

**Click on Bookmarks  
To View Travel Detail**

TRAVEL VOUCHERS.TXT

1\*\*\*\*\*  
 FAM165TV COUNTY OF EL PASO CNY RUN DATE: 04/30/2010  
 TRAVEL VOUCHERS RUN TI  
 PAGE NUM: 1

ORUN OPTION SELECTED: \* - LIST ALL VOUCHERS PAYABLE SELECTION DATE: 99/99/9999 CHECK DATE: 04/30/2010 POSTING PERIOD: 07 2010  
 OVOUCHER NUMBER VENDOR NUMBER INDEX PROJECT USER CODE GROSS NET CLEARED FOR  
 DOC REFERENCE VENDOR NAME SUBOBJECT GRANT BALANCE DUE BALANCE DUE PAYMENT  
 DOI NG BUSI NESS AS DESCR IPTION  
 0 TOTALS FOR TRANSA CTION DATE : 03/04/2010 .00 .00 .00  
 1\*\*\*\*\*

FAM165TV COUNTY OF EL PASO CNY RUN DATE: 04/30/2010  
 TRAVEL VOUCHERS RUN TI  
 PAGE NUM: 2

ORUN OPTION SELECTED: \* - LIST ALL VOUCHERS PAYABLE SELECTION DATE: 99/99/9999 CHECK DATE: 04/30/2010 POSTING PERIOD: 07 2010  
 OVOUCHER NUMBER VENDOR NUMBER INDEX PROJECT USER CODE GROSS NET CLEARED FOR  
 DOC REFERENCE VENDOR NAME SUBOBJECT GRANT BALANCE DUE BALANCE DUE PAYMENT  
 DOI NG BUSI NESS AS DESCR IPTION  
 OTA1000258 01 EMP00475 01 SHERI FFLEOS  
 RICARDO PERALES 6602 12.43 12.43 12.43  
 SHERI FF DEPT.  
 OTA1000259 01 EMP01704 01 RMB DALLAS, TX 3/23-28/10 CALEA SPRING CONF  
 MICHAEL FLORES GASSI STANCE 6705 2,580.24 2,580.24 2,580.24  
 BLOOMINGTON, MN 6/4-12/10 NACVSO CONF 2011  
 OTA1000260 01 EMP01974 01 SHERI FFLEOS  
 BERNADETTE ORTEGA 6602 230.47 230.47 230.47  
 RMB AUSTIN, TX 3/25-26/10 ULW RMOTE TX DPS CRM LAB  
 REGPUBTRAN10  
 OTA1000261 01 EMP01978 01 ROBERT SCHWAB 6602 257 05 478.11 478.11 478.11  
 SCHWAB, REGNL COOR MTNG EL PASO, TX 4/13-15/10  
 CDP  
 OTA1000262 01 EMP02450 01 ERNIE COBOS 6705 3,162.50 3,162.50 3,162.50  
 LAS VEGAS, NV 6/26-7/1 '10 CISCO LIVE NETWORKS  
 ITD  
 OVP1003390 01 EMP02451 01 ANNE MCGEHEE 6705 860.00 860.00 860.00  
 CCRIMC4 AUSTIN, TX 6/14/10 PDP TRIAL CRT MGMNT CRSE  
 OTA1000263 01 V002850 01 SHERI FFLEOS  
 S. T. A. R. S. 6602 100.00 100.00 100.00  
 RGMARIA SANTANA ELP, TX5/11-12/10 NEW BGNING&TMRRO  
 383RDDC  
 OVP1003389 01 V002850 01 S. T. A. R. S. 6705 100.00 100.00 100.00  
 RGVELERIE BERUMEN ELP, TX5/11-12/10NW BGNING&TMRROW  
 SHERI FFLEOS  
 OVP1003391 01 V003890 01 PUBLIC AGENCY TRAIN COUNC 6602 275.00 275.00 275.00  
 RGJOSE HRNDZ ELP, TX4/1-2/10LEGL&LIAB MGMNT S. W. A. T  
 CA  
 OTA1000264 01 V004265 01 ROCKHURST UNIVERSITY CONTI NUI N 6705 399.00 399.00 399.00  
 NATIONAL SEMI NARS GROUP MANY ROMERO, EL PASO, TX 5/20-21/10  
 0 TOTALS FOR TRANSA CTION DATE : 05/03/2010 8,197.75 8,197.75 8,197.75  
 0 REPORT TOTAL 8,197.75 8,197.75 8,197.75





TJ

### County of El Paso Travel Request Form

Travel

Type: **REIMBURSEMENT**

Name:	Ricardo Perales	Department:	Sheriff	
Date of Trip: Departure	03/23/10	03/28/10	Destination:	Dallas, Texas
* Purpose of Trip:	CALEA Spring Conference			

**\* Use of GADMINGF Funds requires legislative impact explanation**

Department Index:	SHERIFFLEOS	6602
COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO		

**Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW**

*Please Check One (Departure meal rate)*

<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 35.00

*Please Check One (Return meal rate)*

<input checked="" type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

**Section 2: Travel Estimated Breakdown**

\* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	12.43	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	_____	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other - Emergency	_____	_____
Other -	_____	_____
<b>TOTAL</b>	<b>\$12.53</b>	_____

**FOR AUDITOR'S USE ONLY**

Trans. Code: \_\_\_\_\_

Index: \_\_\_\_\_

Sub-Object: \_\_\_\_\_

Vendor: Emp 00475

Subsidiary: \_\_\_\_\_

Amount: \_\_\_\_\_

EMPLOYEE WILL BE REIMBURSED FROM OTHER SOURCE  N  Y/N

**Section 3: Signature and List of Names:**

REIMBURSEMENT AMOUNT	\$12.43	CC	_____
----------------------	---------	----	-------

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS-ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE:

DATE: \_\_\_\_\_

C.C.O. DATE \_\_\_\_\_



County of El Paso  
Travel Expenditure Voucher

Name: Ricardo Perales Department: SHERIFF  
Date (s) of Trip: 03-23-10 to 03-28-10 Destination: Dallas, Texas  
Purpose of Trip: CALEA Spring Conference  
Department Index: SHERIFFLEOS Sub-Object: 6602

**Section 1: Guidelines for Determining Meal Rates Allowance**

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50  
 on Date of Departure 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. Half Rate \$ 17.50  
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

**Section 2: Travel Expenditure Breakdown**

Airfare \$245.90  
Auto Rental 412.26  
Mileage (.28 /mile) \_\_\_\_\_  
Gas 11.72  
\* Meal rate on Departure date 35.00  
Meal per diem (\$35.00) 140.00  
\* Meal rate on Return date 17.50  
Lodging 721.25  
Other - Registration 495.00  
Other - Parking/Tolls 55.20  
Other - Taxi \_\_\_\_\_  
Other - \_\_\_\_\_  
Other - \_\_\_\_\_  
**TOTAL** \$2,133.83

**FOR AUDITOR'S USE ONLY**

Trans. Code: \_\_\_\_\_  
Index: \_\_\_\_\_  
Vendor: Emp 00475  
Subsidiary: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Date Entered: \_\_\_\_\_

**Section 3: Check(s) Made Payable to:**

207048 County Check No.

\_\_\_\_\_ Deposit Warrant No.

SIGNATURE [Signature]

ADVANCE FROM COUNTY: \$2,121.40

TOTAL EXPENDITURES: \$2,133.83

DATE: 29-Mar-10

REFUND TO THE EMPLOYEE (\$12.43)

APR 14 2010

El Paso County Travel Justification Form

Name: Ricardo Perales Signature [Signature] Date: 01-05-2010

Dept: EPCSO Job Title: Deputy Sheriff

Travel Funding Source: X County Grant Other Will any funds be reimbursed by another entity? Travel Account No.: 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.)

X Other: CALEA Spring Conference Adopted by the El Paso County Commissioners Court on November 17, 2003

## El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01704 01  
 Voucher Total: \$2,580.24  
 No. of Lines: 1  
 T/C Hash: 208

Single Check (Y/N): \_\_\_\_\_

Date Entered: 04/29/2010  
 Entered by: AN

Preparer's Initials: AN  
 Amount Spelled: TWO THOUSAND FIVE HUNDRED,  
 EIGHTY DOLLARS AND TWENTY FOUR CENTS

Vendor Name: MICHAEL FLORES

Street: 500 EAST SAN ANTONIO  
 VETERANS  
 City, State, Zip: EL PASO TX 79901

Subject: BLOOMINGTON, MN 6/4-12/10 NACVSO CONF 2011

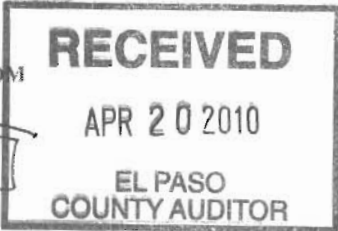
Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	2,580.24	GASSISTANCE	6705	145	VAS008		
	Desc:	BLOOMINGTON, MN 6/4-12/10 NACVSO CONF 2011						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 04/29/2010

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM



### County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

Name: Michael Flores Department: GA/VA-Family & Comm Svcs  
 Date of Trip: Departure 06/04/10 Arrival Date: 06/12/10 Destination: Bloomington, MN  
 \* Purpose of Trip: Attend the National Assoc. of County Veterans Services Officers annual training and conference

\* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: GASSISTANCE Sub-Object: 6705  
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

#### Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50  
 on Date of Departure 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. Half Rate \$ 17.50  
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

#### Section 2: Travel Estimated Breakdown

\* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	\$497.30	
Auto Rental	295.74	
Mileage (.40 /mile)	0.00	
Gas	50.00	
Meal rate on Departure date	17.50	
Meal per diem (\$35.00)	245.00	
Meal rate on Return date	35.00	
Lodging	1,139.70	
Other - Registration	300.00	
Other - Parking/Tolls		
Other - Taxi		
Other -		
Other -		
<b>TOTAL</b>	<b>\$2,580.24</b>	<b>\$0.00</b>

FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
 Index: \_\_\_\_\_  
 Sub-Object: \_\_\_\_\_  
 Vendor: Comp e1704  
 Subsidiary: \_\_\_\_\_  
 Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE  Y/N

#### Section 3: Signature and List of Names:

ADVANCE FROM COUNTY \$2,580.24 \$0.00  
 CC  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS-ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE [Signature]  
 DATE: 20-Apr-10

C.C.O. DATE [Redacted]



## El Paso County Travel Justification Form

Name: Michael Flores Signature [Signature] Date: 04/20/2010

Dept: Family & Comm Svcs-GAVA Job Title: GAVA Program Manager

Travel Funding Source: X County      Grant      Other

Will any funds be reimbursed by another entity? No

Travel Account No.: GASSIST 6705 Balance Remaining for FY: \$5,100

### 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: \_\_\_\_\_

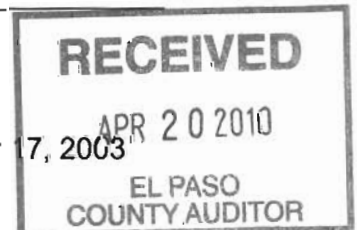
**Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_

**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:** \_\_\_\_\_



Adopted by the El Paso County Commissioners Court on November 17, 2003

[Log in](#)

Conference Schedule and Upcoming Events  
[1]

admin

[Administrator](#)

May 27th, 2008 at 2:20 pm

[NACVSO Conference 2010](#)

[Conference Registration Form](#)

[Registered Conference Attendees, 2010 \(as of March 28th\)](#)

[Introduction to Veterans Advocacy Training Agenda](#)

[Continuing Education Units Training Agenda](#)

[CVA Training Agenda](#)

[Certified Veterans Advocate Course Prerequisites and Enrollment Form](#)

Will be held in Minneapolis, MN

June 5, 2010 to June 12, 2010

At the Sheraton Bloomington Hotel

7800 Normandale Blvd.

Bloomington, MN 55439

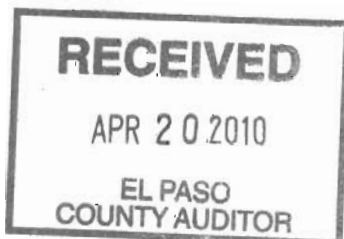
952-835-7800

The negotiated Room Rate is \$125.00 per night plus 13.9% in taxes.



Hotel information can be found on their web site

[Sheraton Hotel, Bloomington](#)



A personalized Web site for The NATIONAL ASSOCIATION OF COUNTRY VETERAN SERVICE OFFICERS Annual Training Conference occurring June 03, 2010 - June 12, 2010 has been created for your use. Guests can access the site to learn more about the event and to book, modify, or cancel a reservation until May 07, 2010.

Room Reservations

As of April 12, 2010 the hotel room block at the Sheraton Hotel is now full. Some deluxe rooms are still available but at a higher rate. We have also identified an overflow hotel that is just across the parking lot and very conveniently located. For reservations at the overflow hotel contact;

Sofitel Minneapolis  
5601 W. 78th St.  
Bloomington, MN  
952-656-5909

Room Rate is \$125.00 plus taxes  
Use reservation code: NACVSO Conference  
Cut off date for reservations is May 14, 2010.

Area attractions and local information can be found by visiting

Area Attractions

Additional Information will be provided as it is available

Hosted by the County Veterans Service Officers Association of Minnesota

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NACVSO Conference 2011

Will be held in Biloxi, MS

June 4, 2011 to June June 11, 2011

At the IP Casino-Resort- Spa  
850 Bayview Ave  
Biloxi, MS 39530

Room Rates are being negotiated.

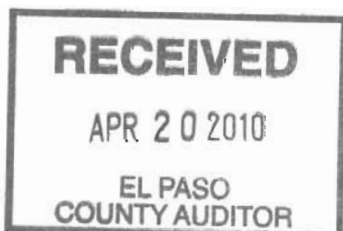
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NACVSO Conference 2012

Will be held in Atlantic City, NJ

June 2, 2012 to June June 9, 2012

At the Resorts Casino and Hotel



National Association of County Veterans Service Officers, Inc  
20th Annual  
Training Conference and Business Meeting  
June 5 to June 12, 2010  
Sheraton Bloomington Hotel  
7800 Normandale Blvd  
Bloomington, MN 55439  
952-835-7800

Conference Registration Form and Payment  
Must be received by May 7<sup>th</sup>, 2010

Make your own Reservations by May 14<sup>th</sup>, 2010

Must identify NACVSO affiliations when making your reservations.

