TA0800307

El Paso County Auditor's Office Manual Voucher Form

Vendor No.: <u>V004275</u> 04	Single Check (Y/N):		
Voucher Total: \$178.00 No. of Lines: 2	Date Entered: 05/08/2008		
T/C Hash: 400 Preparer's Initials: AN	Entered by: AN		

Amount Spelled: ONE HUNDRED SEVENTY EIGHT DOLLARS AND NO CENTS

Vendor Name: PARK UNIVERSITY ENTERPRISES, INC.

Street: P.O BOX 219468

City, State, Zip: KANSAS CITY, MO 64121

Subject: REG VALERIE S. OLIVAS ELP, TX 6/6/08 MS EXCEL 2007

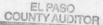
Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	200	99.00	ASSOCFAMCRT1	6705				
01	Desc:	REG VALERIE	S. OLIVAS ELP,T	6/6/08	MS EXC	1 2007		
02	200	79.00	ASSOCFAMCRT1	6705				
02	Desc:	REG GUILLERM	O MALDONADO ELP,	TX 6/6/0	8 MS EX	CEL 20		
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09					100			
	Desc:				100			
10						100		
	Desc:							

Prepared by: AUDITORS - JORGE LOPEZ TCAUD20	Date :	05/08/2008	
Approved by:	Date :		

RECEIVED



MAY $0.5\ 2008$ please note: if more than one person attending, list up to 10 names on the bottom



COUNTY AUDITOR

County of El Paso

Travel Request Form

el e: REGISTRATION	ed Pryx Concer	Front				
Company Name:	Associate Family Court 1					
			Department:			
Date of Trip: Departure	06/06/08 Arrival Date:		Destination:	El Paso, Te	xas	
Purpose of Trip:	Microsoft Excel 2007					
* 11	se of CADMINGE		der der Salt Sugar Steil beitre			
Department Index:	se of GADMINGF]	runds requires legis	lative impact ex	planation	n	
			Sub-Object			670
Plant Charle On Ch	Section 1: Guidelines for	Determining Meal Rate	es Allowance MOVE	ARROW		
on Date of Departure	re meal rate)					
on Date of Departure	e by	After 12:00 P.M.		Half Rate	\$	17.50
on Date of Departure	с by	Before 12:00 P.M.		Full Rate	\$	35.00
Please Check One (Return	meal rate)					
on Date of Return by		Before 5:00 P.M.		II-ICD :		
on Date of Return by		After 5:00 P.M.		Half Rate		17.50
		. 1101 J.OU I .IVI.		Full Rate	\$	35.00
\$35.00 per diem no receipts	required					
(Note: Please use the items	checked above to fill out sect	ion 2 below)				
Section	n 2: Travel Extimated B	reakdown				
* CC CREDIT CARD EXP	ENSE BREAKDOWN		FOR	AUDITO	R'S L	USE ONLY
Airfare		* CC				
			Trans. Code:			
Auto Rental						
Mileage (.40 /mile)			Index:			
Gas			7			
Meal rate on Departure dat	e		Sub-Object:			
Meal per diem (\$35.00)			and Object.			
Meal rate on Return date			Vendor:		1100	74275-
Lodging			vendor;		100	11915
Other - Registration	178.00		C-L			
Other - Parking/Tolls			Subsidiary:			
Other - Taxi						
Other -			Amount:			
Other -						
TOTAL	\$178.00	\$0.00				
	A STATE OF THE PROPERTY OF THE					
	Section	MPLOYEE WILL REIM	BURSED FROM	OTHER S	OUR	CE
	Section	3: Signature and List CC	of Names:			
REGISTRATION AMOU	NT: \$178.00	\$0.00	NOTATION			
alerie S. Olivas			NOTATION: T	KAVEL RI	EQUE	EST FORM MU
Guillermo Maldonado	Name:		BE SUBMITTED	TO COUNT	Y AU	DITORS-
ame:	Name:		ACCOUNTS PAY	ABLE DIVI	SION	BEFORE
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C.C.O. DATE				DATE: 5	-May	1 UMPL

