White Ture UE	
Request total S	Date and time of departure \$731/16 10.56600 Date and time of return 6/5/16 3.46 pm Number of employees on trip 8 Will airline flight be involved in this travel? yes Will a County vehicle be used in the travel? no Will a rental vehicle be used in the travel?
Employee Name S.S. # Last 4 digits Address Invoice# (Auditor) Albrecht Respen	(if yes, a purchase order is required) MILFAGE (for private vehicles only); Round trip from Laredo to
TRAVEL DESCRIPTION (conference name, dates, and eity). Anaheim, CA 2016 NADCP	= miles @\$.575 or 57.5¢ mile = TOTAL \$ 0.00
May 315 - Jone 5+3	MEALS: Meals on non-overhight travel will be paid through Payroll S Breakfasts @ \$10 each = \$50.00
Note: Proof of Completed course must be remitted. Auditors Use: Proof Received Y or Note to the County of the Cou	Lunches @ \$14 each = \$ \$ \frac{9}{5} \text{.00} \\ \text{ Dinners} @ \$16 each = \$ \frac{5}{5} \text{.00} \\ \text{ TOTAL} \frac{314}{5} \text{.00}
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 effect entity. Printed Name & Signature of Date Department Head	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. S night (s) on trip @201.00 per night =
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	TOTAL \$1,045.00
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 any funds	OTHER EXPENSES (receipts required): Hotel texes \$166.45
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	TOTAL \$ 186.45
expenses for which I have neither provided documentation nor repaid by that deadline. Cloub Ruper 5/19/16	TOTAL TRAVEL EXPENSES ADVANCED \$1445.45
Printed Name & Signature of Date Claimant	RECEIPIS
FOR AUDITORS USE ONLY Approved by County Auditor Date Received 5/11 Due Out 126 Assigned To	ite \$\frac{5}{23} \frac{16}{16} \frac{1}{16}
Dol Check on to Acct To RP	Do ero sas pel

	Ship 874.87				
NIE OF DOGUE	iest Total \$ 20.00		GENERAL QUESTIO	ONS.	建筑 医多元氏
Man Medical	icst total was one of	38	Date and time of de	narture 5/31	116 11:40am
FIRE AND PROPERTY	ared By: Ivan Guerra	1	Date and time of re	turn 6/3/	16 12:37pm
Prepa	est No.:		Number of employe		120
		/)` `	Will airline flight	t be involved in the	his travel? ves
Buage	et Account Number: 362-1011-5601		Will a County vo	hicle be used in t	he travel? no
Participation of the state of t			Will a county ve	icle be used in th	e travel? no
EMPLOYEE INFORMA	ITION:		(if yes, a purchase	ander is require	d)
Employee Name	Jesus Garza	L	(ii yes, a purchase	order is require	u)
S.S. # Last 4 digits 11	180	[58	** /**********************************		
Address 13	110 Victoria St		MILEAGE (for priv		发展性
Invoice# (Auditor)	053116		Round trip from La		
			= mile:	s @\$.575 or 57.5	¢ mile =
TRAVEL DESCRIPTION	N (conference name, dates;			TOTAL	0.00
and cityly		L			· -
		(E	F5-100-100-100-100-100-100-100-100-100-10	and the same of the same of	Market St. Market District
Anaheim, CA 2016			MEALS: Meals on n		
may 31 - Ju	ne 5	g	through Payroll		
			2		30.00
		-		@ \$10 each = \$	\$6.50 42.00
Note: Proof of Comp	leted course must be remitted.	_	43 Lunches	@ \$14 each = \$	86.00 Par
Auditors Use: Proof	Received Y or N		Dinners	@ \$16 each = \$	W.CO.
PARTITION OF THE PARTY OF THE P					= 5 13
DEDARTMENT HEA	AD AFFIDAVILL TO THE COUNTRY		*	TOTAL	\$15000
DEFARIMENTING	AUDITOR:	L			13 8 四
I hereby certify that t	the travel described above is true,	O	rapane		TOTAL CONTRACTOR
correct and necessary	y to conduct official Webb County	(September 1	LODGING:		
business. I further Le	ertify that this travel will not be	,	Lodging cost in		
reimbursed by any othe	er entity.		provided upon	presentation	of-da written
1 She	5-18-16		confirmation. A	detailed lodging	receipt must be
1/00	31010				poncompletion of
Printed Name & Signa	ature of Date		Ale - Andre		(1)
Department Head		1	night (s) on t		φ,
			night (s) on t	rip @ OI.	er nignt =
AFFIDAVIT / AU	THORIZATION BY CLAIMANT:			momax.	\$627.00
I hereby certify that the	e information contained on this form			TOTAL	\$ 65 1.00
is true and correct. I he	ereby agree to provide to the County	_			and the second s
Auditor documentation	n of the actual expenditures for the		OTHER EXPENSES	i (receipts requi	red):
funds advanced pursue	ant to this form. I agree that I am		Hotel tax	<u>(es</u> \$	111.87
personally responsible	e for any funds advanced but not			\$	<u>. </u>
properly expended for	this travel. I agree to repay any funds		(GA)		5
for which I fail to pro	ovide documentation within five (5)		133	TOTAL	\$111.87
business days of the do	ate of return as given on this form. I	-			
authorize Webb Coun	nty to deduct from my wages any				974.87
	have neither provided documentation		TOTAL TRAVEL		CO CO
nor repaid by that dead	aline.		EXPENSES ADV	ANCED	\$ 300.01
1 2.184	5-18-16				
Printed Name & Sign				Music Kenter Survey on the	The factor is a second
Claimant	ature or But			K M W	
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				OFAT	ENVIOL
		eng-shorty	(20)		The Thirty No. 10 (1)
FOR AUDITORS US			41		11, 11, 1140
Approved by Count	by Auditor D. May 1245	Date	, =) 3/16 Y	964 - 13	PORT TO SEE
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Date Received 5 19	Due Out 5 26 Assigned To	on		estiment [IOners is the
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Del Chock	to Aret To RP		Rec'd by CG	Form Al	02 Revised 01/15