PLEASE PRINT LEGIBLY OR TYPE

NAME: MICHAEL FLORES  
ADDRESS: 800 E. OVERLAND, SUITE 301 County EL PASO  
CITY: EL PASO State TEXAS Zip Code 79901  
EMPLOYER County of EL PASO PHONE NUMBER (915) 546-8150  
E-MAIL miflores@epcounty.com

Conference Registration Fees

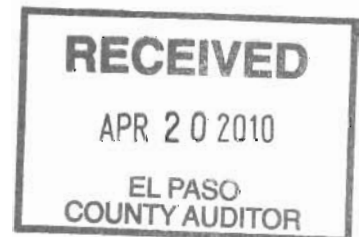
<input checked="" type="checkbox"/> NACVSO Member	\$300.00	<input type="checkbox"/> NACVSO Member	\$350.00 (after May 7th)
<input type="checkbox"/> Non-Member	\$400.00	<input type="checkbox"/> Non-Member	\$450.00 (after May 7th)

**\*\*Mail this form with Registration Fees to:**

Mr. Jim Goltart, NACVSO Treasurer  
88 S. Park Ave.  
LeCenter, MN 56057  
507-357-8279 (payment questions)

TRAINING CLASSES OFFERED – CHOOSE ONLY ONE

- Basic Veterans Advocacy  
(If 10 participants minimum is not met, you will be placed in Accreditation but not required to test) (Questions Call Bob Park-330-297-3545)
- Accreditation Training (30 hours mandatory)
- Continuing Education Training (CEU) (Maintaining Accreditation)
- Advanced Professional Veterans Advocate (CVA)  
(Class limit 35 students) Contact John Dorrity at 732-929-2096)



Special Needs: Please note any special needs \_\_\_\_\_

NACVSO will **NOT** refund registration fees after May 15, 2010. Accreditation Training is mandatory for NACVSO accreditation.

Any questions please contact Jane Roland, Conference Director at jgroland@yahoo.com or Jim Goltart at 507-357-8279 or jgoltart@co.le-sueur.mn.us

SEARCH FLIGHTS → CHOOSE FLIGHTS → TICKET DETAILS → TRAVELLER INFORMATION → COMPLETE PURCHASE → CONFIRMATION

## Review Trip Itinerary

### Price Details:

1 Adults (age 18 to 64) \$459.00  
 Additional Taxes/Fees \$38.30  
**Total Price \$497.30**

Card Statement Credit \$497.30  
**-\$50.00**  
 Learn More \$447.30

**GET THE CARD THAT  
 ADDS TO YOUR SAVINGS.**

- Earn 25,000 bonus miles
- Get \$50 back



Learn more >

### Flight Details:

Depart: <b>4:30 p.m.</b> Fri., Jun. 4, 2010 El Paso, TX (ELP)	Arrive: <b>7:23 p.m.</b> Fri., Jun. 4, 2010 Houston, TX (IAH - Intercontinental)	Flight Time: 1 hr 53 mn	OnePass Miles/ Elite Qualification*: <b>669 /100%</b>	Flight: <b>CO2758</b> Aircraft: <b>Embraer RJ145</b> Fare Class: <b>Economy (U)</b>
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**Change Planes.** Connect time in Houston, TX (IAH - Intercontinental) is 1 hour 32 minutes .

Depart: <b>8:55 p.m.</b> Fri., Jun. 4, 2010 Houston, TX (IAH - Intercontinental)	Arrive: <b>11:33 p.m.</b> Fri., Jun. 4, 2010 Minneapolis/St. Paul, MN (MSP)	Flight Time: 2 hr 38 mn	OnePass Miles/ Elite Qualification*: 1,048 /100% Total Miles: <b>1,717</b>	Flight: <b>CO2816</b> Aircraft: <b>Embraer RJ145</b> Fare Class: <b>Economy (U)</b>
		Travel Time: <b>6 hr 3 mn</b>		

Continental flight 2758 operated by ExpressJet Airlines, Inc. dba Continental Express.  
 Continental flight 2816 operated by ExpressJet Airlines, Inc. dba Continental Express.

Depart: <b>2:55 p.m.</b> Sat., Jun. 12, 2010 Minneapolis/St. Paul, MN (MSP)	Arrive: <b>5:37 p.m.</b> Sat., Jun. 12, 2010 Houston, TX (IAH - Intercontinental)	Flight Time: 2 hr 42 mn	OnePass Miles/ Elite Qualification*: <b>1,048 /100%</b>	Flight: <b>CO2393</b> Aircraft: <b>Embraer RJ145</b> Fare Class: <b>Economy (W)</b>
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**Change Planes.** Connect time in Houston, TX (IAH - Intercontinental) is 53 minutes .

Depart: <b>6:30 p.m.</b> Sat., Jun. 12, 2010 Houston, TX (IAH - Intercontinental)	Arrive: <b>7:17 p.m.</b> Sat., Jun. 12, 2010 El Paso, TX (ELP)	Flight Time: 1 hr 47 mn	OnePass Miles/ Elite Qualification*: 669 /100% Total Miles: <b>1,717</b>	Flight: <b>CO2320</b> Aircraft: <b>Embraer RJ145</b> Fare Class: <b>Economy (S)</b>
		Travel Time: <b>5 hr 22 mn</b>		

Continental flight 2393 operated by ExpressJet Airlines, Inc. dba Continental Express.  
 Continental flight 2320 operated by ExpressJet Airlines, Inc. dba Continental Express.

- > [View Rules and Restrictions](#)
- > [Additional bag charges may apply](#)
- > [Change Flights or Start New Search](#)

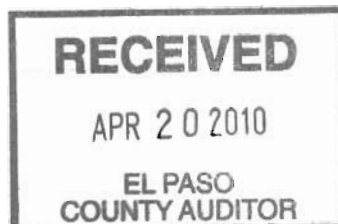
**Note: All customers are required to purchase tickets\* at the time of reservation. You will be able to change your reservation or cancel and request a refund to the original form of payment within 24 hours without incurring change fees.**

### Account Sign In

Sign in to continue the booking process using your saved travel preferences and billing information.

OnePass Number or Username:      PIN or Password:

[Forgot Your OnePass Number?](#)



### Continue Without Signing In

If you are a OnePass member and do not wish to sign in to your account, you can enter your OnePass number on the next page for mileage credit.

### Not a OnePass member?

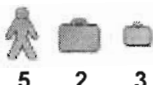
You'll have the opportunity to enroll in our frequent flyer program at the end of the

Your Car

**Standard  
4-Door/Automatic/Air**



**Chevrolet Malibu  
or similar**



**Pickup:**

Minneapolis- St. Paul Apt Lindbergh  
(MSPT71)  
Minneapolis - St. Paul Arpt  
Main Terminal - Lindbergh  
St. Paul , MN 55116  
US  
Friday, June 4, 2010  
10:00 PM

**Dropoff:**

Minneapolis- St. Paul Apt Lindbergh  
(MSPT71)  
Minneapolis - St. Paul Arpt  
Main Terminal - Lindbergh  
St. Paul , MN 55116  
US  
Saturday, June 12, 2010  
12:00 PM

**Estimated Total = \$295.74 USD**

**Pickup Location**

**Minneapolis- St. Paul Apt Lindbergh**  
Minneapolis - St. Paul Arpt  
Main Terminal - Lindbergh  
St. Paul , MN 55116  
US

**Phone:** (888)826-6893 ext:MAIN  
(612)727-2388  
(952)220-2204  
(612)725-6027  
(651)695-3900 ext:LOCAL

**Hours:** Sun-Sat: 12:00 am 11:59 pm

Copy Itinerary to your calendar:

[Click here to use Infuzer and add this itinerary to your calendar](#)

**Your Alamo reservation has been confirmed!**

e-Itinerary

**Confirmation # 750896880**

Status:  
Booked



R 5 0 7 5 0 8 9 6 8 8 0



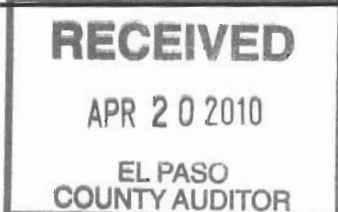
**Here's what you do to pick up your car:**

- MSP's Lindbergh Terminal is located just off Highway 5 in St. Paul. Highway 5 connects to Interstate 494 and Highway 55, making MSP easily accessible from any direction. The Humphrey Terminal is just off Interstate 494 near 34th Avenue.  
**From Minneapolis.**
- Exit left from Interstate 35W to Highway 62 (Crosstown 62). Travel east on Highway 62 to Highway 5. Turn south onto Highway 5. The Lindbergh Terminal is located directly off Highway 5. Follow highway signs to the Lindbergh Terminal exit. If you are flying from the Humphrey Terminal, pass the Lindbergh Terminal exit and continue following Highway 5 south to the next exit, Post Road. Take the Post Road exit and travel east to the intersection of 34th Avenue and Humphrey Drive. Travel straight onto Humphrey Drive.  
**From St. Paul**
- Take Seventh Street South to Highway 5. Travel south on Highway 5. The Lindbergh Terminal is located directly off Highway 5. Follow highway signs to the Lindbergh Terminal exit. If you are flying from the Humphrey Terminal, continue traveling south on Highway 5 past the Lindbergh Terminal exit to the next intersection, Post Road. Take the Post Road exit and travel east to the intersection of 34th Avenue and Humphrey Drive. Travel straight onto Humphrey Drive.  
**From the Southeast**
- From Interstate 35E, travel north to Interstate 494. Exit onto I-494 and travel west to the Highway 5 exit for the Lindbergh Terminal or to the 34th Avenue exit for the Humphrey Terminal. Follow signs to the appropriate terminal.  
**From the Southwest**
- From Interstate 35W, travel north to Interstate 494. Exit onto I-494 and travel east to the 34th Avenue exit for the Humphrey Terminal or to the Highway 5 exit for the Lindbergh Terminal. Follow signs to the appropriate terminal.

**Reservation Details**

**Name** Michael Flores  
**Email** miflores@epcounty.com  
**Address**

**Base Rate - Standard (USD)**  
(1) Time & Distance (\$177.88/Week) \$177.88



(1) Extra - Time & Distance (\$25.41/Day)	\$25.41
<b>Inclusive Rate Items</b>	
Guaranteed Base Rate	Included
Unlimited Miles	Included
<i>For information on coverage products, ex: Collision Damage Waiver(CDW) <a href="#">click here</a></i>	
<b>Subtotal</b>	<b>\$203.29</b>

**Taxes, Surcharges and Fees ?**

Rental Auto Facility Charge	\$26.00
Concession Recovery Fee 10 %	\$20.33
Car Rental Tax 6.2 %	\$15.48
Vehicle Rental Fee 5 %	\$12.48
Sales Tax (7.2750%)	\$18.16
<b>Subtotal</b>	<b>\$92.45</b>

**Estimated Total**

*Estimated charges are confirmed based on the information you have provided; only taxes, fees, and surcharges are subject to change.* **\$295.74**

>> [Print your reservation confirmation](#)

2 ways to Save Time! You Choose

## Check-In <sup>SM</sup>

**>> CHECK-IN NOW**

Skip the Line!

Online Check-In allows you to the counter and choose your vehicles you have reserved.

Must meet minimum rental age r credit card with available credit,

OR

Alamo's new **Self-Service Kios** easy.

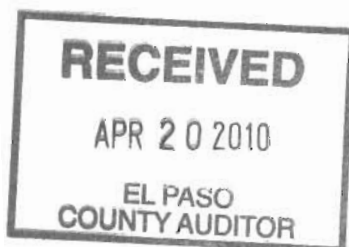


Alamo  
**Kiosk**  
Bypass the Counter

Here is how it works. Skip the re pick out your car, show rental ag start your vacation!

**Policy Information**

**Important Policy Information:** Debit cards are not allowed for Pre-Pay reservations. All renters and additional drivers must meet the minimum age requirements for the renting location. A major credit card or debit card and a valid driver's license both in the name of the renter will be required at the time of rental. Debit and check cards, considered to be any non-credit card bearing the VISA or MasterCard logo (except for gift/prepaid cards) may only be used in conjunction with proof of round trip ticket (airline, cruise ship and the like). Without proof of roundtrip ticket, debit or check cards are only accepted on return. Any other non-credit card without the VISA or MasterCard logo is not accepted. Customers planning to rent with cash must bring the following documentation to the rental counter: valid Driver's License, a return ticket from an airline, cruise ship or train, verifiable employment, verifiable home phone number or a current verifiable gas or electric bill with the renter's name and address. All documentation must be in the renter's name. A cash deposit will be required in addition to the cost of rental.



Need technical help? Call 1-877-252-6600.

# Memorandum

cc  
4/30/10

**To:** Victor Perez  
**From:** Rosemary Neill ✓  
**Date:** 4/20/2010  
**Re:** Request for Approval of Travel-Michael Flores

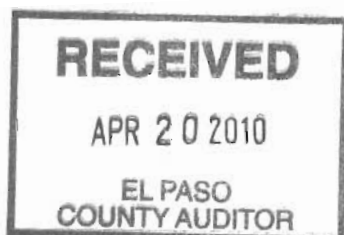
---

This memorandum requests authorization for travel and travel advance for Mr. Michael Flores, Veterans Service Officer. The advance amount is \$2,580.24.

Mr. Flores is traveling to Bloomington, Minnesota for the National Association of County Veterans Service Officers Training and Business Meeting. The training occurs from June 4 to June 12, 2010.

This is continuing education required to maintain his Veterans certification through this national accrediting body. The training includes reviews of service connected compensation, medical eligibility, the eligibility rating system and other benefits.

Trip expenses include air fair, auto rental, gas, lodging, registration, and per diem. The travel is professional or technical training to maintain license/certification. The Veteran's Service Officer is required to participate in annual training to maintain his NACVSCO certification.





