### #. Travel & Training

	Dept.	No.	Purpose	Date(s)	Location	Cost	Fund
1.	OCA	3	American Public Health Association meeting	11/2-6	Washington, DC	\$11,690	Other
2.	FCD	1	Urban Land Institute meeting	11/3-6	San Francisco, CA	\$8,120	FCD
3.	US	1	Dell Technologies World Conference	5/18-23	Las Vegas, NV	\$2,337	General
			(\$1,515 appvd. 5/22 for 1 attndadd attnd. & exp., &				
			date change)				
4.	PHS	1	HIV/AIDS Bureau training	8/5-8	Rockville, MD	\$2,880	Grant
			(\$11,840 appvd. 6/26 for 4 attndsadd attnd., exp, &				
			funding source)				
5.	PHS	10	Epic Users Group Meeting	8/17-21	Verona, WI	\$47,300	Other
6.	PHS	1	Mobile Health Conference	9/13-16	Louisville, KY	\$2,915	Other
7.	VS	1	Prevent veteran suicide with community partners training	7/14-17	Denver, CO	\$2,020	Grant
8.	JUVPROB	1	Georgetown University Center for Youth Justice training	9/24-26	Washington, DC	\$1,560	Other
9.	C5	1	Electronic service device K9 recertification training*	8/25-29	Greenfield, IN	\$912	General
10.	SHERIFF	5	CompStat program training	7/15-17	Los Angeles, CA	\$17,450	Other
11.	SHERIFF	10	Maritime Security West Conference	8/4-7	Long Beach, CA	\$17,976	Other
12.	SHERIFF	4	Prevention of bombing incidents course	10/12-17	Socorro, NM	\$9,504	Other
13.	IFS	1	New England Seminar in Forensic Sciences	7/19-24	Biddeford, ME	\$235	General
			(\$2,412 appvd. 6/12 for 1 attndadd attnd. & exp.)				
14.	PD	1	Gideon's Promise Summer Leadership Summit	7/10-14	Atlanta, GA	\$2,190	General
15.	TREAS	2	National Association of Counties Conference	7/11-14	Philadelphia, PA	\$4,770	General
16.	PA	1	National Institute for Governmental Purchasing Forum	7/27-30	Denver, CO	\$1,300	General
17.	PCT2	1	American Society of Civil Engineers Convention	10/7-11	Seattle, WA	\$3,422	General
	Subtotal	45	Out of Texas average cost per attendee:	\$3,035		\$136,581	

### Travel & Training Request

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If a non-county fund is covering expenses, list under "Other" for funding source.

### [a] Previously Approved

This section is to be ex	changes	s are being requested.	ipproved i	resure arra aac	ntional	
Previously Approve	d Information	What additions (Only select		are being request that apply)	uested?	
Court Date:		□ Number of Atte	endees	☐ Event Date	s	
Amount:		□City		☐ Estimated	Evnenses	
# of Attendees:		<b>I</b>		_	•	
Fund Source:		Use of County	Vehicle	☐ Funding So	urce	
		[b] Reques	ted Inf	ormation		
[1] Department Name	<u>.</u>		[2] Numb	er of Attende	es: 3	
Office of County Admi					, please explain):	
			all attend	dees are co-a	uthors on the p	resentation
[3] Subject/Purpose: T	o attend the Ame ublic health prog	erican Public Health / rams. The ARPA PM	Associatio IO Health	on annual mee teams' abstra	eting and presenct was accepted	ent on ARPA investments in ed for a presentation
[4] Benefit to County:	APHA Annual M cutting-edge resc	eeting provides high- ources to thousands o	quality, s of public h	cience-based nealth profess	education, net ionals from acr	working opportunities, and oss the nation.
[5] Event Dates (trave) November 2-6, 2025	dates included):			[6] <b>City, Sta</b> Washington		
		[c] <b>Estim</b>	ated Ex	penses		
[7] Registration Fee:	2,250.00	[12] Taxi/Other Grou	ınd Trans	portation:	150.00	]
[8] Per Diem:	1,200.00	[13] Personal Vehicle		•	50.00	[16] Use of County Vehicle?
[9] Hotel:	5,625.00	[14] Vehicle Rental:				□Yes
[10] Airline/bus/train	1,350.00	[15] Other (Explain):			690.00	☑No
[11] Parking/Tolls:	375.00	membership fees (require	d for registr	ation)		☐Both (using county & personal)
				Total Cost:	\$11,690.00	
		[d] <b>Fur</b>	nding So	ource		
to Canada Francis						
[17] General Fund:						
too Cront Founds		to Name of Court	0 Fd #.			
[18] <b>Grant Fund:</b> (County grants only)		[19] Name of Grant 8	& Funa #:			
(County grants offly)						
[20] Other Source:	11,690.00	[21] Name of Other S	Source /&	fund # if annlice	ible): Flex Fund	I 1040
[=5] 0	, 555.55	,	- 3 a 30 ju	,		