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TATE OF	Request Total 9 0.00	GENERAL QUESTIONS:	
	NATION AND AND AND AND AND AND AND AND AND AN	Date and time of departure 5/31	116 10:56 cm
	Prepared By: Ivan Guerra	Date and time of return 6/5/	16 3:46pm
	Request No.:	Number of employees on trip 8	
A OV	Budget Account Number:	Will airline flight be involved in	this travel? yes
	369-1011-2601	Will a County vehicle be used in	
EMPLOYEE IN	FORMATION:	Will a rental vehicle be used in the	he travel? <u>no</u>
Employee Na	me Joshua Davila	(if yes, a purchase order is require	ed)
S.S. # Last 4 di	gits 5991		
Address	1110 Victoria St	MILEAGE (for private vehicles only	v):
Invoice# (Aud	itor) 053116	Round trip from Laredo to	Warmer Medical abuses assessment as a service of constitution of the constitution of t
		= miles @\$.575 or 57.	5¢ mile =
	RIPTION (conference name, dates,	TOTAL	\$0.00
Anaheim, CA	2016 NADCP	MEALS: Meals on non-overnight tro	A. 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
May 31	- June 5	through Payroll	
7		innough ay one talk a ware	到到原创作的图像和图像和图像
		S Breakfasts @ \$10 each =	\$50.00
Note: Proof of	Completed course must be remitted.		84.00
	Proof Received Y or N	<u>S</u> Dinners @ \$16 each =	\$ 80.00
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	NT HEAD AFEIDAVIT TO THE COUNTY AUDITOR:	TOTAL	\$214.00
	that the travel described above is true,	LODGING:	
correct, and ne	ecessary to conduct official Webb County	A. A. LEWIN, MATERIAL PROPERTY CONTRACTOR AND ACCOUNTS AND ACCOUNTS OF THE PROPERTY OF THE PRO	通過於進步所以為於國際
business. I fur	ther certify that this travel will not be	Lodging cost in excess of \$50	- Production
reimbursed by a		provided upon presentation	
4	5/16/16	confirmation. A detailed lodging	
Printed Name		presented to the County Auditor u	ipon completion of
Department H		the trip.	2 CO COM
Department II	; au	S night (s) on trip @ 202.7	per night =
AFFIDAVI	T/AUTHORIZATION BY CLAIMANT		
	that the information contained on this form	TOTAL	\$1,013.65
	rect. I hereby agree to provide to the County		/
	entation of the actual expenditures for the	OTHER EXPENSES (receipts requi	red);/
	I pursuant to this form. I agree that I am	Hotel texus	181.10
	ponsible for any funds advanced but not		\$
	led for this travel. I agree to repay any funds l to provide documentation within five (5)		. 101 13
	f the date of return as given on this form. I	TOTAL	\$ 181.17
	b County to deduct from my wages any		
	hich/I have neither provided documentation	TOTAL TRAVEL	/
nor repaid by th	aldeadline.	EXPENSES ADVANCED	\$1.408.33
Joshus Davilo	5/19/16	EXPENSES ADVANCED	200.
7	& Signature of Date	W. A. W. S. W. S.	- PER C
Claimant	a Bignature or		Y13
- Carrier		May Make the Alexand M	2 4 4
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FOR AUDITO	RS USE ONLY	NOC .	Rec
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Approved by	County Auditor D County D	ate 0 2245	
Data Pacalista	5 9 Due Oil 5/26 Assigned To	on Do not the unique interior ne	
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Request Total \$ -0.00	GENERAL QUESTIONS
	Date and time of departure 5/31/16 10:5600
Prepared By: <u>Ivan Guerra</u>	Date and time of return 6/5/16 3:46pm
Request No.:	Number of employees on trip_8
Budget Account Number:	Will airline flight be involved in this travel? yes
Budget Account Number:	Will a County vehicle be used in the travel? no
EMPLOYEE INFORMATION:	Will a rental vehicle be used in the travel? no
Employee Name Arnoldo Lozano	(if yes, a purchase order is required)
S.S. # Last 4 digits 3931	, i i i i i i i i i i i i i i i i i i i
Address 1110 Victoria St	MILEAGE (for private vehicles only);
Invoice# (Auditor) 053//6	Round trip from Laredo to
	= miles @\$.575 or 57.5¢ mile =
TRAVEL DESCRIPTION (conference name, dates, ***	
and city);	TOTAL \$ 0.00
Anaheim, CA 2016 NADCP	DNS (CRAVAL) SAND DAMAS AND DUMAN AN
may 318 - Tre 5th	MEALS: Meals on non-overnight travel will be paid
The State of the S	through Payroll
Note: Proof of Completed	Breakfasts @ \$10 each = \$ 50.00 Lunches @ \$14 each = \$ 84.00
Note: Proof of Completed course must be remitted.	Lunches @\$14 each = \$ 84.00
Auditors Use: Proof Received Y or N	Dinners @ \$16 each = \$ \
DEPARTMENT HEAD AFFIDAVIT TO THE COUNTY	TOTAL \$214.00
AUDITOR: I hereby certify that the travel described above is true,	
correct, and necessary to conduct official Webb County	LODGING
business. I further certify that this travel will not be	Lodging cost in excess of \$50 per night will be
reimbursed by any other entity.	1
6,82 = 110/110/	I Production of a William
5/18/14/	confirmation. A detailed lodging receipt must be
Printed Name & Signature of Date	presented to the County Auditor upon completion of
