

WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM



Request Total \$ 1,445.45
 Request Total \$ 0.00

Prepared By: Ivan Guerra
 Request No.: _____
 Budget Account Number: 362-1011-5601

EMPLOYEE INFORMATION:
 Employee Name Albrecht Reipen
 S.S. # Last 4 digits 7669
 Address 1110 Victoria St
 Invoice# (Auditor) 053116

TRAVEL DESCRIPTION (conference name, dates, and city):
Anaheim, CA 2016 NADCP
May 31st - June 5th
 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.
[Signature] 5/18/16
 Printed Name & Signature of Department Head Date

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 any 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.
Albrecht Reipen 5/19/16
 Printed Name & Signature of Claimant Date

GENERAL QUESTIONS:
 Date and time of departure 5/31/16 10:56am
 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? no
 (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:
5 Breakfasts @ \$10 each = \$50.00 ✓
6 Lunches @ \$14 each = \$84.00 ✓
5 Dinners @ \$16 each = \$80.00 ✓
TOTAL \$214.00 ✓

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.
5 night (s) on trip @ 209.00 per night = ✓
TOTAL \$1,045.00

OTHER EXPENSES (receipts required):
Hotel taxes \$186.45 ✓
 _____ \$ _____
TOTAL \$186.45

TOTAL TRAVEL EXPENSES ADVANCED \$1,445.45 ✓

**RECEIPTS
 PENDING**

FOR AUDITORS USE ONLY
 Approved by County Auditor P. Martinez Date 5/23/16
 Date Received 5/19 Due Out 5/26 Assigned To [Signature] on _____
 Dbl. Check _____ on _____ to Acct _____ To RP _____ Rec'd by CG _____

None Parking
 Toll Gas
 Registration Other
 Do not use Form AP02 Revised 01/15

WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM



Request Total \$ 874.87
~~0.00~~

Prepared By: Ivan Guerra
 Request No.: _____
 Budget Account Number: 362-101-5601

EMPLOYEE INFORMATION:
 Employee Name Jesus Garza
 S.S. # Last 4 digits 4780
 Address 1110 Victoria St
 Invoice# (Auditor) 053116

TRAVEL DESCRIPTION (conference name, dates, and city):
Anaheim, CA 2016 NADCP
May 31 - June 5
 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.
[Signature] 5-18-16
 Printed Name & Signature of Department Head Date

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 any 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.
[Signature] 5-18-16
 Printed Name & Signature of Claimant Date

GENERAL QUESTIONS:
 Date and time of departure 5/31/16 11:40am
 Date and time of return 6/3/16 12:57pm
 Number of employees on trip 8 7:20
 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? no
 (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
3 Breakfasts @ \$10 each = \$ 30.00 ✓
43 Lunches @ \$14 each = \$ 602.00 42.00
4 Dinners @ \$16 each = \$ 64.00
TOTAL \$ 696.00 136.00

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.
3 night (s) on trip @ 229. per night = ✓
TOTAL \$ 687.00

OTHER EXPENSES (receipts required):
Hotel taxes \$ 111.87
TOTAL \$ 111.87

TOTAL TRAVEL EXPENSES ADVANCED 874.87
~~\$ 888.87~~

RECEIPTS
PENDING

FOR AUDITORS USE ONLY
 Approved by County Auditor D. Martinez Date 5/23/16 ✓
 Date Received 5/19 Due Out 5/26 Assigned To D on _____
 Dbl Check _____ on _____ to Acct _____ To RP _____ Rec'd by CG _____
 Form AP02 Revised 01/15

WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM



Request Total \$ 1408.77
 Request No. : _____
 Budget Account Number: 362-1011-5601

Prepared By: Ivan Guerra
 Request No. : _____
 Budget Account Number: 362-1011-5601

EMPLOYEE INFORMATION:
 Employee Name Joshua Davila
 S.S. # Last 4 digits 3491
 Address 1110 Victoria St
 Invoice# (Auditor) 053116

TRAVEL DESCRIPTION (conference name, dates, and city):
Anaheim, CA 2016 NADCP
May 31 - June 5
 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.
[Signature] 5/18/16
 Printed Name & Signature of Department Head Date

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 any 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.
Joshua Davila 5/19/16
 Printed Name & Signature of Claimant Date

GENERAL QUESTIONS:
 Date and time of departure 5/31/16 10:56 am
 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? no
 (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.
5 Breakfasts @ \$10 each = \$ 50.00
6 Lunches @ \$14 each = \$ 84.00
5 Dinners @ \$16 each = \$ 80.00
TOTAL \$214.00

