

Memo

To: Hidalgo County Commissioners' Court

From: Hidalgo County Indigent Defense

CC:

Date: 2/10/16

Re: Travel Reimbursement

As per the travel forms and quotes attached, an issue with the amounts quoted and actually billed for the hotel rooms differs. Because of this discrepancy one night of the hotel stay is more than the allowable rate for out of county travel. We are asking that the court approve the reimbursement of funds to Isidro Sepulveda Jr and David Sinder for same.

David Sinder, Compliance Monitor



Signature

Date



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

RECEIVED

EMPLOYEE NAME: NOV 2015 Isidro Sepulveda DEPARTMENT: Indigent Defense
 TRAVEL TO CITY: HIDALGO COUNTY AUDITOR'S OFFICE Galveston STATE: Texas
 DEPARTURE DATE: 10/31/2015 RETURN DATE: 11/4/2015
 TIME OF DEPARTURE: 7:30 AM TIME OF RETURN: 6:30 PM

PURPOSE OF TRIP: Conference 39th annual Tx. Association for Court Adm.
 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	
	10/31	11/1	11/2	11/3	11/4	11/5	TOTALS
Airline / Bus / Train							\$.
Car Rental							.
Gasoline for Car Rental							.
Personal Car Mileage							.
ODOMETER READINGS:	Beginning Mileage:	Ending Mileage:			TOTAL MILEAGE:	(MILEAGE RATE)	.
						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)	172.33	80.33	80.33	80.33			413.31
Parking / Tolls							.
Taxi and Other Ground Transportation							.
Telephone							.
Registration Fees	325.00						325.00
MEALS (based upon actual charges)							
Type of Travel (In State =1 /Out of State =2)	1						
	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.						
With Receipts = 1 / Without Receipts = 2	2	2	2	2	2		
Breakfast (\$9 per diem)	9.00	9.00	9.00	9.00	9.00		
Lunch (\$12 per diem)	12.00	12.00	12.00	12.00	12.00		
Dinner (\$18 per diem)	18.00	18.00	18.00	18.00	18.00		
Total Actual Meal Expense							
Total Allowable Meal Expense per County Policy (County Employee)	39.00	39.00	39.00	39.00	39.00		195.00
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	
Shree Gayatrima Inc	hotel	423926	\$ 413.31	\$ 933.31	
Isidro Sepulveda Jr	meals	423940	\$ 186.00		186.00
Texas Association for Court Administrators	registration	423944	\$ 325.00		738.31
					9.00
			738.31		
Total			\$ 924.31		12.48
				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: 11/16/15
 APPROVED BY: [Signature] DIVISION DIRECTOR/SUPERVISOR DATE: 11/16/15
 APPROVED FOR PAYMENT BY: [Signature] DEPARTMENT HEAD
 GENERAL LEDGER ACCOUNT NUMBER: 511604120009003583



BAYMONT GALVESTON

Phone: (409) 744-3000

Fax: (409) 744-3021

Email: baymontinnagalveston@earthlink.net

Printed: 11/5/2015 7:53:53 AM

Folio (Detailed)

Name:	SINDER, DAVID	Room #2	Confirmation Number:	56875912
Company:	BRAND.COM	Isidro Sepulveda	Account Number:	698-769746
Address:	2105 OPAL EDINBURG, TX 78541 US			
Room:	335	Room Type:	SNK2, UPGRADED SUITE 2	Nights: 4
Rate Plan:	SDC1	Daily Rate:	See room rate section below.	GTD: CA - CASH
Arrival:	10/31/2015 (Sat)	Departure:	11/4/2015 (Wed)	Guests: 1/0

Room Rate:

10/31/2015 (Sat) - 10/31/2015 (Sat) \$149.85 + \$22.48 Tax per night.
 11/1/2015 (Sun) - 11/3/2015 (Tue) \$69.85 + \$10.48 Tax per night.

Date	Code	Description			Amount	Balance
10/29/2015	CA	CASH			(\$413.32)	(\$413.32)
10/31/2015	RM	ROOM CHARGE	139.00	x	\$149.85	(\$263.47)
10/31/2015	TAX1	LOCAL TAX	15.00	%	\$13.49	(\$249.98)
10/31/2015	TAX2	STATE TAX	20.85	*	\$8.99	(\$240.99)
11/1/2015	RM	ROOM CHARGE			\$69.85	(\$171.14)
11/1/2015	TAX1	LOCAL TAX	0.00	C	\$6.29	(\$164.85)
11/1/2015	TAX2	STATE TAX			\$4.19	(\$160.66)
11/2/2015	RM	ROOM CHARGE	139.00	+	\$69.85	(\$90.81)
11/2/2015	TAX1	LOCAL TAX	20.85	=	\$6.29	(\$84.52)
11/2/2015	TAX2	STATE TAX	159.85	*	\$4.19	(\$80.33)
11/3/2015	RM	ROOM CHARGE	0.00	C	\$69.85	(\$10.48)
11/3/2015	TAX1	LOCAL TAX			\$6.29	(\$4.19)
11/3/2015	TAX2	STATE TAX	159.85	-	\$4.19	\$0.00
			172.33	=		
			-12.48	*		

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$359.40	\$53.92	\$0.00	\$0.00	\$0.00	(\$413.32)	\$0.00

By signing below, I agree to these terms and conditions.