Department Head	the trip.
	5 night (s) on trip @ 201 per night =
AFFIDAVIT / AUTHORIZATION BY CLAIMANT	10 - 3
I hereby certify that the information contained on this form	TOTAL \$ 1,045 : 0.0
is true and correct. I hereby agree to provide to the County	
Auditor documentation of the actual expenditures for the	OTHER EXPENSES (receipts required):
funds advanced pursuant to this form. I agree that I am personally responsible for any funds advanced but not	Hotel taxes \$186.95
properly expended for this travel. I agree to repay any funds	\$
for which I fail to provide documentation within five (5)	
business days of the date of return as given on this form. If	TOTAL \$ 186.45
authorize Webb County to deduct from my wages and	
expenses for which I have neither provided documentation	TOTAL TO ALTO
nor repaid by that deadlines)	TOTAL TRAVEL
Annovario ///0000 5/19/16	EXPENSES ADVANCED \$1445.45
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Claimant Date	RECEIPING
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Approved by County Auditor . M. W. D.	172 5128 1/4 First - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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	rest.	4 1 5 5 20	200	101	110	No
Approved by County Auditor	300			PUMP!		
Approved by County Auditor D. M. Walter Date 5/28/16 Elec	8. 4.	Ta a los	SERVING.	Gen	de de compa	themis .
Date Received P Due Out 126 Assigned To 8 on the Dorn	WISH.	of long state			mentassala	95490
Date Received Due Out Assigned To	7	PR-Sh today	retorn want	MILIER		
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	111		CLAST SHOPPING		-Hitte	1. May 1.
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WEDD COUNTI FAIROLL ADVANCE IN	ANTICIPATION OF A TRAVEL CLAIM
Shr 1296.09 W	
Request of s	GENERAL QUESTIONS
Q38.58	Date and time of departure 5/31/19 11:90am
Prepared By: Ivan Guerra	Date and time of return 6/3/16 12:3) pm
Request No. :	Number of employees on trip 8 7:20'
Budget Account Number:	Will airline flight be involved in this travel? yes
SEMPLOYEE INFORMATION:	Will a County vehicle be used in the travel? no Will a rental vehicle be used in the travel? no
Employee Name Christopher Casare 2	(if yes, a purchase order is required)
S.S. # Last 4 digits 3696	(n yes, a parenase order is required)
Address 1110 Victoria St Invoice# (Auditor) 053116	MILEAGE (for private vehicles only):
Invoice# (Auditor) 053116	Round trip from Laredo to
	= miles @\$.575 or 57.5¢ mile =
TRAVEL DESCRIPTION (conference name, dates,	TOTAL \$ 0.00
and city):	
Anaheim, CA 2016 NADCP	MEALS: Meals on non-overnight travel will be paid
May 31 - June 5	through Paynoll
	An example of contrast and the contrast of the
	Breakfasts @ \$10 each = \$35.00
Note: Proof of Completed course must be remitted. Auditors Use: Proof Received Y or N	43 Lunches @ \$14 each = \$ 500 112.
Auditors ose 4 (60) Received 4 Of N	Dinners @ \$16 each = \$ 6450
DEPAREMENTHEAD AFFIDAVIT TO THE COUNTY	TOTAL \$ 50.00
AUDITOR	TOTAL STORY
I hereby certify that the travel described above is true,	LODGING:
correct, and necessary to conduct official Webb County business. I further pertify that this travel will not be	Lodging cost in excess of \$50 per night will be
reimbursed by any other entity.	provided upon presentation of a written
5/18/16	confirmation. A detailed lodging receipt must be
	presented to the County Auditor upon completion of
Printed Name & Signature of Date Department Head	the trip.
Department nead	3 night (s) on trip @ 321. per night =
AFFIDAVIT //AUTHORIZATION BY CLAIMANT:	0000
I hereby certify that the information contained on this form	TOTAL \$ 13 1 30
is true and correct. I hereby agree to provide to the County	. 471
Auditor documentation of the actual expenditures for the	OTHER EXPENSES (receipts required):
funds advanced pursuant to this form. I agree that I am personally responsible for any funds advanced but not	Hotel taxes \$173.07 164.120
properly expended for this travel. I agree to repay any funds	\$
for which I fail to provide documentation within five (5)	TOTAL ST3.01
business days of the date of return as given on this form. I authorize Webb County to deduct from my wages any	1 1739 (\$ 164
expenses for which I have neither provided documentation	201-04
nor repaid by that deadline Christopher Cashez	TOTAL TRAVEL
5/19/16	EXPENSES ADVANCED \$ 1
Printed Name & Signature of Date	Company of the second s
Claimant	RECEIPTS
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SECTION OF THE PROPERTY OF THE	PENDING
FOR AUDITORS USE ONI	Rec
Approved by County Aud & M 110	ie S/ CHotel Decente
$1 \qquad 1 \qquad$	Regulation Const.
Date Received Proue Pour Due	Do not the united in any set
Dbl.Check on on	Rec'd by CG Form AP02 Revised 01/15