(Name may be typed; signature is not required.)

Authorized By: Jesse Dickerman

\$11,690.00

Total:

Travel & Training
Request

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### [a] Previously Approved

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Court Date: Amount: # of Attendees: Fund Source:	Information	What additional char (Only select the ch		iested?		
Amount: # of Attendees:			anges that apply)			
Amount: # of Attendees:		Number of Attendes				
# of Attendees:		I I Number of Attendees	s	5		
		□City	☐ Estimated E	xpenses		
Fund Source:			_	·		
		Use of County Vehicle	e □Funding So	urce		
		[b] Requested	Information			
[1] Department Name:		[2] <b>N</b> L	umber of Attende	es: 1		
Flood Control District			re than one to attend,			
Tiood Control Blothot		To fo	ocus on multiple a	gendas.		
[3] Subject/Purpose: Urb	an Land Institu	ute (ULI) 2025 Fall Meeting				
	arr Laria iriotiti	ato (OLI) 2020 i dii iviootiilig	,			
[4] Ronofit to County:						
[4] Benefit to County: Tr	aining will cons	sist of training and program	ming that support	s shaping the fu	uture of the built environme	nt
WI	ın aligns with ti	ie Flood Control District s r	mission.			
[5] Event Dates (travel of	<u>ates included)</u> :		[6] <b>City, Sta</b>	<u>te</u> :		
11/03-06/2025			San Franciso	co, CA		
		[c] <b>Estimated</b>	Expenses			
[7] Registration Fee:	1,700.00	[12] Taxi/Other Ground Tr	ransportation:	400.00		
[8] Per Diem:	220.00	[13] Personal Vehicle Mile	eage:	200.00	[16] Use of County Vehicle	<u>:?</u>
[9] Hotel:	3,500.00	[14] Vehicle Rental:			□Yes	
[10] Airline/bus/train:	1,500.00	[15] Other (Explain):		400.00	☑No	
[11] Parking/Tolls:	200.00	Participate in a tour.			☐Both (using county & person	ıal)
			Total Cost:	\$8,120.00		
		[d] <b>Fundin</b> g	z Source			
		[]				
[17] General Fund:						
		[19] Name of Grant & Fun	d #:			
[18] Grant Fund:						
[18] Grant Fund: (County grants only)						
· · ·						
(County grants only)		No months of the Co			I D: 1: 1 000	
· · ·	8,120.00	[21] Name of Other Source	e (& fund # if applica	ble): Flood Cont	trol District - 090	
(County grants only)	8,120.00	[21] Name of Other Source	e (& fund # if applica	<i>ble)</i> : Flood Cont	trol District - 090	
[5] <b>Event Dates</b> (travel of	th aligns with th	ne Flood Control District's r	nission. [6] <b>City, Sta</b> t San Francisc	<u>te</u> :	uture of the built environ	me

(Name may be typed; signature is not required.)