## El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMP01974 01  
 Voucher Total: \$230.47  
 No. of Lines: 1  
 T/C Hash : 238

Single Check (Y/N): \_\_\_\_\_  
 Date Entered: 04/29/2010  
 Entered by: AN

Preparer's Initials: AN

Amount Spelled: TWO HUNDRED THIRTY DOLLARS AND FORTY SEVEN CENTS

Vendor Name: BERNADETTE ORTEGA

Street: P.O. BOX 125  
 SHERIFF  
 City, State, Zip: EL PASO TX 79941

Subject: RMB AUSTIN, TX 3/25-26/10 ULW RMOTE TX DPS CRM LAB

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	230.47	SHERIFFLEOS	6602				
	Desc: RMB AUSTIN, TX 3/25-26/10 ULW RMOTE TX DPS CRM LAB							
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 04/29/2010

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



\*ATJ?  
 \*Reg form/  
 Meeting agenda  
 APR 22 2010

## County of El Paso Travel Request Form

Travel

Type: **REIMBURSEMENT**

Name: Bernadette Ortega Department: Sheriff  
 Date of Trip: Departure 03/25/10 03/26/10 Destination: Austin, Texas  
 \* Purpose of Trip: ULW/AFIS Training

\* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: SHERIFFLEOS 6602: \_\_\_\_\_  
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

### Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

*Please Check One (Departure meal rate)*

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50  
 on Date of Departure 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. Half Rate \$ 17.50  
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

### Section 2: Travel Estimated Breakdown

\* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare		
Auto Rental	101.40	
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date	35.00	
Meal per diem (\$35.00)		
Meal rate on Return date	35.00	
Lodging	59.07	
Other - Registration		
Other - Parking/Tolls		
Other - Taxi		
Other - Emergency		
Other -		
<b>TOTAL</b>	<b>\$230.47</b>	

### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
 Index: \_\_\_\_\_  
 Sub-Object: \_\_\_\_\_  
 Vendor: emp 01974  
 Subsidiary: \_\_\_\_\_  
 Amount: \_\_\_\_\_

EMPLOYEE WILL BE REIMBURSED FROM OTHER SOURCE  N  Y/N

### Section 3: Signature and List of Names:

REIMBURSEMENT AMOUNT \$230.47 CC         

NOTATION: TRAVEL REQUEST FORM MUST  
 BE SUBMITTED TO COUNTY AUDITORS-  
 ACCOUNTS PAYABLE DIVISION BEFORE  
 TUESDAY 12:00 PM

SIGNATURE: [Signature]  
 DATE: \_\_\_\_\_

C.C.O. DATE: \_\_\_\_\_



*did she get  
advance?*

### County of El Paso Travel Expenditure Voucher

Name: Bernadette Ortega Department: SHERIFF  
 Date (s) of Trip: 3/25-26/2010 Destination: Austin TX  
 Purpose of Trip: ULW Remote User Training TX DPS Crime Lab  
 Department Index: SHERIFFLEOS Sub-Object: 6602

#### Section 1: Guidelines for Determining Meal Rates Allowance

*Please Check One (Departure meal rate)*

on Date of Departure by \_\_\_\_\_ After 12:00 P.M. Half Rate \$ 17.50  
 \_\_\_\_\_ 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. Half Rate \$ 17.50  
 \_\_\_\_\_ on Date of Return by \_\_\_\_\_ After 5:00 P.M. Full Rate \$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

#### Section 2: Travel Expenditure Breakdown

CC

Airfare & Hotel \_\_\_\_\_  
 Auto Rental 202.80  
 Mileage (.28 /mile) \_\_\_\_\_  
 Gas \_\_\_\_\_  
 \* Meal rate on Departure date 35.00  
 Meal per diem (\$35.00) \_\_\_\_\_  
 \* Meal rate on Return date 35.00  
 Lodging 59.07  
 Other - Registration \_\_\_\_\_  
 Other - Parking/Tolls \_\_\_\_\_  
 Other - Taxi \_\_\_\_\_  
 Other - \_\_\_\_\_  
 Other - \_\_\_\_\_  
 Other - \_\_\_\_\_  
**TOTAL** \$331.87

#### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
 Index: \_\_\_\_\_  
 Vendor: \_\_\_\_\_  
 Subsidiary: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_

#### Section 3: Check(s) Made Payable to:

County Check No.

Deposit Warrant No.

SIGNATURE

ADVANCE FROM COUNTY: \$0.00

TOTAL EXPENDITURES: \$331.87

DATE: 12-Apr-10

REFUND TO THE EMPLOYEE (\$331.87)

APR 14 2010

EL PASO



Your priceline.com Itinerary for Austin, TX - Mar 25, 2010 (Itinerary #688-168-371-01)

Thursday, April 8, 2010 11:50 AM

From: "hotel\_accept@production.priceline.com" <hotel\_accept@production.priceline.com>  
To: BERNIO\_98@YAHOO.COM



Flights | Hotels | Cars | Packages | Cruises | Tours & Attractions | PriceBreakers  
[Check your request](#) | [Help](#)

Thank you for booking your trip with priceline. A copy of your itinerary is shown below. [Click here](#) to access your complete itinerary details and receipt, along with other important information for your request number 688-168-371-01.

<b>hotel details</b>	
<b>Courtyard By Marriott Austin Central</b> 5660 N Ih-35 Austin, TX 78751 512-458-2340	<b>Check-In:</b> Thursday, March 25, 2010-03:00 PM <b>Check-Out:</b> Friday, March 26, 2010-12:00 PM <b>Room 1:</b> Bernadette Ortega Confirmation # 80906624

<b>summary of charges</b>	
Apply for our new priceline rewards Visa card today and you can earn up to \$50 cash back on your first purchase. Plus, enjoy these additional benefits:	
- Earn double, triple, or even quadruple points on priceline.com purchases	
- Redeem your points for anything you buy (\$25 minimum)	
Room Cost (avg. per room, per night):	\$45.00 (USD)
Number of Rooms:	1
Number of Nights:	1
Room Subtotal:	\$45.00 (USD)
Taxes and Fees:	\$14.07 (USD)
<b>Total Room Cost:</b>	<b>\$59.07 (USD)</b>

<b>frequently asked questions</b>	
<a href="#">Can I change or cancel my hotel rooms?</a>	<a href="#">Can I add rooms to my reservation?</a>
<a href="#">Can I add nights to my hotel reservation?</a>	<a href="#">Can I check-in early or late?</a>
<a href="#">Self help</a> <a href="#">Contact Us</a>	

<b>customer service</b>	
If you need assistance with this or any other priceline purchase please contact a customer service representative at the number below. Please have both your request number and the phone number you provided when you placed your request when you call. Thanks again for using priceline.	
Customer service Phone Number: 1-800-657-9168	Your Request Number: 688-168-371-01 Phone Number You Provided: 915-346-6392

### Add Airport Parking



**Airport Parking**

Safe, reliable, door-to-door Reserve airport parking for your trip.

go



APR 14 2010

### Add Ground Transportation

	<b>Austin Bergstrom International Airport Ground Transportation</b> SuperShuttle, the nation's leader in airport ground transportation, offers safe, reliable, door-to-door transportation to and from the airport and your hotel. These are one-way transportation options, don't forget to book your return trip to the airport!	<b>From: \$14</b> <a href="#">Choose</a>
	<b>Austin/Bergstrom (AUS) International Airport Private Sedan Transportation</b> Rates are per Car (1-3 passengers) not per Person. Carmel, America's leading Town Car dispatch service, is ready to provide you with fast, reliable, and inexpensive private transportation. For 25 years, Carmel has specialized in providing private and timely service to and from the airport at competitive prices with taxis.  Please select one (1) car for every three (3) passengers.	<b>From: \$67</b> <a href="#">Choose</a>



### Add Tours and Attractions to your Trip

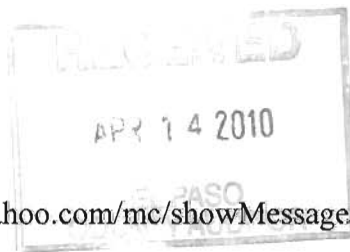
	<b>Tours &amp; Attractions</b> Choose from hundreds of sightseeing tours, activities and attractions that'll make your next vacation even better.	
---	--	---

[View More Tours & Attractions](#)

Responses to this e-mail will not go to a customer service representative  
To contact our customer service team directly, please go to the Help section of our website

This e-mail was sent on 04/08/2010 @ 01:50:04 p.m.  
to BERNIO\_98@YAHOO.COM

(11665997504)





car rental

Tuesday, April 6, 2010 12:36 PM

From: "DolceVita" <bernio\_98@yahoo.com>  
To: bernio\_98@yahoo.com

they only need to pay half of this amount, since this is the full charge for the four days.

[Customer Care](#)

RESERVATIONS    UPDATE/CANCEL    AIRPORT PARKING    **Thrifty.com**

### Reservation Confirmation

Dear Bernadette Ortega, thanks for booking with Thrifty. Your reservation details are below. if you need to change anything at any time, please visit [Thrifty.com](#) or call 1-800-THRIFTY. Please review all applicable terms and conditions for this location.



F52V4N

**Confirmation # : F52V4N**

**Blue Chip #: N/A**



Name: BERNADETTE ORTEGA  
Vehicle Type: Compact 2-4 Door - Dodge Caliber or similar

#### VEHICLE PICKUP INFO

Date/Time: March 23, 2010 at 09:00 AM  
Location: AUSTIN AIRPORT, TX, USA  
Address: 3600 PRESIDENTIAL BLVD  
AUSTIN BERGSTROM INTL AIRPORT  
AUSTIN, TX 78719  
UNITED STATES  
[Map](#)  
Phone: (512) 530-6811

#### SPECIAL OFFERS

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Sign up for Thrifty's Great Deals email for our best rates and promotions. [Sign up today!](#)

**ARK 'N FLY NETWORK**  
Save up to 50% on airport parking. [Learn More](#)

Get a \$10 ExxonMobil Gift Card. [Learn More](#)



#### VEHICLE RETURN INFO

Date/Time: March 26, 2010 at 08:00 PM  
Location: AUSTIN AIRPORT, TX, USA  
Address: 3600 PRESIDENTIAL BLVD  
AUSTIN BERGSTROM INTL AIRPORT  
AUSTIN, TX 78719  
UNITED STATES  
[Map](#)  
Phone: (512) 530-6811

#### PAYMENT INFO



Currency: USD  
Your Rate: 4 days @ \$35.04/day with Unlimited Miles

**CHARGES**

**Estimated Mandatory Charges**

Rental Time Charge	\$140.16
8pct Discount	-\$11.21
With Discount Applied	\$128.95
APT CONC RECOV FEE (11.11pct)	\$16.42
Customer Facility Charge (\$3.50 per day)	\$14.00
CITY EXCISE TAX (5pct)	\$8.21
FLEET RECOVERY FEE (\$4.70 per day)	\$18.80
STATE TAX (10pct)	\$16.42
<b>Total Estimated Mandatory Charges</b>	<b>\$202.80</b>
<b>Estimated Grand Total</b>	<b>\$202.80</b>

**Our best rate. Guaranteed.**  
 You can't find a better Thrifty rate anywhere else online.  
[Learn More](#)



Thank you for renting from Thrifty

**TERMS AND CONDITIONS**

Check/Debit card for Airline arriving customer only. Customer must present current return airline ticket, travel itinerary or e-ticket from the airport of rental, disclosing a return date and showing the renters name.

Debit Cards not accepted for local renters. Debit/Check cards accepted on Economy, Compact and Intermediate only. The Card must have available credit of 250.00 plus the estimated amount of the rental.

Check/Debit card, prepaid card and cash accepted at the end of the rental. Major credit card required to qualify at the beginning of the rental.

Credit cards must have available credit to cover the estimated amount of the rental plus \$250.00

Major Credit Card Must have available credit of 250.00 If greater, estimated amount of the rental. Imprinted name on Debit/Check or Major Credit Card must match present primary driver own name.

Exact cash accepted at time of return, will not accept cash as qualification for the rental

When the renter chooses to receive Frequent Flyer miles, we will collect a Frequent Flyer surcharge, not to exceed 1.50 per day, at the time of rental to offset a portion of the annual cost of participation in the Frequent Flyer program.

Unlimited mile rates are for TX and the bordering states: AR, LA, NM, OK. Vehicles taken outside of listed states will receive 100/day and .35 each additional mile for the entire rental. Not allowed into Canada or Mexico.

Unauthorized travel into Mexico will result in a 250.00 fee added to rental.

Office located in airport terminal \*\*\* Phone Number: (512) 530-8811 Any changes to the reservation or rental may result in a change of rate or additional fees.

A valid US Drivers License or International Driving Permit must be presented at time of pick up. Both will be checked. Driving violations and accidents may disqualify the renter. For a complete list of criteria, please call 1-888-999-0010.

Hold Policy: Vehicle will be held for two business hours past the reservation time then released. Any changes to reservation or rental may result in a change of rate or additional fees.

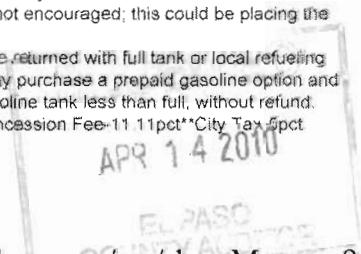
Driving age requirements: rate are for renters 25 yea of age or older. 21 to 24 years of age are required to pay an 25.00 per day additional Renter must be 25 years or older to rent the Premium, Luxury, SUV or Minivan.

Additional Driver: The cost is 10.00 per day for an additional authorized driver, 25.00 per day for an unauthorized driver.

Unauthorized drivers are not encouraged; this could be placing the company at risk.

Refueling: Vehicle must be returned with full tank or local refueling charge applies. Renter may purchase a prepaid gasoline option and return the car with the gasoline tank less than full, without refund.

Sales Tax 10pct\*\*Apo Concession Fee-11 11pct\*\*City Tax 5pct



\*Customer Facility Charge= 3.50/day\*Fleet Recovery Fee=  
4.70 /day; Renters 21-24 = 25.00/day; Addtl renters 10.00/day.  
Driving violations and accidents may disqualify the renter.  
Internatioal Driving Permit will be included in check. For a complete  
list of criteria, please call 1(888)999-0010

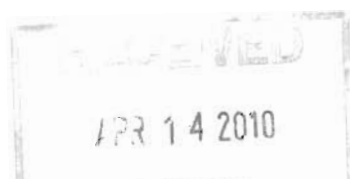
Optional items must be reselected at the time of rental. The charges for the optional products and services listed above are included only for the purpose of providing you an estimated cost of the rental if you should choose to select such options. Selecting optional products and services as part of the reservation process is not intended to be a contract by Thrifty to provide you such products and services unless and until you have selected such products and services at the time of rental and have signed the rental agreement.

You're receiving this message as part of your rental confirmation process. Please do not reply to this message. For questions or comments, [click here](#).

Early return or late return fees may apply if you return the vehicle before or after the reserved due date.

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5310 E. 31st Street Tulsa, OK 74135-0250 1-800-THRIFTY (847-4389)





ALL CHARGES SUBJECT TO FINAL AUDIT LICENSEE:

THRIFTY - AUSTIN
THRIFTY RENT A CAR
3600 PRESIDENTIAL BLVD AUSTIN TEXAS, 78719
Phone: (512) 530-6811 Fax: (512) 530-6815



CUSTOMER INFORMATION

Renter: BERNADETTE ORTEGA
Phone: 9152533641 D.O.B.: 01/17/1978
Address: 734 S MESA HILLS 138 EL PASO TX 79912
License: 17879267 TX 01/01/2014
Emp.:
Address:
Local:
Address:
Credit Card: MC 3512

Additional Driver: NONE
Phone: D.O.B.:
Address:
License:
Confirmation #: F52V4N
Checked Out By: KEVIN
Checked In By: LOUIS

Only an authorized renter may drive the car. Minimum rental charge is one day. Extensions may only be authorized by calling the renting office above and are subject to rate increases. Rental charges are based on a 24 hour day. Minimum fee for original key not returned with car is \$75.00.

Car To Be Returned To Above Unless Stated
Rental Days: 4
Vehicle Information:
9303518 Lic #: HMH802
Owning Loc.: AUS-D Class: ICAR
Year: 2009 Make: TOYOTA
Model: COROLLA-S Color: RED
Class: ICAR Stall: 03
Full In: Full
Miles Out: 48035 In: 48135
CFC \$3.50 /Day \$14.00

Table with columns: Rental Expires On, Rental Agreement Number, Date In, Date Out, Miles, Late, Days, XDays, Total Time And Miles, Discount, Airport Access Fee, City Rental Tax, State Rental Tax, Recovery Fee, Daily Extras, Fuel Per Gal, Total Bill, Payments, Net Due, Net Due Renter, Payments Methods.