What iand 51	(A.M
1374.54	GENERAL QUESTIONS: 10.56 KL
Request Total S = 40-00	Date and time of departure May 31 H. Hoan
Flan Guerra	Date and time of return Sine 5 - 3.46 pm
Prepared By: Ivan Guerra	Number of employees on trip_8
Request No.:	Will airline flight be involved in this travel? <u>yes</u>
Budget Account Number:	Will a County vehicle be used in the travel? no
	Will a rental vehicle be used in the travel? no
EMPLOYEE INFORMATION:	(if yes, a purchase order is required)
Employee Name har la Valdez IS	(II yes, a purchase order is required)
S.S. # Last 4 digits COOL	
Address 1110 Victoria St	MIBEAGE (for private vehicles only):
Invoice# (Auditor) 05316	Round trip from Laredo to
AND	= miles @\$.575 or 57.5¢ mile =
TRAVEL DESCRIPTION (conference name; dates)	TOTAL \$ 0.00
and city)	
Anaheim, CA, 2016 NADCP	MEALS: Meals on non-overnight travel will be paid
	through Payrall
may 812 - Sure 3	CHI DUYULE UMUULE AND
	5 Breakfasts @ \$10 each = \$50.00
a constant and a supplementation	Lunches @\$14 each = \$
Note: Proof of Completed course must be remitted.	5 Dinners @\$16 each = \$ \$5.00
Auditors Use: Proof Received Y or N	Difficis & Stocach
	TOTAL \$2000
DEPARTMENT HEAD AFFIDAVIT TO THE COUNTY	= 52
AUDITOR: I hereby certify that the travel described above is true,	
correct, and necessary to conduct official Webb County	LODGING:
business. I further certify that this travel will not be	Lodging cost in excess of \$50 per night will be
reimbursed ony other entity.	provided upon presentation of a written
5/18/16	confirmation. A detailed lodging receipt must be
	presented to the County Auditor upon completion of
Printed Name & Signature of Date	the trip. Time 313 - Time 5th 138:10
Department Head	S night (s) on trip @per night =
	10.00
AFFIDAVIT / AUTHORIZATION BY CLAIMANT:	TOTAL \$ 984.39
I hereby certify that the information contained on this form	
is true and correct. I hereby agree to provide to the County	OTHER EXPENSES (receipts required):
Auditor documentation of the actual expenditures for the funds advanced pursuant to this form. I agree that I am	Hotel taxes \$116.15
personally responsible for any funds advanced but not	\$
properly expended for this travel. I agree to repay any funds	
for which I fail to provide documentation within five (5)	TOTAL \$ 176.15
business days of the date of return as given on this form. If	101122
authorize Webb County to deduct from my wages any	
expenses for which I have neither provided documentation	TOTAL TRAVEL
nor repaid by that deadline.	EXPENSES ADVANCED \$1,374.54
Karla M. Valdez Parla Males	
Printed Name & Signature of Date 5/8/14	DUCTORO
Claimant	MECELP 13
Ciaman	ALLEN AREA AREA
	FENI PINCT
FOR AUDITORS USE ONLY	Nec Nec
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	Regulationary Stephen
Date Received AG Due Out Assigned To A T	On not as unless to being pers
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Dor Oncon	