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.
5 night (s) on trip @ 202.73 per night =
TOTAL \$1013.65

OTHER EXPENSES (receipts required):
Hotel taxes \$ 181.17
TOTAL \$ 181.17

TOTAL TRAVEL EXPENSES ADVANCED \$1408.77

RECEIPTS PENDING

FOR AUDITORS USE ONLY

Approved by County Auditor D. Martinez Date 5/23/16

Date Received 5/19 Due On 5/26 Assigned To D on _____

Dbl. Check _____ on _____ to Acct _____ To RP _____ Rec'd by CG _____

Form AP02 Revised 01/15

WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM



Request Total \$ 1445.45
~~0.00~~

Prepared By: Ivan Guerra
 Request No.: _____
 Budget Account Number: 362-1011-5601

EMPLOYEE INFORMATION:
 Employee Name Arnoldo Lozano
 S.S. # Last 4 digits 3231
 Address 1110 Victoria St
 Invoice# (Auditor) 053116

TRAVEL DESCRIPTION (conference name, dates and city):

Anaheim, CA 2016 NADCP
May 31st - June 5th

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.

[Signature] 5/18/16
 Printed Name & Signature of Department Head Date

AFFIDAVIT / AUTHORIZATION BY CLAIMANT:

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Arnoldo Lozano [Signature] 5/19/16
 Printed Name & Signature of Claimant Date

GENERAL QUESTIONS:
 Date and time of departure 5/31/16 10:56am
 Date and time of return 6/5/16 3:46pm
 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? no
 (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.

<u>5</u>	Breakfasts @ \$10 each =	\$ <u>50.00</u> ✓
<u>6</u>	Lunches @ \$14 each =	\$ <u>84.00</u> ✓
<u>5</u>	Dinners @ \$16 each =	\$ <u>80.00</u> ✓
TOTAL		\$ <u>214.00</u>

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.
5 night (s) on trip @ 209.⁰⁰ per night =
TOTAL \$ 1,045.00

OTHER EXPENSES (receipts required):

<u>Hotel taxes</u>	\$ <u>186.45</u>
_____	\$ <u>58</u>
TOTAL	\$ <u>186.45</u>

TOTAL TRAVEL EXPENSES ADVANCED \$1445.45

RECEIPTS PENDING

FOR AUDITORS USE ONLY

Approved by County Auditor [Signature] Date 5/23/16

Date Received 5/19 Due Out 5/26 Assigned To [Signature] on _____

Dbl. Check _____ on _____ to Acct _____ To RP _____ Rec'd by CG _____

Hotel
 Taxi
 Registration
 Other

Do not use unless instructed here.

Form AP02 Revised 01/15

WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM



Request Total \$ 1296.09 ^{OK}
 Request No. : _____
 Budget Account Number: 359-101-5601
 Prepared By: Ivan Guerra
 Request No. : _____
 Budget Account Number: _____

EMPLOYEE INFORMATION:
 Employee Name Christopher Casarez
 S.S. # Last 4 digits 3646
 Address 1110 Victoria St
 Invoice# (Auditor) 053116

TRAVEL DESCRIPTION (conference name, dates, and city):
Anaheim, CA 2016 NADCP
May 31 - June 5
 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.
[Signature] 5/18/16
 Printed Name & Signature of Department Head Date

AFFIDAVIT / AUTHORIZATION BY CLAIMANT:
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Christopher Casarez 5/19/16
 Printed Name & Signature of Claimant Date

GENERAL QUESTIONS:
 Date and time of departure 5/31/16 11:40am
 Date and time of return 6/3/16 12:37pm
 Number of employees on trip 8 7:20
 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? no
 (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
3 Breakfasts @ \$10 each = \$ 30.00
43 Lunches @ \$14 each = \$ 602.00 42.00
4 Dinners @ \$16 each = \$ 64.00
TOTAL \$ 696.00 136.00

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.
3 night (s) on trip @ 312.67 per night =
TOTAL \$ 938.01 937.86

OTHER EXPENSES (receipts required):
Hotel taxes \$ 173.07 164.12
TOTAL \$ 173.07 164.7

TOTAL TRAVEL EXPENSES ADVANCED
1238.58
1296.09
130.07

RECEIPTS PENDING

FOR AUDITORS USE ONLY
 Approved by County Auditor _____
 Date Received 5/19 Due _____
 Dbl. Check _____ on _____

Handwritten note:
 Claudia still wants to know if he can Roomy

Rec'd by CG _____
 Form AP02 Revised 01/15

WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM



Request Total \$ 1374.54
~~0.00~~

Prepared By: Ivan Guerra
 Request No.: _____
 Budget Account Number: 359-1011-5601

EMPLOYEE INFORMATION:
 Employee Name Karla Valdez IG
 S.S. # Last 4 digits 6206 IG
 Address 1110 Victoria St
 Invoice# (Auditor) 053116

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

Anaheim, CA 2016 NADCP
May 31st - June 5th

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.