I HAVE DECLINED LDW
I AM RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE.
I HAVE DECLINED PAI
I HAVE DECLINED SLI
I HAVE DECLINED PASS24

This Rental Agreement is between the undersigned and the company identified above ("Rental Company"). By signature below, the undersigned acknowledge and represent that they are legally authorized to operate the rental vehicle by valid Driver's License and that they have read and agree to the terms, conditions and notices, both printed and written, including damage waiver information, that appear on this Rental Agreement and on the Rental Agreement in the accompanying Rental Jacket. THE UNDERSIGNED AUTHORIZE RENTAL COMPANY TO PROCESS A CHARGE TO THEIR CREDIT, DEBIT OR CHARGE CARD IN THE AMOUNT SPECIFIED ABOVE FOR THIS RENTAL UPON SIGNATURE BELOW AND FOR ALL ADDITIONAL CHARGES DUE UPON RETURN OF THE VEHICLE. No additional drivers are permitted without Rental Company's approval.

RENTER SIGNATURE
ADDITIONAL AUTHORIZED RENTER

Vehicle is presumed stolen if not returned when due. Renters financial responsibility does not end until vehicle is checked in by an authorized Dollar agent. DOLLAR IS NOT RESPONSIBLE FOR ITEMS LEFT IN THE VEHICLE.

If vehicle is taken outside of the states contained on this map AN UNLIMITED MILEAGE RATE IS VOID: 100 free miles per day, \$ .35 per mile thereafter entire rental. Unauthorized travel into Mexico will result in a fee of \$250.00. Vehicle can be tracked via satellite.



I authorize Dollar to process a credit card voucher in my name for charges of unpaid traffic and parking fines, and associated administrative costs. Minimum admin. fee is \$50.00. If LDW is declined I am responsible for any damage to the vehicle, associated administrative costs, towing, storage fees, lost day rental fees, and I authorize my credit card to be billed for these fees.

I Decline Pass24 prepaid toll option and hereby authorize THRIFTY RENT A CAR, AUSTIN TX to release my credit/debit card information to Rent A Toll and it's designated representative Vengroff Williams and Associated for the exclusive purpose of billing Pass24 prepaid toll service. Additionally, I agree to pay a \$25.00 administration fee per day and the daily Pass24 charge for each day any unauthorized toll occurred during the term of this rental

TEXAS - OPTIONAL DAMAGE WAIVER; NOTICE TO TEXAS RESIDENTS

Notice: Your rental agreement offers, for an additional charge, an optional damage waiver to cover all or part of your responsibility for damage to or loss of the vehicle. Before deciding whether to purchase the damage waiver, you may wish to determine whether your own automobile insurance or credit card agreement provides you coverage for rental vehicle damage or loss and determine the amount of the deductible under your own insurance coverage. The purchase of the damage waiver is not mandatory. The damage waiver is not insurance. The damage waiver shall be voided for one or more of the following reasons: (1) the damage is caused intentionally by an authorized driver or as a result of willful and wanton misconduct of an authorized driver; (2) the damage arises out of the use of the vehicle while under the influence of alcohol, illegal drugs, a controlled substance, or any other intoxicant that impairs driving ability; (3) Rental Company entered into the rental transaction based on fraudulent information supplied by the renter; (4) the damage arises out of the use of the vehicle while engaged in the commission of a crime other than a traffic violation; (5) the damage arises out of the use of the vehicle to carry persons or property for hire, to push or tow anything, to engage in a speed contest, or for driver's training; (6) the damage arises out of the use of the vehicle by a person other than an authorized driver; or (7) the damage arises out of the use of the vehicle outside the continental United States and the use is not specifically authorized by the rental agreement. For the purposes of the damage waiver only, an authorized driver means: (A) you; (B) your spouse, if a licensed driver satisfying the Rental Company minimum age requirements; (C) your employer, employee or coworker, if the person is a licensed driver and satisfied Rental Company's minimum age requirements and at the time of rental is engaged in a business activity with you; (D) any person who is expressly listed by the Rental Company on the rental agreement as an authorized driver; (E) any person driving directly to a medical or police facility under circumstances reasonably believed to constitute an emergency and who is a licensed driver. NOTICE TO TEXAS RESIDENTS REGARDING DAMAGE WAIVERS: The Texas personal automobile insurance policy provides coverage with NO DEDUCTIBLE for the legal liabilities of the policyholder in connection with the loss of or damage to a rental vehicle, except for damages caused intentionally, up to the maximum of the property damage limits under your liability coverage. If you file a claim under your personal automobile insurance policy, your insurance company may choose to not renew your policy at your renewal date, but may do so only if you are at fault for the claim. These terms supersede any conflicting terms stated elsewhere.

Before driving I will inspect the vehicle including the roof, windshield and fuel gauge. If any damage, other than that noted on the vehicle check-out slip exists or if the fuel gauge is less than full, I will notify a Dollar agent who will document and initial such.

Form with sections: 'We hope you don't but...', 'If You Have An Accident:', 'Immediately report it to Dollar and the Police...', 'USE THIS FORM to record on-the-scene information...', 'Accident: Date: Time Place', 'Damage To Other Vehicle(s): Owner, Address, Phone', 'Make & Year Driver, Address & Phone Insurance Company Occupants: indicate vehicle: Yours #1, other #2 (circle name if possible injury) Name Address/Phone Vehicle#', 'Witnesses: Name Address/Phone', 'Your name Your address Police: Name badge' with a date stamp APR 14 2010.

RENTER'S INITIALS
Customer agrees that a full tank of fuel is charged on this agreement. If vehicle is returned full the fuel charge will be credited.

Please Complete At Check-In: Table with columns: Mileage In, Gas In, Time In. Gas In has markers for 1/4, 1/2, 3/4, F.

100 4/29/10 82  
**GRANT FUNDS**

TA1000261

**El Paso County Auditor's Office  
 Manual Voucher Form**

Vendor No.: EMP01978 01 Single Check (Y/N): \_\_\_\_\_  
 Voucher Total: \$478.11  
 No. of Lines: 1 Date Entered: 04/29/2010  
 T/C Hash: 238 Entered by: 61  
 Preparer's Initials: 61  
 Amount Spelled: FOUR HUNDRED SEVENTY EIGHT DOLLARS AND ELEVEN CENTS

Vendor Name: ROBERT SCHWAB

Street: P.O. BOX 1081

City, State, Zip: MARFA, TX 79843

Subject: SCHWAB, REGNL COOR MTNG EL PASO, TX 4/13-15/10

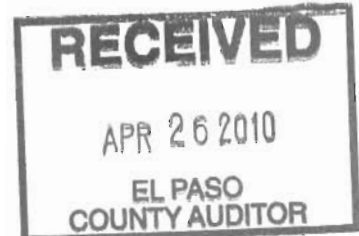
Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	478.11	REGPUBTRAN10	6602				
	Desc:	SCHWAB, REGNL COOR MTNG EL PASO, TX 4/13-15/10						
02	Desc:							
03	Desc:							
04	Desc:							
05	Desc:							
06	Desc:							
07	Desc:							
08	Desc:							
09	Desc:							
10	Desc:							

Prepared by: MARIA E. GAMBOA TCAUD51-AUDITORS

Date: 04/29/2010

Approved by: [Signature]

Date: 4/29/2010



### County of El Paso Travel Expenditure Voucher

C.C.O.

Name: Robert Schwab Department: Fam. & Comm. Svcs. - Rural Transit  
 Date of Trip: Departure 04/13/10 Arrival Date: 04/15/10 Destination: El Paso, Texas  
 Purpose of Trip: Attend Reg. Coord. Stakeholder and sub comm. Mtg and Mtgs. With Buena Vida, EPCH, and CAFV  
 Department Index: REGPUBTRAN10 Sub-Object: 6602

#### Section 1: Guidelines for Determining Meal Rates Allowance

*Please Check One (Departure meal rate)*

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50  
 on Date of Departure 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. Half Rate \$ 17.50  
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

#### Section 2: Travel Expenditure Breakdown

Airfare	_____
Auto Rental	_____
Mileage (.40 /mile) <u>388</u> mi @ .40	<u>164.72</u>
Gas	_____
* Meal rate on Departure date	35.00
Meal per diem (\$35.00)	35.00
* Meal rate on Return date	35.00
Lodging	170.00
Other - Registration	_____
Other - Parking/Tolls	12.00
Other - Taxi	_____
Other - Room Tax	<u>35.66</u> <u>26.36</u>
Other -	_____
Other -	_____
<b>TOTAL</b>	<u>\$487.40</u> <u>478.11</u>

#### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
 Index: \_\_\_\_\_  
 Vendor: \_\_\_\_\_  
 Subsidiary: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Date Entered: \_\_\_\_\_

#### Section 3: Check(s) Made Payable to:

1114 County Check No.

\_\_\_\_\_ Deposit Warrant No.

SIGNATURE

ADVANCE FROM COUNTY: \_\_\_\_\_

TOTAL EXPENDITURES: \_\_\_\_\_

478-11  
\$487.40

DATE: 16-Apr-10

REFUND TO THE EMPLOYEE \_\_\_\_\_

(\$487.40)

# El Paso County Travel Justification Form

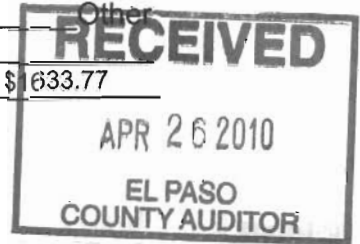
Name: Robert Schwab Signature [Signature] Date: April 16, 2010

Dept: Fam. & Comm. Svcs. - Rural Transit Job Title: Regional Transportation Coordinator

Travel Funding Source: County  Grant  Other

Will any funds be reimbursed by another entity? Yes - TxDOT

Travel Account No.: REGPUBTRAN! Balance Remaining for FY: \$1633.77



**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:** Attend Regl. Coord. and subcommittee Mtgs. and Needs assessment mtgs.



**CAMINO REAL HOTEL.**

EL PASO, TEXAS

101 South El Paso Street  
El Paso, Texas 79904 U.S.A.  
Tel. (915) 534-3000  
Fax. (915) 534-3024  
www.caminoreal.com

**RECEIVED**  
APR 26 2010  
EL PASO  
COUNTY AUDITOR

# Folio

<b>Name</b> SCHWAB, ROBERT <b>Address</b> EL PASO COUNTY/RURAL TRANS 805 WEST COLUMBIA MARFA, TX 79809		<b>Room#</b> 7801
<b>Arrival</b> 4/13/10 <b>Departure</b> 4/15/10 <b>No. Guest</b> 1 <b>Rate</b> 91.00	1294607      7801	
A-STANDARD 1 4/13/10 2 4/13/10 3 4/13/10 4 4/14/10 5 4/14/10 6 4/14/10 7 4/15/10	ROOM TAX ROOM TAX PARKING FEE ROOM TAX ROOM TAX PARKING FEE VISA/MASTERCARD 061	750 751 754 1095 1096 1099 46
<i>State Rates</i> A \$ 85.00      \$139.00 B \$ 13.18      \$21.55 C \$ 85.00      \$6.00 D \$ 13.18      \$91.00 \$14.11 \$6.00 \$277.66CR		
* BALANCE DUE      * \$ .00		
H = Lodging \$170.00 B = tax \$ 26.36 C = parking \$12.00 (mt)		

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 association fails to pay for any part or full amount of these charges.

Signature

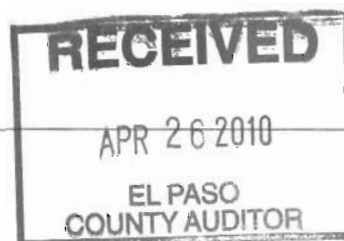
**Robert P. Schwab**

---

**From:** Bob Geyer  
**Sent:** Friday, April 16, 2010 5:13 PM  
**To:** Robert P. Schwab  
**Cc:** Bob Geyer  
**Subject:** Travel Request

Bob Schwab, I verbally approved of your trip to El Paso on April 13<sup>th</sup> thru April 15<sup>th</sup>, 2010, and now approve in writing that this trip was justified in meeting the requirements of the established Workplan of the Regional Planning effort.

Bob Geyer  
Transportation Manager  
El Paso County  
800 E. Overland, Room 208  
El Paso, Texas 79901  
915-834-8242  
915-532-4563 (Fax)  
bgeyer@epcounty.com



---

**From:** Robert P. Schwab  
**Sent:** Monday, April 12, 2010 9:23 PM  
**To:** Bob Geyer  
**Subject:** Travel Request

Bob:

I have scheduled the following appointments related to the TxDOT Regional Transportation Coordination Grant mandatory Needs Assessment deliverable:

Tuesday 4/13 4:00 PM Steven Lujan – Executive Director, Buena Vista Adult Day Center

Wednesday 4/14 10:00 AM Carol Bohle – Executive Director, El Paso Coalition for the Homeless

Wednesday 4/14 2:30 PM Stephanie Karr, Executive Director, Center Against Family Violence

I am attempting to schedule additional meetings for Wednesday, 4/14 and awaiting confirmations from two HHSC agencies.

Also, I will be attending the Regional Coordination Stakeholders meeting scheduled for Thursday, 4/15 at 10:00 AM. I will be presenting on two agenda items. I will also be facilitating a Transportation Information & Referral and Consolidated Eligibility Workgroup meeting following the Stakeholder meeting at 11:30.

To accommodate these meetings I request overnight travel to El Paso for Tuesday 4/13 and Wednesday 4/14, returning to Marfa 4/15. I will provide a complete schedule of all meetings attended and their purpose and/or agenda upon my return.

Please let me know if you require any additional information.