Cont will as	
Request Total \$ _0.00 Prepared By: Ivan Guerra Request No.: Budget Account Number: 359-101-560	Date and time of departure 10 3 10:56 m Date and time of return 3:46 pm Number of employees on trip 8 Will airline flight be involved in this travel? yes Will a County vehicle be used in the travel? 10
Employee Name S.S. # Last 4 digits Address Employee Name Conales 1110 Victoria St	Will a rental vehicle be used in the travel?
TRAVEL DESCRIPTION (conference name, dates, and city).	Round trip from Laredo to
Anaheim, CA 2016 NADCP May 31 - June 5th	MEALS: Meals on non-overnight travel will be paid through Payroll S Breakfasts @ \$10 each = \$50.00 Lunches @ \$14 each = \$54.00
Note: Proof of Completed course must be remitted. Auditors Use: Proof Received: Y or N DEPARTMENT HEAD AFFIDAVIT TO THE COUNTY. AUDITOR:	S Dinners @ \$16 each = \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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.	Lodging cost in excess of \$50 per night will be provided upon presentation of a written confirmation. A detailed lodging receipt must be
Printed Name & Signature of Department Head	presented to the County Auditor upon completion of the trip. Significant in the county Auditor upon completion of the trip. Significant in the county Auditor upon completion of the trip. Significant in the county Auditor upon completion of the trip. Significant in the county Auditor upon completion of the trip. Significant in the county Auditor upon completion of the trip. Significant in the county Auditor upon completion of the trip. Significant in the county Auditor upon completion of the trip. Significant in the county Auditor upon completion of the trip.
AFFIDAVIT/AUTHORIZATION BY GLAIMANT: 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 any funds	TOTAL \$_\O\\T.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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.	TOTAL \$ 186.45 TOTAL TRAVEL EXPENSES ADVANCED \$ 1995.45
Printed Name & Signature of Date Claimant	RECEIPIS
	PENDING
Date Received Duc out	Rec Rec Rec Rec Itel