[Signature] 5/18/16
 Printed Name & Signature of Department Head Date

AFFIDAVIT / AUTHORIZATION BY CLAIMANT:

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Karla M. Valdez Karla Valdez
 Printed Name & Signature of Claimant Date 5/18/16

GENERAL QUESTIONS: 10:56 AM
 Date and time of departure May 31st 11:40 am
 Date and time of return June 5th 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? no
 (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.
2 Breakfasts @ \$10 each = \$ 20.00
2 Lunches @ \$14 each = \$ 28.00
1 Dinners @ \$16 each = \$ 16.00
TOTAL \$ ~~64.00~~ 214.00

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.
5 night (s) on trip @ 196.88 per night =
 May 31st - June 3rd 202.73
 June 3rd - June 5th 188.10
TOTAL \$ 984.39

OTHER EXPENSES (receipts required):
Hotel taxes \$ 176.15
TOTAL \$ 176.15

TOTAL TRAVEL EXPENSES ADVANCED \$ 1374.54

RECEIPTS
PENDING

FOR AUDITORS USE ONLY

Approved by County Auditor D. Martinez Date 5/23/16
 Date Received 7/19 Due Out _____ Assigned To [Signature] on _____
 Dbl Check _____ on _____ to Acct _____ To RP _____ Rec'd by CG _____

Total
 Void
 Rejection
 Pending
 Cash
 Other
 Do not file unless you have items
 Form AP02 Revised 01/15

WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM



Request Total \$ 1745.45

Prepared By: Ivan Guerra
 Request No. : _____
 Budget Account Number: 359-1011-5601CL

EMPLOYEE INFORMATION:
 Employee Name Ruel Canales
 S.S. # Last 4 digits 2078
 Address 1110 Victoria St
 Invoice# (Auditor) 053116

TRAVEL DESCRIPTION (conference name, dates, and city):
Anaheim, CA 2016 NADCP
May 31 - June 5th
 Note: Proof of Completed course must be remitted.
 Auditors Use: Proof Received Y or N

DEPARTMENT HEAD AFFIDAVIT TO THE COUNTY AUDITOR:
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[Signature] 5/18/16
 Printed Name & Signature of Department Head Date

AFFIDAVIT / AUTHORIZATION BY CLAIMANT:
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Ruel Canales 5.19.16
 Printed Name & Signature of Claimant Date

GENERAL QUESTIONS:
 Date and time of departure May 31 10:56am
 Date and time of return June 5 3:46pm
 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? no
 (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.
S Breakfasts @ \$10 each = \$ 50.00 ✓
C Lunches @ \$14 each = \$ 84.00 ✓
S Dinners @ \$16 each = \$ 80.00 ✓
TOTAL \$ 214.00

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.
S night (s) on trip @ 209.00 per night = ✓
TOTAL \$ 1,045.00

OTHER EXPENSES (receipts required):
Hotel taxes \$ 186.45
 _____ \$ _____
TOTAL \$ 186.45

TOTAL TRAVEL EXPENSES ADVANCED \$ 1,445.45

RECEIPTS PENDING

FOR AUDITORS USE ONLY
 Approved by County Auditor D. Martinez Date 5/19
 Date Received 5/19 Due Out 5/26 Assigned To [Signature] on _____
 Dbl. Check _____ on _____ to Acct _____ To RP _____ Rec'd by CG _____
 Hotel Parking
 Taxi Gas
 Registration Other
 Do not file unless marked with _____
 Form AP02 Revised 01/15

WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM



Request Total \$ 1445.45
 Request Total \$ 0.00

Prepared By: Ivan Guerra
 Request No.: _____
 Budget Account Number: 359-1011-5601

EMPLOYEE INFORMATION:
 Employee Name Jose G. Perez
 S.S. # Last 4 digits 9699
 Address 1110 Victoria St
 Invoice# (Auditor) 053116

