, GUILLERMO PALACIOS, ALEJANDRO BAZAN

TOTAL# OF EMPLOYEES ATTENDING SEMINAR: _____

PURPOSE/BENEFIT TO HIDALGO COUNTY:
 THERE IS A TOTAL OF 58 PLUS ASSR EMPLOYEES ATTENDING THIS CONFERENCE FOR A TOTAL OF 59.

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR: 47TH ANNUAL RGV-TAAO TIP-O-TEX

SPONSORED BY: _____

REGISTRATION CHECK PAYABLE TO: RGV-TAAO ATTN: DALIA ANZALDUA

REGISTRATION ADDRESS: P.O. BOX 1010 SEMINAR START DATE: 2/26/2015
SAN BENITO, TX 78586 SEMINAR END DATE: 2/26/2015
 PURCHASE ORDER NO. REQ 269841

1. REGISTRATION COST PER EMPLOYEE: \$ 90.00 NO. OF EMPLOYEES ATTENDING AT THIS RATE: 58

2. REGISTRATION COST PER EMPLOYEE: _____ NO. OF EMPLOYEES ATTENDING AT THIS RATE: _____

3. "FREE REGISTRATION COST": "FREE" NO. OF EMPLOYEES ATTENDING FOR "FREE": _____

GL ACCT NO.: 5-1100-415-15-140-001-0-584 TOTAL NO. OF EMPLOYEES ATTENDING: 58

TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$ <u>5,220.00</u>
(SEE PAGE 2 FOR SECTIONS B, C, & D) TOTAL THIS PAGE (A):	\$ <u>5,220.00</u>
TOTAL 2ND PAGE (B + C + D):	\$ <u>-</u>
GRAND TOTAL (A + B + C + D)	\$ <u>5,220.00</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.

	MARY GARCIA	EXT- 4716
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.

JULIO ESPINOSA		101982
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
FERNANDO CANTU		074217
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
GUILLERMO PALACIOS		193356
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
ALEJANDRO BAZAN		196924
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.