WEBB COUNTY PAYROLL ADVANCE IN	ANTICIPATION OF A TRAVEL CLAIM
Dha 1445.45	The second of th
Request Total \$ 0.00	GENERAL QUESTIONS:
	Date and time of departure 5/31/16 10:5644
Prepared By: Ivan Guerra	Date and time of return 6/5/16 3:46pm Number of employees on trip 8
Request No.:	Will airline flight be involved in this travel? yes
Budget Account Number:	Will a County vehicle be used in the travel? no
	Will a rental vehicle be used in the travel?no
Employee Name See G. Perez	(if yes, a purchase order is required)
S.S. # Last 4 digits 4 digits 1110 Victoria St	
Address 1110 Victoria St	MILEAGE (for private vehicles only):
Invoice# (Auditor) 053116	Round trip from Laredo to
	= miles @\$.575 or 57.5¢ mile =
TRAVEL DESCRIPTION (conference name, dates,	TOTAL \$ 0.00
and city):	
Anaheim, CA 2016 NADCP	MEALS: Meals on non-overnight travel will be paid
May 31 = - June 5th	through Payroll and the second
	5 Breakfasts @ \$10 each = \$ 50.00
D. C.C	b Lunches @ \$14 each = \$84.00
Note: Proof of Completed course must be remitted. Auditors Use: Proof Received Y or N	5 Dinners @ \$16 each = \$.80.00
Auditors use r toor Received	
DEPARTMENT HEAD AFFIDAVIL TO THE COUNTY	TOTAL \$314.℃
AUDITOR:	
I hereby certify that the travel described above is true,	LODGING:
correct, and necessary to conduct official Webb County business. I further certify that this travel will not by	Lodging cost in excess of \$50 per night will be
reimbursed by any other entity.	provided upon presentation of a written
C/81 5-18-16	confirmation. A detailed lodging receipt must be
	presented to the County Auditor upon completion of
Printed Name & Signature of Date	the trip.
Department Head	5 night (s) on trip @ 29. 2 per night =
AFFIDAVIT / AUTHORIZATION BY CLAIMANT:	TOTAL \$1,045.
I hereby certify that the information contained on this form	TOTAL \$1,975.
is true and correct. I hereby agree to provide to the County	OTHER EXPENSES (receipts required).
Auditor documentation of the actual expenditures for the	Hotel taxes \$156.45
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 any funds	10/ 110
for which I fail to provide documentation within five (5)	TOTAL \$ 186.45
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	TOTAL TRAVEL
nor repaid by that deadline.	EXPENSES ADVANCED \$1445.45
1/2 mg/9 2016	EAF ENSES ADVANCED
Printed Name & Signature of Date	DESTRUCTION
Claimant	Aller Add a
	PENDING 7,811-2
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WEBB COUNTY