Authorized By: Tina Petersen, Ph.D., P.E., Executive Director

\$8,120.00

Total:

Travel & Training Request

[5] **Event Dates** (travel dates included):

May 18-23, 2025

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- If a non-county fund is covering expenses, list under "Other" for funding source.

[a] <b>Previously</b>	/ Approved
-----------------------	------------

*This section is to		en a request has been approved s are being requested.	d in court and additional
Previously Ap	proved Information	What additional chang (Only select the chan	ges are being requested?  ages that apply)
Court Date:	5/22/2025	☑ Number of Attendees	☑ Event Dates
Amount:	\$1,515.00	□City	✓ Estimated Expenses
# of Attendees:	1	<b>II</b> _ '	_
Fund Source:	General	☐ Use of County Vehicle	☐ Funding Source
		[b] <b>Requested Ir</b>	nformation
		•	
[1] <b>Department N</b> Harris County Ur		· · · · · · · · · · · · · · · · · · ·	nber of Attendees: 1 than one to attend, please explain):
[3] Subject/Purpo	ose: Dell Technologies	World 2025	

solutions from Dell and associated partners.

This space for County Clerk's Office use only.

	<b>-</b>	Evnanca
[ -1	L CTIM STA	1 EVNANCA

[6] City, State:

Las Vegas, Nevada

[4] Benefit to County: The Dell Technologies World conference will provide insight to leading-edge technology and network

		[c] Littillated Expenses		
[7] Registration Fee:		[12] Taxi/Other Ground Transportation:	100.00	
[8] Per Diem:	335.00	[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?
[9] Hotel:	1,167.81	[14] Vehicle Rental:		□Yes
[10] Airline/bus/train:	733.96	[15] Other (Explain):		☑No
[11] Parking/Tolls:				☐Both (using county & personal)
		Total Cost:	\$2,336.77	

### [d] Funding Source

[17] General Fund:	2,336.77			
[18] <b>Grant Fund:</b> (County grants only)		[19] Name of Grant & Fu	ınd #:	
[20] Other Source:		[21] Name of Other Sour	Ce (& fund # if applicable):	
Total:	\$2,336.77	Authorized By:	Sindhu Menon, Executive Director & CIO	

# Travel & Training Request

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### [a] Previously Approved

\*This section is to be completed only when a request has been approved in court and additional changes are being requested.

#### What additional changes are being requested? **Previously Approved Information** (Only select the changes that apply) Court Date: 06/26/2025 ✓ Number of Attendees ☐ Event Dates \$11,840.00 Amount: ☐ Citv ☑ Estimated Expenses # of Attendees: ☐ Use of County Vehicle ☑ Funding Source Fund Source: Grant

This space for County Clerk's Office use only.
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[b] Requested Information		Das		l-sf-	
	Ibi	1440	[U[#3][#0]		

[1] Department Name:	[2] Number of Attendees: 1
Public Health Services (PHS) / Community Health and	(If more than one to attend, please explain):
Wellness (CHW)	Attending different sessions
[3] Subject/Purpose: HIV/AIDS Bureau (HAB) Division of Me Site Visit (ARSV)	etropolitan HIV/AIDS Program (DMHAP) Administrative Reverse
[4] <u>Benefit to County</u> :Training embodies monitoring, compli- HIV/AIDS Program (RWHAP) Part A,	ance, and program technical assistance on the Ryan White and Ending the HIV Epidemic (EHE)
[5] Event Dates (travel dates included):	[6] City, State:
August 5-8, 2025	Rockville, MD

### [c] Estimated Expenses

[7] Registration Fee:		[12] Taxi/Other Ground Transportation:	400.00	
[8] Per Diem:	320.00	[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?
[9] Hotel:	1,248.00	[14] Vehicle Rental:		□Yes
[10] Airline/bus/train:	600.00	[15] Other (Explain):	220.00	☑No
[11] Parking/Tolls:	92.00	Baggage fees and other incidentals		☐Both (using county & personal)
		Total Cost:	\$2,880.00	

### [d] Funding Source

[17] General Fund:		
	0.000.00	
[18] <b>Grant Fund:</b> (County grants only)	2,880.00	[19] Name of Grant & Fund #: Ryan White Part A, Fund # 2601- FY25_RW_QM
(2000.10) granta c,		
[20] Other Source:		[21] Name of Other Source (& fund # if applicable):
Total:	\$2,880.00	Authorized By: Leah Barton — Interim Executive Director

(Name may be typed; signature is not required.)