TRAVEL DESCRIPTION (conference name, dates, and city):
Anaheim, CA 2016 NADCP
May 31st - June 5th
 Note: Proof of Completed course must be remitted.
 Auditors Use: Proof Received Y or N

DEPARTMENT HEAD AFFIDAVIT TO THE COUNTY AUDITOR:
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[Signature] 5-18-16
 Printed Name & Signature of Department Head Date

AFFIDAVIT / AUTHORIZATION BY CLAIMANT:
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[Signature] May 19, 2016
 Printed Name & Signature of Claimant Date

GENERAL QUESTIONS:
 Date and time of departure 5/31/16 10:36am
 Date and time of return 6/5/16 3:46pm
 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? no
 (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.
5 Breakfasts @ \$10 each = \$ 50.00 ✓
6 Lunches @ \$14 each = \$ 84.00 ✓
5 Dinners @ \$16 each = \$ 80.00 ✓
TOTAL \$ 214.00

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.
5 night (s) on trip @ 209.00 per night =
TOTAL \$ 1,045.00

OTHER EXPENSES (receipts required):
Hotel taxes \$ 186.45
TOTAL \$ 186.45

TOTAL TRAVEL EXPENSES ADVANCED \$ 1,445.45

RECEIPTS PENDING 7,811.20

FOR AUDITORS USE ONLY
 Approved by County Auditor D. Martinez Date _____
 Date Received 5/19 Due Out 5/26 Assigned To [Signature] on _____
 Dbt Check _____ on _____ to Acct _____ To RP _____ Rec'd by CG _____
 Form AP02 Revised 01/15

WEBB COUNTY

FUND CODE _____

REQUEST NO. _____

GENERAL REQUEST FOR PAYMENT

TOTAL \$ 2,450.00

May 19, 2016
DATE PREPARE

Ivan Guerra
PREPARED BY

NAME: NADCP/
National Association of Drug Court Professionals
P.O. Box 79289
Address: Baltimore, MD 21279-0289

TO THE COUNTY JUDGE:
I am hereby 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.

DESCRIPTION: Registration fee for Judge Jesus Garza, Public Defender Albrecht Reipen
~~Case Manager Christopher Casarez~~, Treatments Court Manager Arnoldo Lozano
ADA Joshua DAVILA

Department: COUNTY COURT AT LAW #2

SIGNATURE: 

NAME: JESUS GARZA

TITLE: JUDGE/DEPARTMENT HEAD

"SEE ATTACHED"



AMOUNT	ACCOUNT NUMBER	INVOICE #	Date
\$ 612.50	362-1011-5601	N/A 060116 JG	5/19/16
\$ 612.50	362-1011-5601	N/A 060116 AR	5/19/16
\$ 612.50	362-1011-5601	N/A 060116 AL	5/19/16
\$ 612.50	362-1011-5601	N/A 060116 JD	5/19/16

WEBB COUNTY
AUDITOR'S OFFICE

2016
MAY 19 PM 4:58

TOTAL AMOUNT \$ 2,450.00

CORRECT

APPROVED

WEBB COUNTY

FUND CODE _____

REQUEST NO. _____

GENERAL REQUEST FOR PAYMENT

TOTAL ^{1,837.50} ~~2,450.00~~

May 19, 2016
DATE PREPARE

Nancy Rodriguez
PREPARED BY

NAME: NADCP/
National Association of Drug Court Professionals
P.O. Box 79289
Address: Baltimore, MD 21279-0289

TO THE COUNTY JUDGE:
I am hereby 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.

DESCRIPTION: Registration fee for Judge Roel Canales/ Assistant County Attorney Karla Valdez
~~Assistant District Attorney Joshua Davila~~ Juvenile Court Coordinator Jose Gerado Perez
CASE MANAGER CHRISTOPHER CASAREZ

Department: COUNTY COURT AT LAW #2

SIGNATURE: 

NAME: JESUS GARZA

TITLE: JUDGE/DEPARTMENT HEAD

"SEE ATTACHED"

2016 MAY 19
 RECEIVED
 WEBB COUNTY
 ADDITIONAL OFFICE

AMOUNT	ACCOUNT NUMBER	INVOICE #	Date
\$ 612.50	359-1011-5601 CL	N/A 060116RC	05/19/2016
\$612.50	359-1011-5601	N/A 060116KV	05/19/2016
\$612.50	359-1011-5601	N/A 060116JGP	05/19/2016
\$612.50 - 0 -	359-1011-5601	N/A 060116CC	05/19/2016