			WEBB	COUNTY		
FUND CODE						REQUEST NO.
		GEN	ERAL REQU	EST FOR	PAYMENT	
TOTAL \$ 2,450.0	00					May 19, 2016 DATE PREPARE
*1						Ivan Guerra PREPARED BY
]	P.O. Box 79	sociation of Drug Cou 289 MD 21279-0289	rt Professionals	I am hereby my departm the discharg	COUNTY JUDGE: y presenting for payment expendent for this fiscal year, which age of my official duties and for my approved budget to this I come	are absolutely necessary in which there is an available
DESCRIPTION:	Ca	gistration fee for Judge se <u>Manager Christoph</u> A Joshua Dauz	er Casarez, Treatn	olic Defender	Albrecht Reipen Ianager Arnoldo Lozano nt: COUNTY COURT AT	
"SEE ATTACH!	ED"		(%3)	NAME:	JUDGE/DEPARTMEN	T HEAD
AMOUNT		ACCOUNT NU	MBER		INVOICE #	Date
\$ 612.50		362-1011-5601	- 18		N/A-060116 JG	3/19/16
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\$ 612.50		362-1011-5601		•	N/A 060116 JD	S 19/16
					Prince Pr	5

TOTAL AMOUNT \$ 2,450.00

CORRECT

APPROVED

WEBB COUNTY

FUND CODE				REQUEST NO.
FUND CODE			A X /A CEDATE	· 5
1,83750 TOTAL\$2,450.00	GENERAL REQUI	EST FOR I	AYMENT	May 19, 2016 DATE PREPARE
			g K	Nancy Rodriguez PREPARED BY
NAME: NADCP/ National Ass P.O. Box 79	sociation of Drug Court Professionals	I am hereby	OUNTY JUDGE: presenting for payment expent for this fiscal year, which	h are absolutely necessary in
Address: Baltimore, M	MD 21279-0289	the discharg	e of my official duties and f ny approved budget to this I	or which there is an available
As	gistration fee for Judge Roel Canales/ A sistant District Attorney Joshua Davila/ SE MANAGER CHRISTSPHER CAS/	Juvenile Cour	ry Attorney Karla Valdez t Coordinator Jose Gerado P	erez
9		Departmen	it: COUNTY COURT A	T LAW #2
	,	SIGNATU	RE:	
"SEE ATTACHED"		NAME:	JESUS GARZA	2016 H
•		TITLE:	JUDGE/DEPARTME	MHEAD (1)
AMOUNT	ACCOUNT NUMBER		INVOICE #	E Date
\$ 612.50	359-1011-5601 CL		NA OGOIIBRC	5-05 19/2016
\$612.50	359-1011-5601		NTA 060116 KV	05/19/2016
\$612.50	359-1011-5601		NTA 060116JGP	05/19/2016
\$612.50 - 0-	359-1011-5601	4	N/A 060116CC	05/19/2016
He will not be Charged cause of had a vouch good year	enfrom			
TOTAL AMOU	UNT \$ 2,450.00	CORRE	ECT A	PPROVED

Print Form

WEBB COUNTY GENERAL PURPOSE REQUEST FOR PAYMENT

		URPOSE REQUEST FOR P	AIMENI	
Total \$397	.20	STATE OF	Request No.	
Vendor No.			Date Prepared:	5/19/16
		TOTAL STATE OF THE	Prepared By:	Ivan Guerra
Vendor Name:	Albrecht Reipen		Phone No.	523-4332
			Affidavit to The C	County Auditor
Address:	7614 Laguna Del Ma	ar Ct		or payment expenses approved fo
City, State, Zip:	Laredo, Texas 78041	· *	the discharge of my office available balance in my ap- certify that this expenditu	year, which are absolutely necessa- cial duties, and for which there i pproved budget to this I certify. I ure is proper appropriate, and the state and grant regulations and
Description /	Reimbursement for		concerning the expenditur	e of these fund.
Purpose (Required)	flight-Anaheim,CA		Department:	CCL No.2
	Maximum 40 Characters		Signature:	6/5/
			Name:	esus Garza
andis		*	Title:	Judge
Invoice Number	Amount	Invoice Date	Account Num	ber - Auditor's Use
05316	397.20	05/07/2016	362-101	
052816 Reem			R CO	φ <u>Π</u> Λ
			95	玉里 AM
				#: P 1/
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The state of the s	,			
Total Amou	unt 397.20			
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Please CALL				248
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The control of	HOROSON STATESONO			Auditor

SHIP TO

COUNTY COURT AT LAW#2 ATTN: NANCY RODRIGUEZ 1110 VICTORIA SUITE 404 LAREDO, TX 78040

WEBB COUNTY

Purchasing Department (956) 523-4125 – Fax (956) 523-5010 PURCHASE ORDER

NO. 16-0006459

DATE: 5/11/2016

BUYER PURJEG

WEBB COUNTY PURCHASING 1110 WASHINGTON ST. STE. 101 LAREDO, TEXAS 78040

OR EMAIL INVOICES TO:
purchasinginvoices@webbcountvtx.gov

The Purchase Order Number must appear on all invoices, shipper's bill of lading, and correspondence.