\$47,300.00

# **OUT OF TEXAS**

Travel & Training Request

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[a] Previous	ly Approved
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THIS SECTION IS TO DE		s are being requested.	in court and add	itionar	
Previously Approved Information		What additional changes are being requested? (Only select the changes that apply)			
Court Date:		☐ Number of Attendees	☐ Event Dates	5	
Amount:		□City	☐ Estimated E	znenses	
# of Attendees:				·	
Fund Source:		☐ Use of County Vehicle	☐ Funding So	urce	
		[b] Requested In	formation		
[1] Department Nan	ne:	[2] <b>Num</b>	ber of Attende	es: 10	
Public Health Service	es (PHS) / Health	Prevention and (If more to	han one to attend,	please explain):	
Coordinated Care (I	HPCC)	Multiple	programs atte		
[3] Subject/Purpose	To attend the Ep knowledge amon	ic Users Group Meeting (UGN g healthcare providers to impr	/I), which facilita ove patient out	ates networking comes and safe	and sharing practical Epic ety
[4] Benefit to Count	Y:PHS will transition features, AI insig	n to Epic in 2025-2026. Atten hts, collaboration with similar	dance allows d organizations,	irect access to and understand	Epic experts, peer learning, ling of new development.
[5] Event Dates (trav	vel dates included):		[6] City, Stat	te:	
August 17, 2025 to Αι	ıgust 21, 2025		Verona, Wise	consin	
		[c] Estimated E	xpenses		
[7] Registration Fe	<b>e:</b> 6,800.00	[12] Taxi/Other Ground Tran	sportation:	2,500.00	
[8] Per Diem:	4,000.00	[13] Personal Vehicle Mileag	e:		[16] <u>Use of County Vehicle?</u>
[9] Hotel:	17,000.00	[14] Vehicle Rental:			□Yes
[10] Airline/bus/tra	in: 15,000.00			2,000.00	☑No
[11] Parking/Tolls:		Luggage Fees			☐Both (using county & personal)
			Total Cost:	\$47,300.00	
		[d] Funding S	ource		
[17] General Fund:					
[17] General Fullu.					
[18] Grant Fund:		[19] Name of Grant & Fund #	<b>:</b>		
(County grants only	v)				
[20] Other Source:	47,300.00	[21] Name of Other Source (8	& fund # if applica	ble): FLEX_AC	CESS PROGRAM
I	1				