Bob Schwab  
Regional Transportation Coordinator  
Far West Texas / El Paso Regional Transportation Coordination Committee  
Sponsored by El Paso County Rural Transit  
Marfa Office  
P.O. Box 1081, Marfa, Texas 79843  
915-474-5116  
rschwab@epcounty.com  
www.gobusgo.org

4/16/2010



# MAPQUEST.

Trip to 580 Giles Rd

El Paso, TX 79915-2729

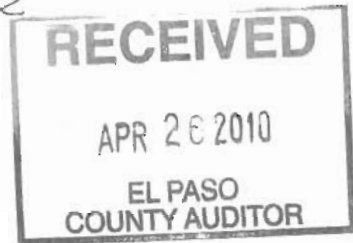
11.44 miles - about 16 minutes













*A2 22.88 (ms)*

★ 101 S El Paso St, El Paso, TX 79901-1107

Notes

*HOTEL TO CENTER AGAINST  
FAMILY VIOLENCE*



-  1. Start out going **NORTH** on **S EL PASO ST** toward **E SAN ANTONIO AVE.** go 0.0 mi
-  2. Turn **SLIGHT RIGHT** onto **W MILLS AVE.** go 0.1 mi
-   3. Turn **LEFT** onto **N MESA ST / TX-20.** go 0.3 mi
-  4. Turn **RIGHT** onto **WYOMING AVE.** go 0.1 mi
-   5. Merge onto **I-10 E.** go 9.2 mi
-  6. Take **EXIT 28B** toward **YARBROUGH DR.** go 0.1 mi
-  7. Merge onto **GATEWAY BLVD E.** go 0.1 mi
-  8. Turn **RIGHT** onto **N YARBROUGH DR.** go 0.9 mi
-  9. Turn **RIGHT** onto **N CAROLINA DR.** go 0.5 mi
-  10. Turn **RIGHT** onto **GILES RD.** go 0.0 mi
- 11. **580 GILES RD** is on the **RIGHT.** go 0.0 mi



# MAPQUEST

Notes

*Home office To HOTEL*

Trip to 101 S El Paso St

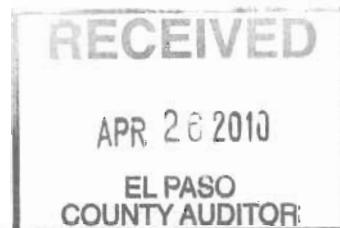
El Paso, TX 79901-1107

194.49 miles / about 2 hours 52 minutes

*KZ 388.98 (mi)*



805 W Columbia St, Marfa, TX 79843



1. Start out going **EAST** on **W COLUMBIA ST** toward **N MESA ST.**

go 0.0 mi



2. Turn **RIGHT** onto **N MESA ST.**

go 0.2 mi



3. Turn **LEFT** onto **W LINCOLN ST.**

go 0.0 mi



4. Turn **RIGHT** onto **N MESA ST.**

go 0.3 mi



5. Turn **RIGHT** onto **W SAN ANTONIO ST / US-90.**  
Continue to follow **US-90.**

go 73.0 mi



6. Turn **LEFT** onto **I-10 W / US-80 W.**

go 0.2 mi



7. Merge onto **I-10 W** via the ramp on the **LEFT.**

go 116.8 mi



8. Take the **US-54 / PATRIOT FRWY** exit, **EXIT 22B,** toward **ALAMOGORDO / JUAREZ / FT BLISS.**

go 0.3 mi



9. Take the exit on the **LEFT** toward **JUAREZ.**

go 0.7 mi



10. Take the exit toward **US-62 / PAISANO DR.**

go 0.3 mi

11. Turn **RIGHT** onto **E PAISANO DR / US-62 W.**

go 0.0 mi



**THE FAR WEST TEXAS / EL PASO  
REGIONAL TRANSPORTATION COORDINATION COMMITTEE (WTEP)**

**April 15, 2010 at 10:00 a.m. to 11:30 AM. (MDT)**

**El Paso MPO Offices, 10767 Gateway Blvd. West, Suite 605, El Paso, TX**

The number to call if participating by telephone: 888-762-3768. The listed code number is 9589232.

**Chair – Xavier Bañales**

**Vice Chair –Norman Schenck**

**Secretary – Ivan Garza**

**Steering Committee Members –Roger Williams (Efren Meza – proxy), Bob Geyer, Yvette Lugo, and Emma Vasquez**

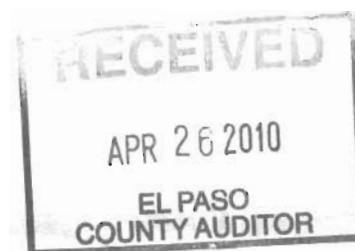
**Staff support Bob Schwab. TxDOT Representative Armida Sagaribay.**

1. Meeting Called to Order
2. Introduction of Attendees
3. Review & Approval of Previous Minutes
4. Guest Presentation
5. Discussion re taxi cab services to people with disabilities. Requested by Mr. Luis E. Chew.
6. Committee report re the Transportation Policy Advisory Committee (TPAC) request to Simplify the Criteria and Weighted Ranking of the RFP Process for New Freedom & JARC Applicants The TPB reviewed the recommendations submitted re the rating sheets and the process to approve 5316 / 17 grant requests. A Motion was made by Rep. Pickett and seconded by Mayor Cook to approve the TPAC recommendation to revise 5316 JARC and 5317 NF grants project selection criteria and amend the RFP to reflect the changes made to the criteria. The motion was approved unanimously. Rating sheets for 5316/17 will be distributed. - Bob Schwab
7. Updated Regional Transportation Coordination Plan Status Report – Bob Schwab (draft of a two-page schedule of Updated Regional Plan activities will be distributed. This will include the schedule, needs assessment survey, and plan outline).
8. FY 2010 Work plan and Deliverables Status Report – Bob Schwab

- 9. A Meeting of the One-Call workgroup will be held immediately after the Stakeholder Committee meeting from approximately 11:45 AM to 12:30 PM to discuss the status and planning of a Regional Transportation Information and Referral and Consolidated Eligibility Determination Center. None-committee members interested in attending may do so.**
- 10. Status of Metro Opportunities Funding 2010 / 2011 – Norm Schenck**
- 11. Update Easter Seals Program – Norm Schenck**
- 12. Other Business**
- 13. Announcements & Adjournment**

Far West Texas / El Paso Regional Transportation Coordination Committee  
Transit Information & Referral and Consolidated Eligibility Workgroup  
El Paso MPO, 10767 Gateway Blvd. West  
April 15, 2010  
Agenda

- I. Review of Project Purpose and Goals
- II. Role of 211, 311, and ADRC
- III. Review and Discussion of Project Workplan
- IV. Memorandum of Principles
- V. Criteria for Selection of Program Operator
- VI. Process for Review of Best Practices
- VII. Urbanized JARC / NF Funding Opportunity
- VIII. Next Steps



TA1000262

# El Paso County Auditor's Office Manual Voucher Form

Vendor No.: EMPO2450 01 Single Check (Y/N): \_\_\_\_\_  
Voucher Total: \$3,162.50  
No. of Lines: 1 Date Entered: 04/29/2010  
T/C Hash : 208 Entered by: AN  
Preparer's Initials: AN  
Amount Spelled: THREE THOUSAND ONE HUNDRED,  
SIXTY TWO DOLLARS AND FIFTY CENTS

Vendor Name: ERNIE COBOS  
ITD  
Street: 500 EAST SAN ANTONIO

City, State, Zip: EL PASO TX 79901

Subject: LAS VEGAS, NV 6/26-7/1 '10 CISCO LIVE NETWORKS

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	208	3,162.50	CDP	6705	145	CDP008		
	Desc:	LAS VEGAS, NV 6/26-7/1 '10 CISCO LIVE NETWORKS						
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 04/29/2010

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

### County of El Paso Travel Request Form

TJ

Travel

Type: **ADVANCE**

Name:	Ernie Cobos	Department:	ITD
Date of Trip: Departure	06/26/10	Arrival Date:	07/01/10
* Purpose of Trip:	Cisco Live Networkers		

**\* Use of GADMINGF Funds requires legislative impact explanation**

Department Index:	CDP	Sub-Object:	6705 - Travel/Prof. Edu
-------------------	-----	-------------	-------------------------

COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

#### Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

*Please Check One (Departure meal rate)*

<input checked="" type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 35.00

*Please Check One (Return meal rate)*

<input type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

#### Section 2: Travel Estimated Breakdown

\* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	\$350.00	
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date	17.50	
Meal per diem (\$35)	140.00	
Meal rate on Return date	35.00	
Lodging	775.00	
Other - Registration	1,795.00	
Other - EP Parking		
Other - Taxi	50.00	
Other -		
Other -		
<b>TOTAL</b>	<b>\$3,162.50</b>	<b>\$0.00</b>

#### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_

Index: \_\_\_\_\_

Sub-Object: \_\_\_\_\_

Vendor: EW 002450

Subsidiary: \_\_\_\_\_

Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE  Y/N

#### Section 3: Signature and List of Names:

ADVANCE FROM COUNTY	\$3,162.50	CC	\$0.00
Ricardo Rubio	Name: _____		
Name: _____	Name: _____		
Name: _____	Name: _____		
Name: _____	Name: _____		
Name: _____	Name: _____		

NOTATION: TRACEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE **TUESDAY 12:00 PM**

SIGNATURE: [Signature]

DATE: 26-Apr-10

C.C.O. DATE \_\_\_\_\_

# Registration Information

## Full Conference Pass Starting at \$1995 (\$1695 for Government) or 21 Learning Credits

PASS	RATE	DATES	<b>Discounted Rates</b> <b>Government/Education employees*</b> Early Bird: \$1695    Late: \$1995 Regular: \$1795    Onsite (June 26 – July 1): \$2295 <b>Learning Credits</b> 21 required for registration at any point in the cycle, February 23 to July 1
Early bird	\$1995	February 23 – April 30	
Regular	\$2095	May 1 – May 21	
Late	\$2195	May 22 – June 25	
OnSite	\$2295	June 26 – July 1	

### Registration includes Networkers, IT Management, Service Provider, and Developer Services programs:

- World of Solutions Welcome Reception (Monday evening)
- Keynotes (Tuesday, Wednesday, Thursday)
- Super Sessions (Tuesday and Wednesday)
- Technical Breakout Sessions (Monday–Thursday)
- Customer and Partner Case Studies (Tuesday, Wednesday, Thursday)
- Access to World of Solutions, Technical Solutions Clinic, and Meet the Engineers (Monday through Thursday)
- World of Solutions Reception (Tuesday)
- Customer Appreciation Event (Wednesday)
- Continental Breakfast and Lunch (Monday–Thursday)
- Conference internet kiosk access, including real-time scheduler
- One complimentary certification exam
- Complimentary one-year subscription to Cisco Live/Networkers Virtual
- Complimentary onsite wireless network access
- Signature conference bag

*NOTE: In-depth technical training (Labs or Technical Seminars) not included*

## Additional Registration Packages

### Intensive Training Opportunities

Technical Seminars are only held on Sunday and Monday before the main program begins.

This year labs will be available before the conference on Sunday and Monday. Certification labs will also be available during the main conference on Tuesday and Wednesday. Certification labs will be scheduled concurrently with other sessions on these days.

### Technical Seminar Passes:

Technical Seminar (one 4-hour class)	\$495 (or 5 Learning Credits)
Technical Seminar (one 8-hour class)	\$795 (or 8 Learning Credits)

### Labs Passes:

Instructor-Led Lab (one 4-hour class)	\$595 (or 6 Learning Credits)
Instructor-Led Lab (one 8-hour class)	\$995 (or 10 Learning Credits)

### World of Solutions Expo Pass

\$0 February 23 – June 25

\$75 June 26 – July 1

#### Includes:

Access to World of Solutions, during show hours only (Monday through Thursday)

- Access to Keynotes and Super Sessions (Tuesday, Wednesday, Thursday)
- Does not include meals, social events, or any breakout sessions, Labs, or Technical Seminars

### World of Solutions Expo PLUS Pass

\$595 or 6 Learning Credits

February 23 – June 25

#### Includes:

Access to World of Solutions, during show hours only (Monday through Thursday)

- Access to Keynotes and Super Sessions (Tuesday, Wednesday, Thursday)
- Access to two breakout sessions; must preregister
- Complimentary one-year subscription to Cisco Live/Networkers Virtual
- Does not include meals, social events, or additional breakout sessions, Labs, or Technical Seminars

### Social Events Pass

\$295 Learning Credits cannot be applied. No discounts available. Guests must be 21 or older.

#### Includes:

World of Solutions Receptions (Monday and Tuesday)

Customer Appreciation Party (Wednesday)

World of Solutions Expo Pass

- Access to World of Solutions Expo, during show hours only (Monday through Thursday)
- Access to Keynotes and Super Sessions (Tuesday, Wednesday, Thursday)

## Government/Education Rate Information, Cancellation/Substitution Policies, and Hotel Information

\*Government/Education rate is open to all bona-fide employees of a United States and Canadian federal, state, or local government entity, including employees of public higher education institutions. All attendees registering under this government rate will be required to show their employer-issued government ID or other proof of government employment upon check-in. Cisco may, at its sole discretion, charge the full conference amount if it is unable to verify proof of employment requirements to Cisco's satisfaction. Additional discounts do not apply to Labs, Technical Seminars, and exams registered in addition to your conference fees.

### Cancellation Policy

Applies to all packages/type of purchases. Cancellations must be received in writing to the support@ciscolive2010.com Help Desk according to the following schedule:

Through April 16	Full Refund
April 17 – May 21	50% Per cent Refund
May 22 or later	No Refund

NOTE: Cisco Learning Credits are non-refundable.

### Conference Pass Substitution Policy

If you are unable to attend Cisco Live 2010 after registering, a substitution from the same company is permitted at no charge. Please submit substitution notification to support@ciscolive2010.com. Notification must be received in writing by Friday, June 11, 2010. For substitutions after the deadline, please bring written notification to the onsite Cisco Live Registration area in Las Vegas.

### Hotel Information

Reserve a room at one of Cisco Live's official hotels. For information on location, room rates, and special features, please visit [www.ciscolive.com](http://www.ciscolive.com)

## Networkers Program

### Technical Breakout Sessions

The Networkers Program is organized into distinct technology tracks focused on core technical education, allowing you to dive deep into a single topic or design your own agenda that crosses multiple tracks. Each track offers an array of course work addressing technology topics that are critical to helping businesses collaborate, innovate, and thrive—today and in the future. In addition to exploring new ideas, established best practices, and emerging technologies, you'll have the chance to earn the Cisco certifications that demonstrate your skill and initiative.

Whether you work for an up-and-coming enterprise or an industry leader, the knowledge and insight available at Cisco Live 2010 can give you and your company a powerful competitive edge.

For the full agenda, including detailed session descriptions, visit our online interactive session catalog at [www.ciscolive.com](http://www.ciscolive.com).



