



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

COPY

EMPLOYEE NAME: Roberto Villarreal DEPARTMENT: County Judge
TRAVEL TO CITY: Austin STATE: Texas
DEPARTURE DATE: 4/20/2015 RETURN DATE: 4/21/2015
TIME OF DEPARTURE: 6:00 AM TIME OF RETURN: 9:00 PM

PURPOSE OF TRIP: To attend hearing(s)/meetings on Courthouse filing fees

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

Table with columns: DESCRIPTION OF TRIP, DATES OF TRAVEL FOR YEAR (2014), and TOTALS. Rows include Airline/Bus/Train, Car Rental, Gasoline for Car Rental, Personal Car Mileage, ODOMETER READINGS, Hotel, Parking/Tolls, Taxi and Other Ground Transportation, Telephone, Registration Fees, MEALS, and Other.

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

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... EMPLOYEE SIGNATURE: [Signature] DATE: 4/22/15 APPROVED BY: [Signature] DIVISION DIRECTOR/SUPERVISOR DATE: 4/22/15

APPROVED FOR PAYMENT BY: [Signature] DEPARTMENT HEAD 5-1100-413-00-110-006-0-583 GENERAL LEDGER ACCOUNT NUMBER COUNTY AUDITOR'S FORM: T.1.4 (01/15) Note: This report is due no later than 20 calendar days of return from travel.



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Name & Address

VILLARREAL, ROBERTO  
 4000 NORTHERN LIGHTS

EDINBURG, TX 78541  
 US

Room 1546/K1RZ  
 Arrival Date 4/20/2015 2:39:00PM  
 Departure Date 4/21/2015  
 Adult/Child 1/0  
 Room Rate 126.00

RATE PLAN L-GV

HH# 529548615 BLUE

AL:  
 BONUS AL: CAR:

CONFIRMATION NUMBER : 3186449536

*Folio*

 HILTON HHONORS

4/21/2015 PAGE 1

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDITS	BALANCE
4/20/2015	GUEST ROOM	AREESE2	2414404	\$126.00		
4/20/2015	STATE TAX	AREESE2	2414404	\$7.61		
4/20/2015	CITY TAX	AREESE2	2414404	\$8.88		
4/20/2015	CITY VENUE TAX	AREESE2	2414404	\$2.54		
4/20/2015	STATE COST - RECOVERY FEE	AREESE2	2414404	\$0.88		
4/21/2015	MC *9332 BALANCE	SBALNIS1	2414706		\$145.91	\$0.00

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*\*Auditors only paid \$139.20*

*Pending \$6.71*

ACCOUNT NO MC *9332	DATE OF CHARGE 04/20/2015	FOLIO NO / CHECK NO 475534 A
CARD MEMBER NAME VILLARREAL, ROBERTO	AUTHORIZATION 043852	INITIAL
ESTABLISHMENT NO & LOCATION THANK YOU FOR CHOOSING THE HILTON GARDEN INN AUSTIN DOWNTOWN. WE LOOK FORWARD TO YOUR RETURN.	RECEIVED BY COUNTY AUDITOR 2015 APR 22 AM 11 34	
CARD MEMBER'S SIGNATURE X	TIPS & MISC	TOTAL AMOUNT



DISCOUNTS AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RINGED OR RETURNED FOR A CASH REFUND

PAYMENT DUE UPON RECEIPT



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

COPY

EMPLOYEE NAME: Roberto Villarreal DEPARTMENT: County Judge  
 TRAVEL TO CITY: Austin STATE: Texas  
 DEPARTURE DATE: 4/14/2015 RETURN DATE: 4/16/2015  
 TIME OF DEPARTURE: 1:00 PM TIME OF RETURN: 7:00 PM

PURPOSE OF TRIP: To attend hearing(s)/meetings directly affecting Hidalgo County.

**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	4/14	4/15	4/16	4/17	4/18	4/19	\$ .
Car Rental							.
Gasoline for Car Rental							.
Personal Car Mileage	Beginning Mileage:	51,387	Ending Mileage:	51,989	TOTAL MILEAGE:	(MILEAGE RATE)	346.15
ODOMETER READINGS:					602	0.575	
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)	144.90	252.99					397.89
Parking / Tolls		8.00					8.00
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)	1						
With Receipts = 1 / Without Receipts = 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	18.00				
Total Actual Meal Expense	18.00	39.00	39.00				
Total Allowable Meal Expense per County Policy (County Employee)	18.00	39.00	39.00				96.00
Other (Please explain below):							.
Names of other employees traveling with you:							
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)				TOTAL FROM T-4 CONTINUATION FORM	
Payee Name	Expense Type	Check No / PO. No.	Amount	TOTAL ALLOWABLE EXPENDITURES	\$
					848.04
				AMOUNTS ADVANCED TO EMPLOYEE ON	
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE	
				REMIT TO ME	848.04
				REMITTED TO COUNTY TREASURER ON	
Total			\$	TREASURER RECEIPT NO.	0.00

1071.95 (848.04 + 223.91)  
 - 943.35 (726.15 + 217.20)  
 128.60

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: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DIVISION DIRECTOR/SUPERVISOR: \_\_\_\_\_ COUNTY AUDITOR: \_\_\_\_\_ DATE: 4/20/15

APPROVED FOR PAYMENT BY: \_\_\_\_\_ DEPARTMENT HEAD: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ GENERAL LEDGER ACCOUNT NUMBER: 5-1100-413-00-110-006-0-583



5

04-16-15

<b>Roberto Villarreal</b> 4000 Northern Lights Ave Edinburg TX 78541-1984 United States	Folio No. :	1495	Room No. :	315
	A/R Number :		Arrival :	04-15-15
	Group Code :		Departure :	04-16-15
	Company :		Conf. No. :	63766231
	Membership No. :	PC 142692951	Rate Code :	IGCOR
	Invoice No. :		Page No. :	1 of 1

Date	Description	Charges	Credits
04-15-15	*Accommodation	219.99	
04-15-15	State Tax	13.20	
04-15-15	City Tax	19.80	
04-15-15	Visa XXXXXXXXXXXXX-147		252.99
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - <a href="http://www.ihgwardsclub.com/review">www.ihgwardsclub.com/review</a> . We look forward to welcoming you back soon.		<b>Total</b>	<b>252.99</b>
		<b>Balance</b>	<b>0.00</b>

**Guest Signature:** \_\_\_\_\_

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Auditors only paid \$141.10

Pending \$121.89

Total for both

\$ 121.89  
 + 6.71  
 \$ 128.60

2015 APR 21 AM 10 09

RECEIVED BY  
 COUNTY AUDITOR

Holiday Inn Express & Suites Austin South  
 701 East Stassney Lane  
 Austin, Texas 78745  
 Telephone: (512) 851-1000 Fax: (512) 851-1002