**Authorized By:** <u>Leah Barton — Interim Executi</u>ve Director (Name may be typed; signature is not required.)

# **OUT OF TEXAS**

### Travel & Training Request

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### [a] Previously Approved

This section is to be		s are being requested.	.ourt and dad		
Previously Approved Information		What additional changes are being requested?  (Only select the changes that apply)		ested?	
Court Date:		□ Number of Attendees □ Event Dates		5	
Amount:		☐ City [	☐ Estimated E	xnenses	
# of Attendees:					
Fund Source:		Use of County Vehicle	☐Funding So	urce	
		[b] Requested Info	rmation		
[1] Department Nam	201	[2] Numbo	r of Attende	051	
Public Health Service Wellness (CHW)		4.6		please explain):	
[3] Subject/Purpose	· Annual Mobile H	ealth Conference			
[4] Benefit to County	Y:Participation in the initiatives by gain	nis conference will provide an op ning knowledge of innovative stra	portunity to a ategies for m	advance the Mo obile service de	obile Healthcare Services elivery
[5] Event Dates (trav	vel dates included)	:	[6] City, Stat	ie:	
9/13/2025 - 9/16/2025			Louisville, Ke	entucky	
		[c] Estimated Exp	enses		
[7] Registration Fed	e: 799.00	[12] Taxi/Other Ground Transpo	ortation:	150.00	
[8] Per Diem:	320.00				[16] Use of County Vehicle?
[9] Hotel:	1,014.00	[14] Vehicle Rental:			□Yes
[10] Airline/bus/trai	in: 500.00	[15] Other (Explain):		80.00	☑No
[11] Parking/Tolls:	52.00	Round Trip Luggage Fees			☐Both (using county & personal)
			Total Cost:	\$2,915.00	
		[d] Funding Sou	ırce		
[17] General Fund:					
[18] Grant Fund:		[19] Name of Grant & Fund #:			
(County grants only	<i>,</i> )	[15] Name of Grant & Fund #:			
( 1 1 1 ) g. 2	´ <del>                                    </del>				
[20] Other Source:	2,915.00	[21] Name of Other Source (& fu	nd # if applica	<i>ble)</i> : Charity Ca	re, Fund # 2117
		ACCOUNT: 728018			

(Name may be typed; signature is not required.)

Authorized By: Leah Barton — Interim Executive Director

DEPT: 27550040

\$2,915.00

\$2,020.00

# OUT OF **TEXAS**

Travel & Training Request

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[a] <b>Previous</b>	ly Ap	proved
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77113 30001011 13 10 20 0	change.	s are being requested.	oved in court and date	ncional			
Previously Approved Information			What additional changes are being requested? (Only select the changes that apply)				
Court Date:		☐ Number of Attend	ees	s			
Amount:		□City	☐ Estimated	vnenses			
# of Attendees:		<b>  </b> _ ′					
Fund Source:		☐ Use of County Veh	icle	urce			
		[b] Requested	d Information				
Donoutus out Nouse		[0]	Number of Attorda				
[1] Department Name	-		Number of Attender of the nore than one to attend				
Veteran Services Dep	artment	(9.11	nore than one to attend	picuse expiumy.			
[3] Subject/Purpose:	·rioritizing Share	d Action to Prevent Veter	ran Suicide with Cor	mmunity Partne	rs.		
[4] Benefit to County:	Will bring togethe such important to	er VA and community expopics as suicide prevention	perts to share promion, homelessness, a	sing practices,	esearch, and resources on		
[5] Event Dates (trave)	dates included):		[6] <b>City, Sta</b>	<u>te</u> :			
July 14th - July 17th, 202	25		Denver, CO				
		[c] <b>Estimat</b>	ed Expenses				
[7] Registration Fee:		[12] Taxi/Other Ground	Transportation:				
[8] Per Diem:	320.00		•		[16] Use of County Vehicle?		
[9] Hotel:	700.00	[14] Vehicle Rental:	_	300.00	□Yes		
[10] Airline/bus/train	: 600.00	[15] Other (Explain):			☑No		
[11] Parking/Tolls:	100.00				☐Both (using county & personal)		
			Total Cost:	\$2,020.00			
		ra: <b>Fundi</b>	ng Source				
		[u] i dilai	ing Source				
[17] General Fund:							
[18] Grant Fund:	2,020.00	•	19] Name of Grant & Fund #:				
(County grants only)		SSG Parker Gordon Fox	x Suicide Preventior	n Grant			
		Fund#2601					
0.1							
[20] Other Source:		[21] Name of Other Sou	rce (& fund # if applica	ble):			
1	1						

(Name may be typed; signature is not required.)