He will not be charged cause he had a voucher from last year

TOTAL AMOUNT \$ 2,450.00

CORRECT

APPROVED

Print Form

WEBB COUNTY
GENERAL PURPOSE REQUEST FOR PAYMENT



Total \$ 397.20

Vendor No. _____

Vendor Name: Albrecht Reipen

Address: 7614 Laguna Del Mar Ct

City, State, Zip: Laredo, Texas 78041

Description / Reimbursement for

Purpose (Required) flight-Anaheim, CA
Maximum 40 Characters

Request No. _____

Date Prepared: 5/19/16

Prepared By: Ivan Guerra

Phone No. 523-4332

Affidavit to The County Auditor

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

Department: CCL No. 2

Signature:

Name: Jesus Garza

Title: Judge

Invoice Number	Amount	Invoice Date	Account Number	Auditor's Use
05316 <u>0528/6 Reim</u>	<u>397.20</u>	<u>05/07/2016</u>	<u>362-1011-560</u>	<u>5,280.00</u>
Total Amount	<u>397.20</u>			

URGENT! Please distribute check by _____

Please CALL _____

Rec'd	<u>5/19</u>	Out-By	<u>5/26</u>
1st Review	<u>D</u>	2nd Review	
To Acct		To R.P.	
To C.G.			

Approved

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

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:
purchasinginvoicess@webbcountytexas.gov

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

PURCHASE ORDER

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1.00	EA	1. NT'L DRUG CT CONFERENCE ANAHEIM CALIFOR MAY 31, 2016 TO JUNE 5, 2016. THIS FLIGHT IS FOR JOSE G. PEREZ 359-1011-5601 <i>CL</i> \$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

RECEIVED
 2016 MAY 18 PM 4:31
 WEBB COUNTY
 AUDITOR'S OFFICE

RECEIVED
 ONLINE
 VERIFIED BY: *[Signature]*

81201
 5-12-16
 1072.40
CL

TOTAL 1072.40

Auditors Use Only

Rec'd *5/16* Due Out *5/25*
 1st *P* To Acct _____
 2nd _____ To RP _____
 To CG *5/23*

Partial Payment

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

Tag #s _____

ORIGINAL

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.

Leticia Dominguez 5/12/16
 Interim Purchasing Agent 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
 NO. 16-0006693
 DATE: 5/19/2016
 BUYER PURJEG

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.

PURCHASE ORDER

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1.00	EA	1. NADCP CONF 2016 ANAHEIM CA (JESUS GAR 362-1011-6022 5601 GL \$856.20	856.200	856.20
1.00	EA	2. NADCP CONF 2016 (CHRISTOPHER CASAREZ 359-1011-5601 CL \$856.20	856.200	856.20
			TOTAL	1712.40



5/20/16
 Colisa-

RECEIVED
 2016 MAY 20 AM 8:17
 WEBB COUNTY
 AUDITOR'S OFFICE

RECEIVED
 ONLINE
 VERIFIED BY:
 CC/200

81314 ✓
 5-19-16 ✓
 1712.40 ✓
 ec

Auditors Use Only

Rec'd 5/20 Due Out 5/21
 1st P To Acct _____
 2nd _____ To RP _____
 To CG 5/23

Partial Payment

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

ORIGINAL

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.

Leticia Gutierrez 5/19/16
 Interim Purchasing Agent 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
 NO. 16-0006678
 DATE: 5/16/2016
 BUYER PURJEG

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



BILL TO
 WEBB COUNTY PURCHASING
 1110 WASHINGTON ST. STE. 101
 LAREDO, TEXAS 78040
 OR EMAIL INVOICES TO:
 purchasinginvoic@webbcountytx.gov

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

PURCHASE ORDER

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1.00	EA	1. Josh Davila Anaheim CA 362-1011-6022 5601 GL 5/20/16 81304	\$556.20	556.20

RECEIVED ONLINE
 VERIFIED BY:
 CC L200

81304
 5-18-16
 1112.40
 ec

2016 MAY 20 AM 8:17
 WEBB COUNTY
 AUDITOR'S OFFICE

RECEIVED

Auditors Use Only

Rec'd 127 Due Out 127
 1st To Acct
 2nd To RP
 To CG 5/23

Partial Payment

1 2 3 4 5 6 7 8 9 10 11 12
 Amount \$
 Tag #s

ORIGINAL

TOTAL

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.

Leticia Gutierrez 5/19/16
 Interim Purchasing Agent Date

Approved for payment - Deputy County Auditor Date