See travel policy pg 11 1b.d



HIDALGO COUNTY, TEXAS

OUT - OF - COUNTY FINAL TRAVEL EXPENSE CLAIM

EMPLOYEE NAME: David Sinder DEPARTMENT: Indigent Defense
 TRAVEL TO CITY: Galveston STATE: Texas
 DEPARTURE DATE: 10/31/2015 RETURN DATE: 11/4/2015
 TIME OF DEPARTURE: 7:30 AM TIME OF RETURN: 6:30 PM

PURPOSE OF TRIP: 39th annual Tx. Association for Court Adm.

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	
	10/31	11/1	11/2	11/3	11/4	11/5	TOTALS
Airline / Bus / Train							\$.
Car Rental	242.34	d					242.34
Gasoline for Car Rental	43.79	d			58.30	f	102.09
Personal Car Mileage	Beginning Mileage:		Ending Mileage:		TOTAL MILEAGE:	(MILEAGE RATE)	
ODOMETER READINGS:						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)	172.33	413.31	80.33	80.33	80.33		413.32	413.31
Parking / Tolls								
Taxi and Other Ground Transportation								
Telephone								
Registration Fees	325.00	f						325.00
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	2	2			
Breakfast (\$9 per diem)	9.00	9.00	9.00	9.00	9.00			
Lunch (\$12 per diem)	12.00	12.00	12.00	12.00	12.00			
Dinner (\$18 per diem)	18.00	18.00	18.00	18.00	18.00			
Total Actual Meal Expense								
Total Allowable Meal Expense per County Policy (County Employee)	39.00	39.00	39.00	39.00	39.00			195.00
Other (Please explain below):	^	^	^	^	^			

Names of other employees traveling with you: Isidro Sepulveda Jr

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
David Sinder	meals/gas	423941	\$ 280.00	TOTAL ALLOWABLE EXPENDITURES \$ 1,277.74
Shree Gayatrima Inc.	hotel	423925	\$ 413.31	AMOUNTS ADVANCED TO EMPLOYEE ON: 10/27/15 01-423941 280.00
Texas Association For Court Administrators	registration	423945 731931	\$ 325.00	TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE 980.65
ean holdings	rental car	731912	\$ 242.34	REMIT TO ME \$ 11.09
Total			\$ <u>980.65</u>	REMITTED TO COUNTY TREASURER ON 1st night hotel stay 12.48
			\$ <u>1,268.65</u>	TREASURER RECEIPT NO. \$ 0.00

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EMPLOYEE SIGNATURE: [Signature] DATE: 11/14/15
 APPROVED BY: [Signature] DIVISION DIRECTOR/SUPERVISOR DATE: _____

APPROVED FOR PAYMENT BY: [Signature] DEPARTMENT HEAD
 GENERAL LEDGER ACCOUNT NUMBER: 5 1100 4/12 00 009 003 583

BAYMONT

INN & SUITES

RECEIVED
 NOV 2015
 HUNTER COUNTY
 CLERK'S OFFICE

BAYMONT GALVESTON

Phone: (409) 744-3000
 Fax: (409) 744-3021
 Email: baymontingalveston@earthlink.net
 Printed: 11/5/2015 7:54:08 AM

Folio (Detailed)

Name: SINDER, DAVID
 Company: BRAND.COM
 Address: 2105 OPAL
 EDINBURG, TX 78541 US
 Room: 336 Room Type: SNK2, UPGRADED SUITE 2 Nights: 4 Guests: 1/0
 Rate Plan: SDC1 Daily Rate: See room rate section below. GTD: CA - CASH
 Arrival: 10/31/2015 (Sat) Departure: 11/4/2015 (Wed)

Confirmation Number: 56875912
 Account Number: 716-611337

Room Rate:

10/31/2015 (Sat) - 10/31/2015 (Sat) \$149.85 + \$22.48 Tax per night.
 11/1/2015 (Sun) - 11/3/2015 (Tue) \$69.85 + \$10.48 Tax per night.

Date	Code	Description		Amount	Balance
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11/3/2015	RM	ROOM CHARGE	159.85 -	\$69.85	(\$10.48)
11/3/2015	TAX1	LOCAL TAX	172.33 =	\$6.29	(\$4.19)
11/3/2015	TAX2	STATE TAX	-12.48 *	\$4.19	\$0.00

Summary

Room	Tax	F&B	Other	CC	Cash	DB
\$359.40	\$53.92	\$0.00	\$0.00	\$0.00	(\$413.32)	\$0.00

By signing below, I agree to these terms and conditions.

see travel policy pg 11 lb. d.