Authorized By: Dave Lewis, Executive Director

(Rev. 5.22.25)

Total:

\$1,560.00

# **OUT OF TEXAS**

Travel & Training Request

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	change	s are being requested.			
Previously Approved Information			What additional changes are being requested? (Only select the changes that apply)		
Court Date:		☐ Number of Atten	idees	s	
Amount:		□City	☐ Estimated	ynenses	
# of Attendees:		_ `	_	·	
Fund Source:		Use of County Ve	ehicle	urce	
		[b] Request	ed Information		
			. N		
[1] Department Nam	<del></del>	//	n Number of Attender of Mumber of Attender of Mumber of Attender of Mumber of Attender of Mumber of Attender of At		
Harris County Juven	ile Probation Depa	artment (1)	i more than one to attend	pieuse expiuiri).	
[3] Subject/Purpose	Georgetown Univ	versity Center for Youth	n Justice and Annie E	Casey	
[4] Benefit to County	<sup>(:</sup> Ongoing Public I	nformation Officer train	ing and current best p	oractices related	to Juvenile Justice issues
[5] Event Dates (trav	el dates included)	:	[6] City, Sta	te:	
September 24-26, 202	5		Washington	n, DC	
		[c] <b>Estima</b>	ted Expenses		
[7] Registration Fee	e:	[12] Taxi/Other Groun	d Transportation:	200.00	
[8] Per Diem:	210.00	[13] Personal Vehicle I	Mileage:		[16] Use of County Vehicle?
[9] Hotel:	650.00	[14] Vehicle Rental:			□Yes
[10] Airline/bus/trai	<b>n:</b> 400.00	[15] Other (Explain):			☑No
[11] Parking/Tolls:	100.00				Both (using county & personal)
			Total Cost:	\$1,560.00	
		[d] <b>Func</b>	ling Source		
[17] General Fund:					
[18] Grant Fund:		[19] Name of Grant &	Fund #:		
(County grants only	)				
[20] Other Source:		[21] Name of Other So	ource (& fund # if applica	ble):	
	780.00	Annie E. Casey Found	lation		
	780.00	Casey Family Program	าร		
			·		

(Name may be typed; signature is not required.)

Authorized By: Henry Gonzales, Executive Director

### Travel & Training Request

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This section is to be co		s are being requested.	<del>novea in co</del> art and add		
Previously Approved Information		What additional changes are being requested? (Only select the changes that apply)		uested?	
Court Date:		☐ Number of Atten	dees     Event Date	es	
Amount:		<b>-</b>			
# of Attendees:		_	☐ Estimated	Expenses	
Fund Source:		☐ Use of County Ve	hicle	ource	
1					
		[b] Requeste	ed Information		
[1] Department Name	<u> </u>	[2]	Number of Attende	ees: 1	
Constable Precinct 5		(If	more than one to attend	l, please explain):	
[3] Subject/Purnose:		D : (50D) (60 D			
[3] <u>= and je coj : an pe se</u> : E	lectronic Service	e Device (ESD) K9 Rec	ertification Training.		
[4] Benefit to County:	Required annual	recertification for the ha	andler and Electronic	: Service Device	(FSD) K9
Ē	Enhances their s	skills as a team.	ariaior aria Electroriio	, COI 1100 BO1100	(202) (10.
[5] Event Dates (travel	dates included)	:	[6] City, Sta	te:	
August 25th 2025 - Augu			Greenfield,	IN	
		[c] Estimat	ted Expenses		
[7] Registration Fee:	300.00	[12] Taxi/Other Ground	d Transportation:		
[8] Per Diem:		[13] Personal Vehicle N	∕lileage:		[16] <u>Use of County Vehicle?</u>
[9] Hotel:	611.80	[14] Vehicle Rental:			☑Yes
[10] Airline/bus/train:		[15] Other (Explain):			□No
[11] Parking/Tolls:					☐Both (using county & personal)
			Total Cost:	\$911.80	
		[d] <b>Fund</b>	ing Source		
[17] General Fund:	911.80				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
[18] Grant Fund:		[19] Name of Grant & I	Fund #:		
(County grants only)					
011 6		N College			
[20] Other Source:		[21] Name of Other So	urce (& fund # if applice	able):	
-		Cost will be reimbursed	hy Houston Matro	CAC Task Force	to General Fund
			•	UAU TASK FUICE	e to General Fullu.
		Per diem not being req	uesteu.		
Total:	\$911.80	Authorized Du	Heather Miner		

Authorized By: Heather Miner (Name may be typed; signature is not required.)