8 Register by April 30 and save up to \$300!



**Saturday, June 26**

2:00 p.m. – 7:00 p.m. Registration Open

**Sunday, June 27**

7:00 a.m. – 5:00 p.m. Registration Open

7:00 a.m. – 8:00 a.m. Breakfast (Seminar and Lab attendees only)

8:00 a.m. – 12:00 p.m. Labs and Technical Seminars

12:00 p.m. – 1:00 p.m. Lunch (Seminar and Lab attendees only)

1:00 p.m. – 5:00 p.m. Labs and Technical Seminars

**Monday, June 28**

7:00 a.m. – 7:30 p.m. Registration Open

7:00 a.m. – 8:00 a.m. Breakfast

8:00 a.m. – 12:00 p.m. Labs and Technical Seminars

9:30 a.m. – 11:30 a.m. Technical Breakout Sessions

11:30 a.m. – 1:00 p.m. Lunch

12:30 p.m. – 2:30 p.m. Technical Breakout Sessions

1:00 p.m. – 5:00 p.m. Labs and Technical Seminars

3:00 p.m. – 5:00 p.m. Technical Breakout Sessions

4:30 p.m. – 7:30 p.m. Welcome Reception/World of Solutions Open

**Tuesday, June 29**

7:00 a.m. – 7:00 p.m. Registration Open

7:00 a.m. – 8:00 a.m. Breakfast

8:00 a.m. – 9:30 a.m. Technical Breakout Sessions

8:00 a.m. – 12:00 p.m. Certification Labs

10:00 a.m. – 11:30 a.m. Keynote: Cisco CEO, John Chambers

11:00 a.m. – 2:00 p.m. Lunch and Desserts in World of Solutions

11:00 a.m. – 7:00 p.m. World of Solutions Open

11:30 a.m. – 12:30 p.m. Table Topics (during lunch)

12:30 p.m. – 2:30 p.m. Technical Breakout Sessions

1:00 p.m. – 5:00 p.m. Certification Labs

2:45 p.m. – 3:45 p.m. Partner Super Sessions:  
1) Fluke Networks  
2) NetQoS

4:00 p.m. – 6:00 p.m. Technical Breakout Sessions

5:00 p.m. – 7:00 p.m. World of Solutions Reception

**Wednesday, June 30**

7:00 a.m. – 6:00 p.m. Registration Open

7:00 a.m. – 8:00 a.m. Breakfast

8:00 a.m. – 10:00 a.m. Technical Breakout Sessions

8:00 a.m. – 12:00 p.m. Certification Labs

10:30 a.m. – 11:30 a.m. Keynote: Cisco CTO, Padmasree Warrior

11:00 a.m. – 2:00 p.m. Lunch and Desserts in World of Solutions

11:00 a.m. – 6:00 p.m. World of Solutions Open

11:30 a.m. – 12:30 p.m. Table Topics (during lunch)

11:30 a.m. – 2:30 p.m. Service Provider Community General Session

12:30 p.m. – 2:30 p.m. Technical Breakout Sessions

1:00 p.m. – 5:00 p.m. Certification Labs

2:45 p.m. – 3:45 p.m. Cisco Super Sessions:  
1) Borderless Networks  
2) Video

4:00 p.m. – 6:00 p.m. Technical Breakout Sessions

7:30 p.m. – 11:00 p.m. Customer Appreciation Event

**Thursday, July 1**

7:00 a.m. – 5:00 p.m. Registration Open

7:00 a.m. – 8:00 a.m. Breakfast

8:00 a.m. – 10:00 a.m. Technical Breakout Sessions

10:30 a.m. – 11:30 a.m. Closing Keynote: Ben Mezrich

11:00 a.m. – 2:00 p.m. Lunch and Desserts in World of Solutions

11:00 a.m. – 2:00 p.m. World of Solutions Open

11:30 a.m. – 12:30 p.m. Table Topics (during lunch)

12:00 p.m. – 2:00 p.m. Technical Breakout Sessions

2:30 p.m. – 4:30 p.m. Technical Breakout Sessions

**KEY**

Keynotes & Super Sessions  Registration  World of Solutions

"It would take me too much time to get all of this information without coming here. I consider Cisco Live a crash course in networking." – CISCO LIVE 2009 ATTENDEE





COUNTY OF EL PASO  
INFORMATION TECHNOLOGY DEPARTMENT (ITD)

800 E. OVERLAND, SUITE 400  
EL PASO, TEXAS 79901  
(915) 546-2041  
FAX (915) 546-2042  
www.epcounty.com

**MEMORANDUM:**

TO: Victor Perez, County Auditors  
Attn: Jorge Lopez

FROM: Peter Cooper *PC*  
Chief Technology Officer

DATE: April 26, 2010

SUBJECT: Training Request for  
Commissioner's Court on May 3, 2010

---

\$3,162.50 Ernie Cobos, Network Administrator, ITD to attend the Cisco Live Networkers Seminar June 26 – July 1, 2010 in Las Vegas, Nevada.

## El Paso County Travel Justification Form

Name: Ernie Cobos Signature *Ernie Cobos* Date: 6(26)-7(1)10

Dept: ITD Job Title: Network Administrator

Travel Funding Source:  County  Grant  Grant  Other

Will any funds be reimbursed by another entity? \_\_\_\_\_

Travel Account No: CDP-6705 Balance Remaining for FY: \$33,767

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 officer, 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 Auditor's Office Manual Voucher Form

Vendor No.: <u>V002850 01</u>	Single Check (Y/N): _____
Voucher Total: <u>\$100.00</u>	Date Entered: <u>04/29/2010</u>
No. of Lines: <u>1</u>	Entered by: <u>AN</u>
T/C Hash : <u>238</u>	
Preparer's Initials: <u>AN</u>	
Amount Spelled: ONE HUNDRED DOLLARS AND NO CENTS	

Vendor Name: S.T.A.R.S.

Street: SEXUAL TRAUMA & ASSAULT RESPONSE SERVICE  
710 N. CAMPBELL

City, State, Zip: EL PASO TX 79902

Subject: RGMARIA SANTANA ELP, TX5/11-12/10 NEW BGNING&TMRRO

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	100.00	SHERIFFLEOS	6602				
	Desc: RGMARIA SANTANA ELP, TX5/11-12/10 NEW BGNING&TMRRO							
02								
	Desc:							
03								
	Desc:							
04								
	Desc:							
05								
	Desc:							
06								
	Desc:							
07								
	Desc:							
08								
	Desc:							
09								
	Desc:							
10								
	Desc:							

Prepared by: JORGE LOPEZ TCAUD20-AUDITORS Date: 04/29/2010

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

8/29/10  
called xlet net  
Kneal  
TJ

### County of El Paso Travel Request Form

Travel

Type: **ADVANCE**

STARS

Name: María Santana Department: EPSO

Date of Trip: Departure 5/11/10 Arrival Date: 5/12/10 Destination: Local Training

\* Purpose of Trip: 2010 Sheriff's Golf New Beg. & New Tomorrow

\* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: SHERIFFS Sub-Object: 6602  
COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

#### Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW N/A

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50  
 on Date of Departure 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. Half Rate \$ 17.50  
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

#### Section 2: Travel Estimated Breakdown

\* CC CREDIT CARD EXPENSE BREAKDOWN

	* CC
Airfare	_____
Auto Rental	_____
Mileage (.40 /mile)	_____
Gas	_____
Meal rate on Departure date	_____
Meal per diem (\$35.00)	_____
Meal rate on Return date	_____
Lodging	_____
Other - Registration	<u>\$ 100.00</u>
Other - Parking/Tolls	_____
Other - Taxi	_____
Other -	_____
Other -	_____
<b>TOTAL</b>	<u>\$100.00</u>

#### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
Index: \_\_\_\_\_  
Sub-Object: \_\_\_\_\_  
Vendor: 1002850  
Subsidiary: \_\_\_\_\_  
Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE

n/a  Y/N

#### Section 3: Signature and List of Names:

ADVANCE FROM COUNTY

Name: María Santana Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

CC  
\$0.00

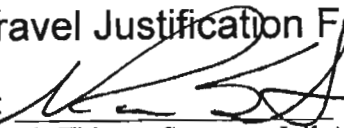
NOTATION: TRAVEL REQUEST FORM MUST  
BE SUBMITTED TO COUNTY AUDITORS-  
ACCOUNTS PAYABLE DIVISION BEFORE  
**TUESDAY 12:00 PM**

SIGNATURE

DATE: 20-Apr-10

C.C.O. DATE

## El Paso County Travel Justification Form

Name: Maria Santana Signature:  Date: 04-20-10  
Dept: EPSO Job Title: Sergeant-Jail Annex  
Travel Funding Source:  County  Grant  Other  
Will any funds be reimbursed by another entity? n/a  
Travel Account No.: n/a Balance Remaining for FY: n/a

**Purpose: (check [x] 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:** Professional training....no travel required

## EL PASO COUNTY SHERIFF'S OFFICE Travel Expense Estimate Report

Name Maria Santana Title Sergeant Date 4/20/2010

Date Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Totals
Airfare with Taxes								
Auto Rental								
Fuel								
Taxi								
Shuttle								
Airport Parking								
Misc.								
<b>Sub-total Transportation</b>		\$0.00						\$0.00
Hotel								
Meals								
Misc.								
<b>Sub-total Hotel and Meals</b>		\$0.00			\$0.00	\$0.00		\$0.00
Supplies/Equipment								
Phone/Fax								
Registrations								\$0.00
Other								
Misc.								
<b>Sub-total Misc.</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Per Day</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**PURPOSE OF TRIP**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Training is local... no travel expense needed

\_\_\_\_\_

**Summary of expense**

Total of Expense Estimate

Less Direct Payments \_\_\_\_\_

Cash Advance \_\_\_\_\_

Prepared by *Maria Santana*

Date 4-20-10

Division Commander \_\_\_\_\_

Date \_\_\_\_\_

**EL PASO COUNTY SHERIFF'S OFFICE**

**INTEROFFICE MEMORANDUM**

**Date:** April 20, 2010  
**To:** Sheriff Wiles and Budget Director Lucille Samuel thru Chief Aguilar thru  
Commander Colorado thru Lt. H. Rowen  
**From:** Sgt. M. Santana #1967  
**Subject:** S.T.A.R.S. Rape Crisis Center 2010 Annual Conference

I am respectfully requesting permission to attend the S.T.A.R.S. Rape Crisis Center 2010 Annual Conference being held on May 11<sup>th</sup> and May 12<sup>th</sup>, 2010.

A couple of years ago, I was faced with a situation where an officer wanted to talk to me reference an assault/rape that had occurred and she just needed someone to talk to and felt comfortable speaking to me about it. Even though I feel I did a good job in handling the situation, training and further knowledge on the subject would have been of great assistance. The issues that will be discussed in this conference are important and worth the 16hrs of training time. God forbid I am ever confronted with a situation of this nature or that another victim come forward and want my assistance, I would like to have at least basic training/knowledge reference this awful, yet unfortunately common subject.

This conference will be held at 9050 Viscount Blvd. (EPCC Admin Bldg)...your consideration to this request will be greatly appreciated.

**Contact person:** Katherine Giovas @ S.T.A.R.S.  
**Conference fee:** \$100/ 2days

**Mail payment to :** STARS Rape Crisis Center  
710 N. Campbell  
El Paso, Texas 79902

*Approved  
Chief Aguilar 4/20/10*

**Maria Santana (Sgt.)**

---

**From:** Rocío F. Chávez  
**Sent:** Monday, April 19, 2010 4:02 PM  
**To:** Sheriff's Office  
**Subject:** STARS Conference Brochure May 11th & 12th, 2010  
**Attachments:** STARS Conference Brochure (4-14).pdf

Please see attached pdf file reference:

S.T.A.R.S. Rape Crisis Center "2010 Annual Conference"

If interested in attending; **please follow the department's protocol for requesting funds through your chain of command.**

- STARS Registration form due April 24<sup>th</sup>, 2010
- Conference registration fees due by 4/28/2010
- Point of contact Katherine Giovas at STARS (915) 533-7700.

**PLEASE DO NOT SEND REGISTRATIONS TO THE ACADEMY, AS WE ARE NOT HOSTING THIS TRAINING.**

Thank you.

Respectfully,  
Rocío F. Chávez, Administrative Assistant  
El Paso County Sheriff's Office  
Region VIII Training Academy  
12501 Montana Ave.  
El Paso, Texas 79938  
(915) 856-4801 Fax: (915) 856-4883  
[rchavez@epcounty.com](mailto:rchavez@epcounty.com)

4/20/2010



**S.T.A.R.S. Rape-Crisis Center**  
**2010 Annual Conference**  
**A New Beginning For**  
**A New Tomorrow**  
**MAY 11TH AND 12TH, 2010**

9050 Viscount Blvd.  
 (EPCC Administrative Bldg.)  
 El Paso, TX

For more information, contact:  
 Katherine Giovas at STARS  
 (915) 533-7700

Conference Fee:  
 \$100 / 2 days

Lunch Included Both Days

*Nurse Accreditation and Credit: University Medical Center of El Paso is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

*Contact hours available to nurses. In order to receive credit for the program, nurses must complete an evaluation form.*

*A display of commercial products at the conference does not imply endorsement or approval of the product/service by the American Nurses Credentialing Center (ANCC), the Texas Nurses Association (TNA) or University Medical Center of El Paso.*

**S.T.A.R.S. Rape Crisis Center of El Paso**  
**2010 Annual Conference**

Certificates of Completion will be produced from the information printed below.  
 Return completed form by April 24, 2006.

PLEASE PRINT OR TYPE:  
 Name: Santana Last Alain First D M.I.  
 Title: Sergeant Agency: EP50  
 Business Phone: 956-4808 Fax: 856-4849  
 Mailing Address: 12501 Montrose City El Paso, TX State 79936 Zip  
 Street/P.O. Box  
 Day 1:  Regular Lunch  Vegetarian  Vegetarian Salad  
 Day 2:  Regular  Vegetarian Salad

CEUs available for Social Work/LPC  
Law Enforcement  
Nursing

CONFERENCE REGISTRATION FEES:

- 2-Day Registration Fee (by 4/28/10) \$100.00  1-Day Registration (by 4/28/10) \$55.00
- Students \$30.00 2-day registration fee
- Purchase Order in Amount of \$\_\_\_\_\_  Check /Money Order (Make payable to STARS)

Mail with payment to: STARS Rape Crisis Center, 710 N. Campbell, El Paso, TX, 79902

Taking orders for the following books:

CPR For Caregivers; Connect, Project, & Reflect **\$2.00** # requested \_\_\_\_\_  
 By Grant Watkins **Book Sale!**  
 I Am The Central Park Jogger **\$2.00** # requested \_\_\_\_\_  
 By Trish Meile

Check or Money Order (Please make payable to STARS) Amount Enclosed: \$\_\_\_\_\_

STARS El Paso  
 710 N. Campbell St.  
 El Paso, TX 79902

NONPROFIT ORG  
 U.S. POSTAGE  
 PAID  
 EL PASO, TX  
 PERMIT NO 673

## Day 1 Tuesday, May 11th, 2010

- 8:00-8:30 **Registratration**
- 8:30-8:45 **Opening Remarks by Sheriff Richard Wiles**
- 8:45-10:15 **Strangulation/Suffocation**  
Aaron Setliff, JD
  - Identify up to ten key pieces of legislation from the 81st Session of the Texas Legislature that affect sexual assault and family violence survivors.
  - Dialogue on successes and challenges of implementing this legislation since its passage.
  - Perspectives and suggestions for the 82nd Session; learn more about how to become involved.
- 10:15-10:30 **Break**
- 10:30-12:00 **School Violence: What's Really Going On?**  
Curtis Clay, BA
  - Identification of key factors into incidents that result in violence within the schools.
  - Identify student behaviors that may escalate into potential violent behavior before it reaches the critical point.
  - Identify types of violence committed and common causes or incidents that can trigger acts of violence.
  - Learn suggested strategies for preventing school violence.
- 12:15-1:30 **Lunch & Guest Speaker,**  
Kim Basinger,  
RN, CA/CP, SANE-A, CFN  
*Medical Protocol*
  - Describe the training requirements for the Sexual Assault Nurse Examiner (SANE).
  - Discuss the roles and responsibilities of the SANE.
- 1:30-1:45 **Break**
- 1:45-3:15 **Sexual Assault Protective Orders**  
Michael Alvarez, JD
  - Identify primary population of victims who may access the protective order mechanism in Art 7A, and venue for Art. 7A protective order.
  - Differentiate between Art. 7A, Code of Criminal Procedure and Title 4, Texas Family Code.
  - Burden of Proof and duration for an Art. 7A protective order, and enforceability.
- 3:15-3:30 **Break**
- 3:30-5:00 **Cyber Stalking**  
Kim Basinger,  
RN, CA/CP, SANE-A, CFN
  - Identify dynamics and characteristics of cyber stalking.
  - Utilization of technology in cyber stalking situations.
  - Texas laws related to cyber stalking.

