

RECEIVED

2015 JUL 17 AM 11:00

WEBB COUNTY

GENERAL PURPOSE REQUEST FOR PAYMENT

WEBB COUNTY  
AUDITOR'S OFFICE

Total 4498.20  
Vendor # \_\_\_\_\_  
Optional

Request No. 1041  
Date Prepared 7/17/15  
Prepared By Margie Gonzalez  
Phone No. 722-6571

Vendor Name AURA, Inc  
DBA The Education Ctr  
Address 412 Concord Hills Blvd  
Laredo tx 78046

To The County  
I am here by presenting for payment expenses approved for my department for this fiscal year, which are absolutely necessary in the discharge of my official duties, and for which there is an available balance in my approved budget. To this I certify. I also certify that this expenditure is proper, appropriate, and that it complies with all federal, state, and grant regulations and laws concerning the expenditure of these funds.

Description / Purpose  
(Required)

BILLING PERIOD 7/1-16/15

Department Headstart  
Signature / Date [Signature] 7-17-15  
Name Aliza Oliveros  
Title Director

Invoice No.	Invoice Date	Amount	Account No.	Auditor's Use
002	7/16/15	4498.20	918-4207-7037-2	138,159.00
TOTAL		4498.20		

69 7/22

URGENT! Please distribute check by \_ \_ \_  
 Please CALL 722-6571 when check is ready.

Rec'd	17	Out by	24
1 <sup>st</sup> Review	21	2 <sup>nd</sup> Review	22
To Acct.	24	To R.P.	22
To C. G.	23		

Approved  
[Signature]  
Auditor  
Chief Deputy Auditor

# WEBB COUNTY

## GENERAL PURPOSE REQUEST FOR PAYMENT

RECEIVED

2015 JUL 15 PM 4:29

WEBB COUNTY  
AUDITOR'S OFFICE

**Total** 6176.10  
**Vendor #** \_\_\_\_\_  
Optional

**Request No.** 1031  
**Date Prepared** 7/14/15  
**Prepared By** Margie Gonzalez  
**Phone No.** 722-6571

**Vendor Name** AURA, Inc  
DBA The Education Ctr  
**Address** 412 Concord Hills Blvd  
Laredo tx 78046

**To The County**  
I am here by presenting for payment expenses approved for my department for this fiscal year, which are absolutely necessary in the discharge of my official duties, and for which there is an available balance in my approved budget. To this I certify. I also certify that this expenditure is proper, appropriate, and that it complies with all federal, state, and grant regulations and laws concerning the expenditure of these funds.

**Description / Purpose** \_\_\_\_\_  
(Required)

**BILLING PERIOD** 6/8-30/15

**Department** Headstart  
**Signature / Date** *Aliza Oliveros* 7-15-15  
**Name** Aliza Oliveros  
**Title** Director

Invoice No.	Invoice Date	Amount	Account No.	Auditor's Use
001	<del>6/30/15</del> 07/01/15	6176.10	918-4207-7037-2	139,459.00
<b>TOTAL</b>		<b>6176.10</b>		

- URGENT! Please distribute check by \_\_\_\_\_  
 Please **CALL 722-6571** when check is ready.

Rec'd	15	Out by	22
1 <sup>st</sup> Review	N 17	2 <sup>nd</sup> Review	J 17
To Acct.		To R.P.	
To C. G.	7/15		

**Approved**  
*Rafael Rios*  
**Auditor**  
*Chief Deputy Auditor*

# WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM



Request Total \$ 1,468.40 <sup>1,454.40</sup>

Prepared By: Y. NEGRETE

Request No. : \_\_\_\_\_

Budget Account Number: 001 041-1011-6011

8,298.78

**EMPLOYEE INFORMATION:**

Employee Name Karla M. Valdez  
 S.S. # Last 4 digits \_\_\_\_\_  
 Address 1110 Washinton, Ste. 301  
 Invoice# (Auditor) \_\_\_\_\_

**TRAVEL DESCRIPTION (conference name, dates, and city):**

CAC Conference in Dallas, Texas  
 08/09/2015 - 08/13/2015

Note: Proof of Completed course must be remitted.  
 Auditors Use: Proof Received Y or N

**DEPARTMENT HEAD AFFIDAVIT TO THE COUNTY AUDITOR:**

I hereby certify that the travel described above is true, correct, and necessary to conduct official Webb County business. I further certify that this travel will not be reimbursed by any other entity.

Printed Name & Signature of [Signature] Date 7/21/15  
 Department Head

**AFFIDAVIT / AUTHORIZATION BY CLAIMANT:**

I hereby certify that the information contained on this form is true and correct. I hereby agree to provide to the County Auditor documentation of the actual expenditures for the funds advanced pursuant to this form. I agree that I am personally responsible for any funds advanced but not properly expended for this travel. I agree to repay the funds for which I fail to provide documentation within five (5) business days of the date of return as given on this form. I authorize Webb County to deduct from my wages any expenses for which I have neither provided documentation nor repaid by that deadline.

Printed Name & Signature of [Signature] Date 07/21/15  
 Claimant

**GENERAL QUESTIONS:**

Date and time of departure 8/9/2015 @ 12:00pm

Date and time of return 8/13/2015 @ 4:00pm

Number of employees on trip 2

Will airline flight be involved in this travel? \_\_\_\_\_

Will a County vehicle be used in the travel? \_\_\_\_\_

Will a rental vehicle be used in the travel? \_\_\_\_\_

(if yes, a purchase order is required)

**MILEAGE (for private vehicles only):**

Round trip from Laredo to \_\_\_\_\_  
 = \_\_\_\_\_ miles @ \$.575 or 57.5¢ mile =  
**TOTAL \$ 0.00**

**MEALS: Meals on non-overnight travel will be paid through Payroll**

4 Breakfasts @ \$10 each = \$ 40.00 ✓  
 5-4 Lunches @ \$14 each = \$ 70.00 ✓ / 56.00  
 4 Dinners @ \$16 each = \$ 64.00 ✓  
**TOTAL \$ 174.00-160.00**

**LODGING:**

Lodging cost in excess of \$50 per night will be provided upon presentation of a written confirmation. A detailed lodging receipt must be presented to the County Auditor upon completion of the trip.

4 night (s) on trip @ 223.10 per night =  
**TOTAL \$ 892.40**

**OTHER EXPENSES (receipts required):**

Car Rental \$ 302.00 ✓  
 Fuel \$ 100.00 ✓  
**TOTAL \$ 402.00**

**TOTAL TRAVEL EXPENSES ADVANCED**  
**PENDING**

1,454.40  
\$ 1,468.40

**APPROVED AUDIT**

**FOR AUDITORS USE ONLY**

Approved by County Auditor \_\_\_\_\_ Date 7/21/15

Date Received 21 Due Out 23 Assigned To N on 23

Dbl Check M on 23 to Acct \_\_\_\_\_ To RP \_\_\_\_\_ Rec'd by CG \_\_\_\_\_