### Travel & Training Request

[20] Other Source:

\$17,450.00

Total:

#### **Request Form Guidelines**

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- Refrain from using acronyms unless description of acronym is provided.

• If a non-county fund is covering expenses, list under "Other" for funding source.

### [a] Previously Approved

\*This section is to be completed only when a request has been approved in court and additional

	changes	s are being requested.			
<u>Previously Approved Information</u> <u>What additional changes are being requested?</u> (Only select the changes that apply)			juested?		
Court Date:		☐ Number of Attendee	s □Event Date	es	
Amount:		□Citv	☐ Estimated	Fynenses	
# of Attendees:		<b>'</b>		·	
Fund Source:		☐ Use of County Vehicle	e	ource	
		[b] Requested	Information		
[1] <b>Department Name</b> :		4.6	mber of Attend		
540-Harris County Sher	riff's Office, Exe	Cutive	e than one to atten	d, please explain):	
6 1/2			rent Ranks		
[3] Subject/Purpose: We	e will travel to L e Houston Polic	os Angeles, California for a e Department will also be a	n in-depth revie attending.	w of their Comps	Stat program. Members from
[4] Benefit to County: G	ain knowledge trategic Plannin	of a CompStat Program cu g for the Harris County Sh	rrently in use wheriff's Office.	ich will provide i	mproved Efficiency and
[5] Event Dates (travel o	dates included):		[6] <b>City, St</b>	ate:	
July 15-17, 2025			Los Angele	s, CA	
		[c] Estimated	Expenses		
an Berister Fre	1			1 000 00	
[7] Registration Fee:	1,200.00	[12] Taxi/Other Ground Tr [13] Personal Vehicle Mile	•	1,000.00	[16] Use of County Vehicle?
[9] Hotel:	7,500.00	[14] Vehicle Rental:	age.	1,750.00	Yes
[10] Airline/bus/train:	5,000.00	[15] Other (Explain):		500.00	☑No
[11] Parking/Tolls:	500.00			300.00	Both (using county & personal)
[11] 1 (11) (11)	300.00		Total Cost:	¢47.450.00	Lasing county & personary
				\$17,450.00	
		[d] <b>Fundin</b> §	Source		
[17] General Fund:					
[18] Grant Fund:		[19] Name of Grant & Fun	d #:		
(County grants only)					

Authorized By: Sheriff Ed Gonzalez (Name may be typed; signature is not required.)

17,450.00 [21] Name of Other Source (& fund # if applicable): SEIZED/LEOSE

\$17,976.00

# OUT OF **TEXAS**

Travel & Training Request

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\*This section is to be completed only when a request has been approved in court and additional