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CAREERTRACK

MFRED PRYOR SEMENAIS

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D Visa	E MC	payme	nt hos
O AMEX	© Discover		
		Exp. Code PO Box 21	9468 : MO 64121-9468
Cranel #		, marinal 424)	the second second and the second

THIS IS YOUR ORIGINAL INVOICE **REMITTANCE STUB** (Forward to Your Accounts Payable Dept.) (Payment is due upon receipt of this invoice. Please return Attended Name: MS VALERIE S OLIVAS Customer # 29643550 Federal DW: 43-1830400 this remittance stub with your payment. Customer #: 10263224 France Dete: 04/15/2008 Tuition: transion #: 10263224 Custemar #: 29643550 Evant #: 71632 4620113 06/06/2008 Tous: Fregram: X7/MICROSOFT EXCEL 2007 Amount Paisk Total Amount Due: 79.00 Seminor Date: Friday June 6, 2008 Seminor Location: Currey Adkins 200 South Alto Mesa El Paso, TX 79912 Method of Payment: Check # D Visa DIMC Payment is due upon receipt of this invoice. CAMEX O Discover Expr Children Tuitiona Amount Poid: Total Amount Due: 79.00 TOK: .00 Cord # .00 Corcholder Suprainue FRED PRYOR SEMENALS CAREERTRACK.

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O Tax Exempt #:

79.00/

Please submit payment to:

PO 80x 219468

(Рвоим отоск в серу об усил Тах Европре Сонтвисте по разговия рессельну в сероворые.)

Konsoi City, MO 64121-9468

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El Paso County Travel Justification Form

Name: CHULERMO MALDO KASSignature Aillant Millant. Date: 5-5-08
Depthsoc. Family Court 1 Job Title: BuliFF
Travel Funding Source: County Grant Will any funds be reimbursed by another entity? Travel Account No.: 6705 Balance Remaining for FY:
Purpose: (check one)
Statutorily Required Training to Hold Elective Office Statute Reference: My elective office requires number of training hours per months. I have already fulfilled of these hours for this time period.
Estimated hours to be obtained from this course?
Professional or Technical Training to Maintain License/Certification (peace officers, attorneys, CPAs, technical certifications, etc.)
Additional Professional or Technical Training NOT Required to Maintain License/Certification
Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy Entity Name:
Purpose of Visit:
Travel for Program Revenue Enhancement/Sales Opportunity Explain:
Program Development Training Explain:
Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.) Organization Name:
Human Resources/Management/Personal Development Training
("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
Other:

El Paso County Travel Justification Form
Name Glebe Clubs Signature alrivations Date: 5/5/08
Name Alekse Livis Signature aluri livas Date: 5/5/08 Dept: Assoc. Family Court 1 Job Title: Court Cook director
Travel Funding Source: County Grant Other Will any funds be reimbursed by another entity? NA Travel Account No.: 6105 Balance Remaining for FY:
Purpose: (check one)
Statutorily Required Training to Hold Elective Office Statute Reference:
My elective office requires number of training hours per months. I have already fulfilled of these hours for this time period. Estimated hours to be obtained from this course?
Professional or Technical Training to Maintain License/Certification (peace officers, attorneys, CPAs, technical certifications, etc.)
Additional Professional or Technical Training NOT Required to Maintain License/Certification
Travel for Lobbying/Advocating Before Federal/State Legislature, Federal/State Agency, or Other Regulatory Body, Including Grant Application Advocacy Entity Name:
Purpose of Visit:
Travel for Program Revenue Enhancement/Sales Opportunity Explain:
_ Program Development Training Explain:
Travel to Professional, County, or Elected Officials' Organization Meeting/Convention
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.) Organization Name:
Human Resources/Management/Personal Development Training ("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)
Other:

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- How to copy and move data without anxiety
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