## Day 2 Tuesday, May 12th, 2010

- 8:00-8:15 **Breakfast Networking**
- 8:15-8:30 **Opening Remarks:**  
District Attorney Jaime Esparza
- 8:30-10:00 **Motivational/Inspirational:**  
Victim Justice  
Stephanie Frogge
  - Identify characteristics of resiliency
  - Define "victim justice" to survivors of violent crime.
  - Relate lessons of historic peoples to modern advocacy techniques.
- 10:10:15 **Break**
- 10:15-11:45 **Ethics: Addressing Ethical Challenges In Our Personal and Professional Experience**  
Candye Berger, MBA, PhD
  - Identify ethical principles used to guide our practices.

- Apply these ethical principles to our personal and/or professional experiences.

## 11:45-12:00 Break

## 12:00-1:15 Lunch (Box lunch provided) Innovative Juvenile Sex Offender Treatment

Robert S. Hart, MBA, MA, BA

## 1:15-1:30 Break

## 1:30-3:00 Club Drugs

Arthur Islas, MD

- Identify trends and prevalence of club drugs used to intensify the "social experience" and long term effects of these drugs.
- Identify signs of chronic substance abuse leading to addiction.
- Discussion of current methods used to treat substance abuse/addiction.

## 3:15-3:30 Break

## 3:30-4:45 Case Study:

## Domestic Violence on Ft. Bliss

David M. Ortiz, Computer Forensic Examiner

Peggy Brown, Chief

Army Community Service Center

- Identification of factors involved in the domestic violence related shooting death on Ft. Bliss.
- Discussion of relationship between domestic violence and Post Traumatic Stress Disorder.

## Nurses:

University Medical Center of El Paso is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This educational activity has been approved for up to 14.25 contact hours for both days. Day 1-7.25 contact hours; Day 2-7.0 contact hours.

In order to receive credit for the program, nurses must sign-in and complete an evaluation form at the end of the educational

## activity:

A display of commercial products at the conference does not imply endorsement or approval of the product/service by the American Nurses Credentialing Center (ANCC), the Texas Nurses Association (TNA), or University Medical Center of El Paso.

## MANY THANKS...

To all who participated, donated, and assisted in the success of this year's conference...

- EP District Attorney's Office
- EP County Attorney's Office
- University Medical Center
- West Texas CSCD
- Adult Protective Services
- Region 19
- Costco
- WalMart
- Visiting Nurses Assn.
- ICE
- Center Against Family Violence
- Child Protective Services
- Starbucks
- TV54
- Helen of Troy
- TX Council on Family Violence
- TX School Safety Center
- Texas Tech University
- EP Juvenile Probation Dept.
- UT Austin
- University of TX at El Paso
- Crime Victims' Rights Council of EP
- Pebble Creek Nursing Center
- CEUs sponsored by
- Legal Advocacy Network
- University Medical Center
- El Paso Police Academy

## **Jorge Lopez**

---

**From:** Lucille Samuel  
**Sent:** Wednesday, April 21, 2010 4:29 PM  
**To:** Victor Perez; Jorge Lopez  
**Attachments:** Untitled.PDF - Adobe Acrobat Pro.pdf

## **Maria Santana**

## El Paso County Auditor's Office Manual Voucher Form

Vendor No.: V004265 01

Single Check (Y/N): \_\_\_\_\_

Voucher Total: \$399.00

No. of Lines: 1

Date Entered: 04/29/2010

T/C Hash : 238

Entered by: B0

Preparer's Initials: B0

Amount Spelled: THREE HUNDRED NINETY NINE DOLLARS AND NO CENTS

Vendor Name: ROCKHURST UNIVERSITY CONTINUING EDU.CTR.  
NATIONAL SEMINARS GROUP

Street: P. O. BOX 2949

City, State, Zip: SHAWNEE MISSION KS 66201

Subject: MANY ROMERO, EL PASO, TX 5/20-21/10

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary	Bank #	Treasury #
01	238	399.00	CA	6705				
	Desc:	MANY ROMERO, EL PASO, TX 5/20-21/10						
02	Desc:							
03	Desc:							
04	Desc:							
05	Desc:							
06	Desc:							
07	Desc:							
08	Desc:							
09	Desc:							
10	Desc:							

Prepared by: MAYRA C. HERNANDEZ TCAUD47-AUDITORS Date: 04/29/2010

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



RECEIVED  
 APR 26 2010  
 EL PASO  
 COUNTY AUDITOR

PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

*Please Hold check*

**County of El Paso  
 Travel Request Form**

Travel

Type: **REGISTRATION**

Company Name: National Seminars Group Department: El Paso County Attorney's Office  
 Date of Trip: Departure 05/20/10 Arrival Date: 05/21/10 Destination: El Paso, TX  
 \* Purpose of Trip: Registration Fee for Manny Romero to attend the Management & Leadership Skills training

\* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: ca Sub-Object: 6705

**Section 1: Guidelines for Determining Meal Rates Allowance** MOVE ARROW

*Please Check One (Departure meal rate)*

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50  
 on Date of Departure 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. Half Rate \$ 17.50  
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

**Section 2: Travel Estimated Breakdown**

\* CC CREDIT CARD EXPENSE BREAKDOWN

	* CC	* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
<b>Registration</b>	<b>399.00</b>	_____
Other	_____	_____
Other - Taxi	_____	_____
Other -	_____	_____
Other -	_____	_____
<b>TOTAL</b>	<b>\$399.00</b>	<b>\$0.00</b>

**FOR AUDITOR'S USE ONLY**

Trans. Code: \_\_\_\_\_  
 Index: \_\_\_\_\_  
 Sub-Object: \_\_\_\_\_  
 Vendor: V004265  
 Subsidiary: \_\_\_\_\_  
 Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE  No Y/N

**Section 3: Signature and List of Names:**

REGISTRATION AMOUNT: \$399.00 \$0.00  
 Name: Manny Romero Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

NOTATION: TRAVEL REQUEST FORM MUST  
 BE SUBMITTED TO COUNTY AUDITORS-  
 ACCOUNTS PAYABLE DIVISION BEFORE  
 TUESDAY 12:00 PM

SIGNATURE [Signature]

C.C.O. DATE \_\_\_\_\_ DATE: 16-Apr-10

*Please Hold check*

4-Jun-10

El Paso County Travel Justification Form

SUPERVISOR

Name: Manny Romero Signature \_\_\_\_\_ Date: 4-16-10

Dept: County Attorney Job Title: Division Chief

Travel Funding Source: X County \_\_\_\_\_ Grant \_\_\_\_\_ Other \_\_\_\_\_

Will any funds be reimbursed by another entity? No

Travel Account No.: ca-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

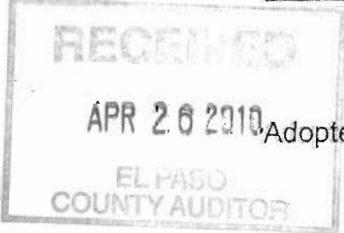
(County Clerk's Association, TAC, Conference of Urban Counties, TBIC, etc.)

Organization Name: \_\_\_\_\_

Human Resources/Management/Personal Development Training

("Dealing with Difficult People", stress management, "Be A Better Leader", etc.)

\_\_\_\_\_ Other: \_\_\_\_\_



Adopted by the El Paso County Commissioners Court on November 17, 2003



**ROCKHURST UNIVERSITY CONTINUING EDUCATION CENTER, INC.**

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• NATIONAL SEMINARS GROUP • PADGETT-THOMPSON • KEYE PRODUCTIVITY • COMPED SOLUTIONS  
• NATIONAL WOMEN'S BUSINESS LEADERSHIP ASSOCIATION • NATIONAL PRESS PUBLICATIONS

PO BOX 419107 Kansas City, MO 64141-6107	<a href="http://www.natsen.com">http://www.natsen.com</a>	800-682-5061 Fax 913-432-0824	Tax ID 43-1576558 Exempt from backup withholding
---	---	----------------------------------	---

2 DAY-NEW SUPERVISOR SKILLS\*\*  
EL PASO 5/20/10 399.00  
MANNY ROMERO

-----

FOR BILLING QUESTIONS, PLEASE CALL 1-800-682-5061

INVOICE# 401104857-001

Remit to:  
**ROCKHURST UNIVERSITY CONTINUING EDUCATION CENTER, INC.**  
PO Box 419107 • Kansas City, MO 64141-6107

*please detach and return this  
portion with your payment*

invoice no.	invoice date	terms	balance due
401104857-001	4-15-10	NET RECEIPT	399.00

Check here for name or address changes (please indicate corrections in address area below) \*

EL PASO COUNTY ATTORNEY'S OFFI  
500 E. SAN ANTONIO, ROOM 503  
Attn: MANNY ROMERO  
EL PASO, TX 79901

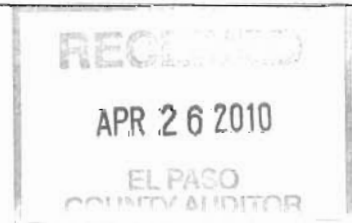
check  
attached: \$

please charge to my:  
 mastercard  visa  american express  
16 digits 13 or 16 digits 15 digits

card  
expiration date: | | | |

card  
number: | | | | | | | | | | | | | | | | |

cardholder  
signature: \_\_\_\_\_



VP10 03391

### El Paso County Auditor's Office Voucher Payable Form

Vendor No.: V003890  
Voucher Total: \$ 275.00  
No. of Lines: 1  
T/C Hash: 238  
Preparer's Initials: AN

Single Check (Y/N): Y

Date Entered: 4/29/10  
Entered by: [Signature]

Vendor Name: PUBLIC AGENCY TRAIN COUNCIL  
Subject: \_\_\_\_\_

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary
01	238	275.00	SHERIFFLEOS	6602		
			RGJOSE HRNDZ ELP, TX4/1-2/10LEGL&LIAB MGMNT S.W.AT.			
02						
03						
04						
05						
06						
07						
08						
09						
10						

Prepared by: JORGE LOPEZ Date: 4/29/2010

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_





Handwritten mark resembling a stylized 'B' or '13'.

PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

### County of El Paso Travel Request Form

Travel

Type: REGISTRATION

Company Name: Public Agency Training Council Department: Sheriff  
 Date of Trip: Departure 04/01/10 04/02/10 Destination: Frisco, Texas  
 \* Purpose of Trip: Legal and Liability Management for Tactical S.W.A.T. and Emergency

\* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: SHERIFFLEOS 6602

#### Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50  
 on Date of Departure 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. Half Rate \$ 17.50  
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

#### Section 2: Travel Estimated Breakdown

\* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	275.00	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other - Emergency	_____	_____
Other -	_____	_____
<b>TOTAL</b>	<u>\$275.00</u>	_____

#### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
 Index: \_\_\_\_\_  
 Sub-Object: \_\_\_\_\_  
 Vendor: 1003890  
 Subsidiary: \_\_\_\_\_  
 Amount: \_\_\_\_\_

EMPLOYEE WILL BE REIMBURSED FROM OTHER SOURCE  N  Y/N

#### Section 3: Signature and List of Names:

REGISTRATION AMOUNT: \$275.00 CC  
 Name: \_\_\_\_\_ Name: Jose L. Hernandez  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS- ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE: 

DATE: \_\_\_\_\_

C.C.O. DATE

# Public Agency Training Council

5235 Decatur Blvd  
Indianapolis, Indiana 46241  
(317) 821-5085 (800) 365-0119  
www.patc.com

## INVOICE

Number 129319

Date 3/26/10

To: El Paso County Sheriffs Office  
3850 Justice  
El Paso, TX 79938  
Attn: Commander Jesus Campa

Phone: 915-538-2099  
Fax:  
Email: josehernandez@epcounty.com

### Attendees

Jose Hernandez

### Seminar Information

Legal and Liability Management for Tactical, S.W.A.T. and Emergency  
4/1/2010 through 4/2/2010  
Seminar ID#: 8586  
Frisco, TX  
Desmarais, James

### Financial Information

Please Return One Copy of this Invoice with Your Payment

Payment Method	creditCard	Seminar Fee	\$275.00
Payment Number	xxxx-6886	Number of Attendees	1
PO #		Total Fees	\$275.00
<div style="border: 1px solid black; padding: 5px;">Please run credit card information</div>		Less Adjustments	
		Amount Paid:	
		Total Due:	\$275.00

Federal ID #35-1907871

If the Total Due above reflects a credit, please keep this for your records.  
You may apply this credit toward any future class.

"Dedicated to Setting Training Standards"

Visit us at [www.patc.com](http://www.patc.com) Email us at [Information@patc.com](mailto:Information@patc.com)

# EL PASO COUNTY SHERIFF'S OFFICE

## Travel Expense Estimate Report

Name Jose Hernandez Title Sergeant Date 4/26/2010

**THIS IS A TEN WEEK COURSE**  
Days of Travel

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat	Totals
					4/1/2010	4/2/2010		

Airfare								
Auto Rental								
Fuel Other Fuel if Needed								
Taxi								
Shuttle								
Airport Parking								
Misc.								
<b>Sub-total Transportation</b>								

Hotel								
Meals								
Misc.								
<b>Sub-total Hotel and Meals</b>								

Supplies/Equipment								
Phone/Fax								
Registrations					275.00			
Other Emergency								
Misc.								
<b>Sub-total Misc.</b>					275.00			275.00

<b>Total Per Day</b>					\$275.00			\$275.00
----------------------	--	--	--	--	----------	--	--	----------

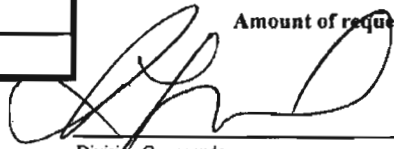
**PURPOSE OF TRIP**

<b>Topic:</b> <u>Legal and Liability Management for Tactical, S.W.A.T. and Emergency</u>
<b>Location:</b> <u>Frisco, Texas</u>

**Summary of expense**

\$ 275.00  
 Total of Expense Estimate  
 Less Direct Payments \_\_\_\_\_  
 Cash Advance \_\_\_\_\_  
 Amount of request \$275.00

R. Lucille Samuel Budget Director 4/26/2010  
 Prepared by Date:

  
 Division Commander Date 4/26/2010

## El Paso County Travel Justification Form

Name: Jose Hernandez Signature \_\_\_\_\_ Date: 4/26/10

Dept: SO Job Title: Sergeant

Travel Funding Source:  County \_\_\_\_\_ Grant \_\_\_\_\_ Other Will any funds be reimbursed by another entity? \_\_\_\_\_ Travel Account No.: \_\_\_\_\_ 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: Powerful Communications Skills for Women**  
Adopted by the El Paso County Commissioners Court on November 17, 2003

## Jorge Lopez

---

**From:** Lucille Samuel  
**Sent:** Monday, April 26, 2010 4:35 PM  
**To:** Victor Perez; Jorge Lopez  
**Attachments:** Untitled.PDF - Adobe Acrobat Pro.pdf

## SGT Hernandez

VP1003390

### El Paso County Auditor's Office Voucher Payable Form

Vendor No.: EMP02451  
Voucher Total: \$ 860.00  
No. of Lines: 1  
T/C Hash: 208  
Preparer's Initials: AN

