



HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

EMPLOYEE NAME: Judge Rudy Delgado DEPARTMENT: 93rd District Court

TRAVEL TO CITY: Austin STATE: Texas

DEPARTURE DATE: 2/12/2015 RETURN DATE: 2/14/2015

TIME OF DEPARTURE: 10:00 AM TIME OF RETURN: 6:00 PM

PURPOSE OF TRIP: 2015 Collaborative Law Course
To attend the Handling Your First (or Next) DWI Case seminar in Austin, Texas

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

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						TOTALS
	2/12	2/13	2/14	2/15	2/16	2/17	
Airline / Bus / Train							\$ -
Car Rental							-
Gasoline for Car Rental							-
Personal Car Mileage	Beginning Mileage:	27,921	Ending Mileage:	28,522	TOTAL MILEAGE:	(MILEAGE RATE)	
ODOMETER READINGS:					601	0.575	345.47

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)	169.00	169.00					338.00
Parking / Tolls	25.00	25.00					50.00
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	12.00				
Dinner (\$18 per diem)	18.00	18.00	18.00				
Total Actual Meal Expense	30.00	39.00	39.00				
Total Allowable Meal Expense per County Policy (County Employee)	30.00	39.00	39.00				108.00
Other (Please explain below):							-
Names of other employees traveling with you:	Taxi receipt should be for round trip. Judge miss placed the other part of the ticket.						

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
				-
				\$ 841.47
				AMOUNTS ADVANCED TO EMPLOYEE ON:
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE
				-
				REMIT TO ME \$ 841.47
				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: [Signature] DATE: 2-19-15

APPROVED BY: [Signature] DIVISION DIRECTOR/SUPERVISOR DATE: 2-19-15

APPROVED FOR PAYMENT BY: [Signature] DEPARTMENT HEAD

5-1100-412-00-002-001-0-583
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.



HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY

FINAL TRAVEL EXPENSE CLAIM

EMPLOYEE NAME : Judge Rudy Delgado DEPARTMENT: 93rd District Court
 TRAVEL TO CITY : South Padre Island STATE: Texas
 DEPARTURE DATE: 5/13/2015 RETURN DATE: 5/14/2015
 TIME OF DEPARTURE: 9:00 AM TIME OF RETURN: 6:00 PM

PURPOSE OF TRIP : To Attend the Soaking Up Some CLE: A South Texas Litigation Seminar

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

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						TOTALS
	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	
	5/13	5/14	5/15	5/16	5/17	5/18	
Airline / Bus / Train							\$ -
Car Rental							-
Gasoline for Car Rental							-
Personal Car Mileage	Beginning		Ending				
ODOMETER READINGS:	Mileage:	67,351	Mileage:	67,506	TOTAL MILEAGE:	(MILEAGE RATE)	
					155	0.575	89.01

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)	183.95						183.95
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)							
With Receipts = 1 / Without Receipts = 2							
Breakfast (\$9 per diem)							
Lunch (\$12 per diem)							
Dinner (\$18 per diem)							
Total Actual Meal Expense							
Total Allowable Meal Expense per County Policy (County Employee)							-
Other (Please explain below):							-
Names of other employees traveling with you:							

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	\$ 272.96
				AMOUNTS ADVANCED TO EMPLOYEE ON:	
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE	-
				REMIT TO ME	\$ 272.96
				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: [Signature] DATE: 8-6-2015
 APPROVED BY: [Signature] DIVISION DIRECTOR/SUPERVISOR DATE: 8-6-15

APPROVED FOR PAYMENT BY: [Signature] DEPARTMENT HEAD
 5-1100-412-00-002-001-0-583
 GENERAL LEDGER ACCOUNT NUMBER



HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

EMPLOYEE NAME: Judge Rudy Delgado DEPARTMENT: 93rd District Court
 TRAVEL TO CITY: San Antonio STATE: Texas
 DEPARTURE DATE: 3/12/2015 RETURN DATE: 3/13/2015
 TIME OF DEPARTURE: 6:00 AM TIME OF RETURN: 6:00 PM

PURPOSE OF TRIP: To attend the Advanced Medical Torts 2015 in San Antonio, Texas

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

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						TOTALS
	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	
	3/12	3/13	3/14	3/15	3/16	3/17	
Airline / Bus / Train							\$ -
Car Rental							-
Gasoline for Car Rental							-
Personal Car Mileage	Beginning		Ending		TOTAL MILEAGE:	(MILEAGE RATE)	
ODOMETER READINGS:	Mileage:	30,200	Mileage:	30,673	473	0.575	271.98
<p><small>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.</small></p>							
Hotel (Excluding Meals)	112.00						112.00
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)	1						
With Receipts = 1 / Without Receipts = 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):							-
Names of other employees traveling with you:	Taxi receipt should be for round trip. Judge miss placed the other part of the ticket.						

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./ P.O. No.	Amount	TOTAL ALLOWABLE EXPENDITURES	\$ 461.98
				AMOUNTS ADVANCED TO EMPLOYEE ON:	
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE	
				REMIT TO ME	\$ 461.98
				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: [Signature] DATE: 3-17-15 APPROVED BY: [Signature] DIVISION DIRECTOR/SUPERVISOR DATE: 3-17-15

APPROVED FOR PAYMENT BY: [Signature] DEPARTMENT HEAD GENERAL LEDGER ACCOUNT NUMBER: 5-1100-412-00-002-001-0-583



HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

EMPLOYEE NAME : Judge Rudy Delgado DEPARTMENT: 93rd District Court
 TRAVEL TO CITY : Austin STATE: Texas
 DEPARTURE DATE: 4/28/2015 RETURN DATE: 4/29/2015
 TIME OF DEPARTURE: 11:00 AM TIME OF RETURN: 7:30 PM

PURPOSE OF TRIP : To Attend A Meeting with the Texas State Legislators Elected Officials

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

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						TOTALS
	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	
	4/28	4/29	4/30	5/1	5/2	5/3	
Airline / Bus / Train							\$.
Car Rental							.
Gasoline for Car Rental							.
Personal Car Mileage	Beginning		Ending				
ODOMETER READINGS:	Mileage: 31,330		Mileage: 31,937		TOTAL MILEAGE: 607	(MILEAGE RATE) 0.575	348.85

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	25.00						25.00
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					
Breakfast (\$9 per diem)		9.00					
Lunch (\$12 per diem)	12.00	12.00					
Dinner (\$18 per diem)	18.00	18.00					
Total Actual Meal Expense	30.00	39.00					
Total Allowable Meal Expense per County Policy (County Employee)	30.00	39.00					69.00

Other (Please explain below):

Names of other employees traveling with you:

Judge put money in the meter, but meeting ran pass the meter time. See attached

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./ P.O. No.	Amount	TOTAL FROM T-4 CONTINUATION FORM
				.
				TOTAL ALLOWABLE EXPENDITURES \$ 442.85
				AMOUNTS ADVANCED TO EMPLOYEE ON :
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE .
				REMIT TO ME \$ 442.85
				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: [Signature] DATE: 5-5-15

APPROVED BY: [Signature] DATE: 5-28-15
 DIVISION DIRECTOR/SUPERVISOR

APPROVED FOR PAYMENT BY: [Signature]
 DEPARTMENT HEAD

5-1100-412-00-002-001-0-583
 GENERAL LEDGER ACCOUNT NUMBER