PURCHASE ORDER

LAREDO, TX 78041

LOZANO TRAVEL LLC

201 W DEL MAR BLVD.

19909

SUITE 13

PUNCHA				STATE OF STA
QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1.00	EA	1. NT'L DRUG CT CONFERNCE ANAHEIM CALIFO MAY 31, 2016 TO JUNE 5, 2016. THIS FLIGHT IS FOR JOSE G. PEREZ 359-1011-5601 C \(\) \$536.20	536.200	536.20
1.00	EA	2. NT'L DRUG CONF 2016 IN ANAHEIM CA THIS FLIGHT IS FOR KARLA VALDEZ 359-1011-5601 \$536.20	536.200	536.20
ERIFIE	DEV:	81201 5-12-14 1072.40	ZOIS MAY 18 PM 4:31 WEBB COUNTY AUBITOR'S OFFICE	RECEIVED
			TOTAL	1072.40

Auditors Use Only

Rec'd 5 6 Due Out 72

1" To Acct
2" To RP

To CG

Partial Payment
1 2 3 4 5 6 7 8 9 10 11 12
Amount \$

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Page 1 of 1

Tag #s. _____

This purchase order is subject to the rights and obligations contained in the Webb County Standard Terms and Conditions for Purchasing which is on the reverse side of this document and incorporated herein for all purposes.

Lettica Dutienez Interim Purchasing Agent

5/12/16

Date

Approved for payment - Deputy County Auditor

Date

SHIP TO

COUNTY COURT AT LAW#2 ATTN: NANCY RODRIGUEZ 1110 VICTORIA SUITE 404 LAREDO, TX 78040

WEBB COUNTY

Purchasing Department (956) 523-4125 - Fax (956) 523-5010 **PURCHASE ORDER**

16-0006693 NO.

DATE: 5/19/2016

PURJEG BUYER

19909 LOZANO TRAVEL LLC 201 W DEL MAR BLVD. SUITE 13 LAREDO, TX 78041



WEBB COUNTY PURCHASING 1110 WASHINGTON ST. STE. 101 LAREDO, TEXAS 78040

OR EMAIL INVOICES TO: purchasinginvoices@webbcountytx.gov

The Purchase Order Number must appear on all invoices, shipper's bill of lading, and correspondence.

DURCHASE ORDER

PURCHA5	EOI		WIT COST	TOTAL COST
QUANTITY L	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1.00	EA	1. NADCP CONF 2016 ANAHEIM CA (JESUS GAR 362-1011-6022 560/ GL \$856.20	856.200	856.20
1.00	EA	2. NADCP CONF 2016 (CHRISTOPHER CASAREZ \$856.20	856.200	856.20
REGI	EIVE	81314/	WEBB COUNTY AUDITOR'S OFFICE	RECEIVED
7	and to all		TOTAL	1712.4

Auditors Use Only 20 Due Out ... To Acct To RP



Page 1 of

Tag#8(ox 1) 1 This purchase order is subject to the rights and obligations contained in the Webb County Standard Terms an Conditions for Purchasing which is on the reverse side of this document and incorporated herein for all purposes.

Interim Purchasing Agent

5/19/16

Date

Approved for payment - Deputy County Auditor

Date

SHIP TO

COUNTY COURT AT LAW#2 ATTN: NANCY RODRIGUEZ 1110 VICTORIA SUITE 404 LAREDO, TX 78040

19909

SUITE 13

LOZANO TRAVEL LLC

LAREDO, TX 78041

201 W DEL MAR BLVD.

WEBB COUNTY

Purchasing Department (956) 523-4125 - Fax (956) 523-5010

PURCHASE ORDER

16-0006678 NO.

DATE: 5/16/2016

PURJEG BUYER

WEBB COUNTY PURCHASING 1110 WASHINGTON ST. STE. 101 LAREDO, TEXAS 78040

> OR EMAIL INVOICES TO: purchasinginvoices@webbcountytx.gov

The Purchase Order Number must appear on all Invoices, shipper's bill of lading, and correspondence.

PURCHA	SE O			,		
QUANTITY	UNIT		DESCRIPTION		UNIT COST	TOTAL COST
1.00	EA	1. Josh Davila 362-1011-6022 500	Anaheim CA	\$556.20	556.200	556.20
			5/20/16 Blish.		2816 MAY 20 AM 8: 17 WEBB COUNTY AUDITOR'S OFFICE	THE CONTRACTOR OF THE CONTRACT
0	CEIVE ALLINE R FIED		I, AND THE Ø _ PARTE A MOUNT \$ _ REVISED	81304 7-18-16 712.46/		
Audito	rs Use O	nly Pa	rtial Payment	CAIGINAL	TOTAL	·

Due Out To Acct To RP

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Page 1 of

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Interim Purchasing Agent

5/19/16

Date

Approved for payment - Deputy County Auditor

Date