Single Check (Y/N): Y

Date Entered: 4/29/10  
Entered by: AN

Vendor Name: ANNE MCGEHEE  
Subject: \_\_\_\_\_

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary
01	208	860.00	CCRIMC4	6705	145	CR4008
AUSTIN, TX 6/14/10 PDP TRIAL CRT MGMNT CRSE						
02						
03						
04						
05						
06						
07						
08						
09						
10						

Prepared by: JORGE LOPEZ Date: 4/29/2010

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

TJ

### County of El Paso Travel Request Form

Travel  
Type: **ADVANCE**

Name: Anne McGehee Department: County Criminal Court No. 4  
 Date of Trip: Departure 06/14/10 Arrival Date: 06/14/10 Destination: Austin, Texas  
 \* Purpose of Trip: To attend the PDP Trial Court Management course (2nd year participant)

\* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: CCRIMC4 Sub-Object: 6705  
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

#### Section 1: Guidelines for Determining Meal Rates Allowance MOVE ARROW

*Please Check One (Departure meal rate)*

<input type="checkbox"/>	on Date of Departure by	After 12:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Departure by	Before 12:00 P.M.	Full Rate	\$ 35.00

*Please Check One (Return meal rate)*

<input type="checkbox"/>	on Date of Return by	Before 5:00 P.M.	Half Rate	\$ 17.50
<input checked="" type="checkbox"/>	on Date of Return by	After 5:00 P.M.	Full Rate	\$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

#### Section 2: Travel Estimated Breakdown

\* CC CREDIT CARD EXPENSE BREAKDOWN

		* CC
Airfare	\$210.00	
Auto Rental		
Mileage (.40 /mile)		
Gas		
Meal rate on Departure date	35.00	
Meal per diem (\$35.00)	105.00	
Meal rate on Return date	35.00	
Lodging	315.00	
Other - Registration	160.00	
Other - Parking/Tolls		
Other - Taxi		
Other -		
Other -		
<b>TOTAL</b>	<b>\$860.00</b>	<b>\$0.00</b>

**FOR AUDITOR'S USE ONLY**

Trans. Code: \_\_\_\_\_

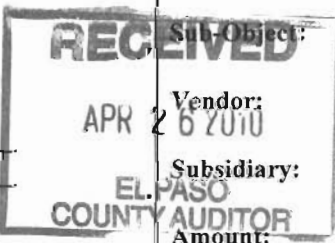
Index: \_\_\_\_\_

Sub-Object: \_\_\_\_\_

Vendor: Emp 02451

Subsidiary: \_\_\_\_\_

Amount: \_\_\_\_\_



EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE  Y  Y/N

#### Section 3: Signature and List of Names:

ADVANCE FROM COUNTY	\$860.00	CC
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	
Name: _____	Name: _____	

NOTATION: TRAVEL REQUEST FORM MUST  
BE SUBMITTED TO COUNTY AUDITORS-  
ACCOUNTS PAYABLE DIVISION **BEFORE**  
**TUESDAY 12:00 PM**

SIGNATURE \_\_\_\_\_

DATE: 22-Apr-10

C.C.O. DATE

## El Paso County Travel Justification Form

Name: Anne McGehee Signature Anne McGehee Date: 04/23/10

Dept: County Criminal Court at Law #4 Job Title: Court Coordinator

Travel Funding Source: X County        Grant        Other         
Will any funds be reimbursed by another entity? Yes - Texas Center for the Judiciary  
Travel Account No.: 6705 Balance Remaining for FY: \$2,291.50

**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: \_\_\_\_\_

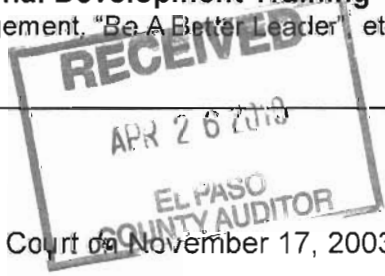
**Travel for Program Revenue Enhancement/Sales Opportunity**  
Explain: \_\_\_\_\_

**Program Development Training**  
Explain: To attend & complete the mandated 16 hours of continuing education

**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:** \_\_\_\_\_





# TRIAL COURT MANAGEMENT REGISTRATION

PROFESSIONAL DEVELOPMENT PROGRAM

JUNE 14-18, 2010 | WESTIN AT THE DOMAIN HOTEL | AUSTIN, TEXAS



TO EXPEDITE YOUR REGISTRATION, PLEASE PRINT OR TYPE THIS FORM AS COMPLETELY AND ACCURATELY AS POSSIBLE.

Full Name Anne McGehee Bar Card Number \_\_\_\_\_  
Title Court Coordinator  
Court County Criminal Court at Law #4  
Mailing Address 500 E. San Antonio Room 737  
City/State/Zip El Paso, Texas 79901  
Phone 915-834-8248 Fax 915-834-8274  
Email AMcGehee@epcounty.com  
Preferred First & Last Name for Badge Anne McGehee



**Special Needs:** Please inform us of any special dietary needs or needs related to sight, hearing or physical mobility.

## HOTEL

**Note:** All rooms are non-smoking. Please select one of the following options:

**Single Occupancy.** You understand that one-half of the room rate of \$85, plus sales and occupancy tax, will be master-billed to the Texas Center and you will be responsible for the other one-half of the room rate, which is \$48.88 per night, plus any incidental costs. Upon check-in, the hotel will require a refundable deposit of \$50 for incidentals, for which you may use your credit or debit card or a county check. You agree to pay your portion of the lodging and all incidental charges upon checking out of the hotel.

**Double Participant Occupancy.** You understand that the hotel room rate of \$85 plus tax (no incidental costs) per night will be master-billed to the Texas Center. Upon check-in, the hotel will require a refundable deposit of \$50 for incidentals, for which you may use your credit or debit card or a county check. You agree to pay your portion of the lodging and all incidental charges upon checking out of the hotel.

Please have the Texas Center assign me a roommate.

Male  Female

Please complete: I have agreed to share a room with \_\_\_\_\_

**Secure your own lodging off-site.** The Texas Center will reimburse up to \$46.22 per night if you make your own hotel accommodations at another hotel. Be prepared to pay the entire hotel bill by personal check, county check, cash or credit card upon checkout. A hotel receipt in your name is required if you are paying for your lodging and requesting reimbursement.



**PLEASE RETURN THIS FORM WITH YOUR \$160.00 REGISTRATION FEE TO:**

**Texas Center for the Judiciary**

1210 San Antonio, Suite 800

Austin, TX 78701

Fax: (512) 469-7664

ALL REGISTRATION FORMS MUST BE RECEIVED BY April 23, 2010.

To pay your registration fee by credit card, complete the following and fax to (512) 469-7664.

AMEX  MasterCard  Visa  Discover

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

**For office use only:**

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Check Date \_\_\_\_\_

PM \_\_\_\_\_



**JESUS R. HERRERA**

JUDGE

COUNTY CRIMINAL COURT AT LAW NO. 4  
El Paso County Courthouse  
500 E. San Antonio, Room 737  
El Paso, Texas 79901

(915) 834-8248

Fax (915) 834-8274

**ANNE EMMER**  
COURT COORDINATOR

**JANIE D. RUIZ**  
OFFICIAL COURT REPORTER

**GUILLERMO MALDONADO**  
BAILIFF P.O.

April 8, 2010

El Paso County Auditor  
Attn: Victor Perez  
800 E. Overland, Room 406  
El Paso, Texas 79901

**VIA HAND DELIVERY**

RE: Registration for Trial Court Management

Dear Mr. Perez,

Enclosed you will find the registration form for processing before April 23<sup>rd</sup>, 2010.

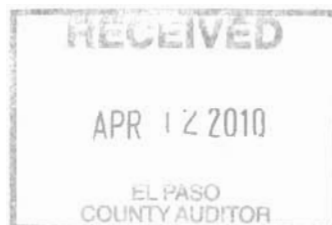
Please submit payment in the amount of \$160.00 to the "Texas Center for the Judiciary" for Anne McGehee, Court Coordinator to attend the seminar June 14 – 18, 2010. Please include the registration form along with the check.

If you have any questions please feel free to contact us. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Anne McGehee".

Anne McGehee, Court Coordinator



VP10 03389

**El Paso County Auditor's Office  
Voucher Payable Form**

Vendor No.: V002850  
Voucher Total: \$ 100.00  
No. of Lines: 1  
T/C Hash: 238  
Preparer's Initials: AN

Single Check (Y/N): Y  
Date Entered: 4/29/10  
Entered by: VC

Vendor Name: S.T.A.R.S  
Subject: \_\_\_\_\_

Line	Trans.	Amount	Index	Sub-Obj	G/L	Subsidiary
01	238	100.00	383RDDC	6705		
RGVELERIE BERUMEN ELP, TX5/11-12/10NW BGNING&TMRROW						
02						
03						
04						
05						
06						
07						
08						
09						
10						

Prepared by: JORGE LOPEZ Date: 4/29/2010  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



PLEASE NOTE: IF MORE THAN ONE PERSON ATTENDING, LIST UP TO 10 NAMES ON THE BOTTOM

APR 29 2010 RS

### County of El Paso Travel Request Form

2132

Travel

Type: **ADVANCE**

**STARS**

Name: VALERIE BERUMEN Department: 383RD DISTRICT  
 Date of Trip: Departure 5/11/10 Arrival Date: 5/11/10 Destination: \_\_\_\_\_  
 \* Purpose of Trip: S.T.A.R.S. RAPE CRISIS CENTER OF EL PASO  
2010 ANNUAL CONFERENCE

\* Use of **GADMINGF** Funds requires legislative impact explanation

Department Index: 383RDDC Sub-Object: 6705  
 COUNTY EMPLOYEE? CIRCLE/MOVE ARROW YES NO

#### Section 1: Guidelines for Determining Meal Rates Allowance **MOVE ARROW**

Please Check One (Departure meal rate)

on Date of Departure by After 12:00 P.M. Half Rate \$ 17.50  
 on Date of Departure 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. Half Rate \$ 17.50  
 on Date of Return by After 5:00 P.M. Full Rate \$ 35.00

\* \$35.00 per diem no receipts required

\* (Note: Please use the items checked above to fill out section 2 below)

#### Section 2: Travel Estimated Breakdown

\* CC CREDIT CARD EXPENSE BREAKDOWN

	* CC	* CC
Airfare	_____	_____
Auto Rental	_____	_____
Mileage (.40 /mile)	_____	_____
Gas	_____	_____
Meal rate on Departure date	_____	_____
Meal per diem (\$35.00)	_____	_____
Meal rate on Return date	_____	_____
Lodging	_____	_____
Other - Registration	<u>\$100.00</u>	_____
Other - Parking/Tolls	_____	_____
Other - Taxi	_____	_____
Other -	_____	_____
Other -	_____	_____
<b>TOTAL</b>	<u>\$100.00</u>	_____

#### FOR AUDITOR'S USE ONLY

Trans. Code: \_\_\_\_\_  
 Index: \_\_\_\_\_  
 Sub-Object: \_\_\_\_\_  
 Vendor: \_\_\_\_\_  
 Subsidiary: \_\_\_\_\_  
 Amount: \_\_\_\_\_

EMPLOYEE WILL REIMBURSED FROM OTHER SOURCE  Y/N

#### Section 3: Signature and List of Names:

ADVANCE FROM COUNTY	CC
Name: <u>Valerie Berumen</u>	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

NOTATION: TRAVEL REQUEST FORM MUST BE SUBMITTED TO COUNTY AUDITORS-ACCOUNTS PAYABLE DIVISION BEFORE TUESDAY 12:00 PM

SIGNATURE \_\_\_\_\_

C.C.O. DATE \_\_\_\_\_

DATE: 30-Mar-09

El Paso County Travel Justification Form

Name: VALERIE BERUMEN Signature Valerie Berumen Date: 4/22/2010  
Dept: 383RD DISTRICT COURT Job Title: LAW CLERK

Travel Funding Source:  County  Grant  Other

Will any funds be reimbursed by another entity? \_\_\_\_\_  
Travel Account No.: 383RDDC-6705 Balance Remaining for FY: 5,063.69

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:** 2010 ANNUAL CONFERENCE  
S.T.A.R.S. RAPE CRISIS CENTER

**S.T.A.R.S.  
Rape Crisis Center  
2010 Annual Conference**

*S.T.A.R.S. Rape Crisis Center of El Paso  
2010 Annual Conference*

**A New Beginning For  
A New Tomorrow  
MAY 11TH AND 12TH, 2010**

*Certificates of Completion will be produced from the information printed below.  
Return completed form by May 4, 2010.*

PLEASE PRINT OR TYPE:

Name: Bellman Last Valerie First Y M.I. \_\_\_\_\_

Title: Law Clerk Agency: 383rd District Court

Business Phone: 715-546-2132 Fax: 715-546-2020

Mailing Address: El Paso County Courthouse, 355th District Court, 502 E. 5th Avenue, Room 101, El Paso, TX 79901  
Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day 1:  Regular Lunch  Vegetarian  Day 2:  Regular  Vegetarian Salad

CEUs available for Social Work/LPC Law Enforcement

- CONFERENCE REGISTRATION FEES:**
- 2-Day Registration Fee (by 05/04/10) \$100.00  1-Day Registration (by 4/28/10) \$55.00
  - Students \$30.00 2-day registration fee
  - Purchase Order In Amount of \$ \_\_\_\_\_  Check /Money Order (Make payable to STARS)

Mail with payment to: STARS Rape Crisis Center, 710 N. Campbell, El Paso, TX, 79902



For more information, contact:  
**Katherine Giovvas at STARS  
(915) 533-7700**

Conference Fee: \$100 / 2 days

Lunch Included Both Days



Taking orders for the following books!  
CPR For Caregivers; Connect, Project, & Reflect \$2.00 # requested \_\_\_\_\_  
By Grant Watkins  
I Am The Central Park Jogger \$2.00 # requested \_\_\_\_\_  
By Trish Meile

**Book Sale!**

Check or Money Order (Please make payable to STARS) Amount Enclosed: \$ \_\_\_\_\_

FAMLS350 V4.2  
LINK TO:

COUNTY OF EL PASO CNY  
ACCOUNT SUMMARY INQUIRY

04/22/2010  
10:38 AM

FISCAL MO/YEAR : 07 2010      FUNDING PERIOD :              CURRENCY CODE :  
INDEX : 383RDDC              383RD DISTRICT COURT 520635  
SUBJECT : 6705              TRAVEL/PROFESSIONAL EDUCATION  
PROJECT :  
PROJECT DETAIL :  
GRANT :  
GRANT DETAIL :  
USER CODE :

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S	APR 2010	ANNUAL BALANCE	ALL YEARS BALANCE
ESTIMATED REVENUE	.00	.00	.00
REVENUE	.00	.00	.00
UNREALIZED REVENUES	.00	.00	.00
APPROPRIATIONS	.00	6,000.00	6,000.00
EXPENDITURES	.00	936.31	936.31
ENCUMBRANCES	.00	.00	.00
PRE-ENCUMBRANCES	.00	.00	.00
REMAINING BALANCE	.00	5,063.69	5,063.69

F1-HELP      F2-SELECT              F9-LINK              F4-PRIOR      F5-NEXT  
F10-PRIOR-MO    F11-NEXT-MO

G014 - RECORD FOUND