	change.	s are being requested.			
Previously Appro	ved Information	What additional change (Only select the chang		sted?	
Court Date:		☐ Number of Attendees	☐ Event Dates		
Amount:		□City	☐ Estimated Exp	nenses	
# of Attendees:					
Fund Source:		☐ Use of County Vehicle	☐ Funding Sour	rce	
		[b] Requested In	formation		
[1] Department Nan	 ne:	[2] <b>Num</b>	ber of Attendees	<b>S:</b> 10	
540-Harris County S		4.6	han one to attend, p		
	71101111 0 0 111100, 0 E E		nt Ranks		
[3] Subject/Purpose	:Maritime Security				
	a.i.a.i.a dadaniy				
[4] Benefit to Count	V:The Maritime So	curity East conference addres	reas the needs of	f fodoral stato	and local agoneios, law
	enforcement and	military in securing coastline	s, inland waterwa	ays, ports and	criitical infrastructure.
[5] Event Dates (trav	vel dates included):		[6] City, State	<u>:</u> :	
August 4-7, 2025			Long Beach, C	CA	
		(a) Estimated E	vnoncoc		
		[c] Estimated E	xpenses		
[7] Registration Fe	e: 950.00	[c] Estimated E			
[7] Registration Fe	e: 950.00 3,200.00	[12] Taxi/Other Ground Tran	sportation:		[16] Use of County Vehicle?
		[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag	sportation:	1,750.00	□Yes
[8] Per Diem:	3,200.00 7,500.00	[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag [14] Vehicle Rental:	sportation:	1,750.00	
[8] Per Diem: [9] Hotel:	3,200.00 7,500.00	[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag [14] Vehicle Rental:	sportation:	1,750.00	□Yes
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra	3,200.00 7,500.00	[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag [14] Vehicle Rental:	sportation:	1,750.00	□Yes ☑No
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra	3,200.00 7,500.00	[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag [14] Vehicle Rental:	sportation: e: Total Cost:		□Yes ☑No
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra [11] Parking/Tolls:	3,200.00 7,500.00	[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag [14] Vehicle Rental: [15] Other (Explain):	sportation: e: Total Cost:		□Yes ☑No
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra	3,200.00 7,500.00	[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag [14] Vehicle Rental: [15] Other (Explain):	sportation: e: Total Cost:		□Yes ☑No
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra [11] Parking/Tolls:	3,200.00 7,500.00	[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag [14] Vehicle Rental: [15] Other (Explain):	sportation: e: Total Cost:		□Yes ☑No
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra [11] Parking/Tolls:  [17] General Fund:	3,200.00 7,500.00 in: 4,576.00	[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag [14] Vehicle Rental: [15] Other (Explain):	sportation: e: Total Cost:		□Yes ☑No
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra [11] Parking/Tolls:  [17] General Fund: [18] Grant Fund:	3,200.00 7,500.00 in: 4,576.00	[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag [14] Vehicle Rental: [15] Other (Explain):	sportation: e: Total Cost:		□Yes ☑No
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra [11] Parking/Tolls:  [17] General Fund: [18] Grant Fund:	3,200.00 7,500.00 in: 4,576.00	[12] Taxi/Other Ground Tran [13] Personal Vehicle Mileag [14] Vehicle Rental: [15] Other (Explain):	sportation: e: Total Cost:		□Yes ☑No
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra [11] Parking/Tolls:  [17] General Fund: [18] Grant Fund:	3,200.00 7,500.00 in: 4,576.00	[12] Taxi/Other Ground Trans [13] Personal Vehicle Mileag [14] Vehicle Rental: [15] Other (Explain): [d] Funding S	sportation: e:  Total Cost:  ource	\$17,976.00	□Yes ☑No □Both (using county & personal)
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra [11] Parking/Tolls:  [17] General Fund: [18] Grant Fund: (County grants only	3,200.00 7,500.00 in: 4,576.00	[12] Taxi/Other Ground Trans [13] Personal Vehicle Mileag [14] Vehicle Rental: [15] Other (Explain): [d] Funding S	sportation: e:  Total Cost:  ource	\$17,976.00	□Yes ☑No □Both (using county & personal)
[8] Per Diem: [9] Hotel: [10] Airline/bus/tra [11] Parking/Tolls:  [17] General Fund: [18] Grant Fund: (County grants only	3,200.00 7,500.00 in: 4,576.00	[12] Taxi/Other Ground Trans [13] Personal Vehicle Mileag [14] Vehicle Rental: [15] Other (Explain): [d] Funding S	sportation: e:  Total Cost:  ource	\$17,976.00	□Yes ☑No □Both (using county & personal)

(Name may be typed; signature is not required.)

Authorized By: Sheriff Ed Gonzalez

Travel & Training Request

#### **Request Form Guidelines**

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If a non-county fund is covering expenses, list under "Other" for funding source.

### [a] Previously Approved

This section is to be	change.	s are being requested.	a m court and dat	ntionar	
Previously Approv	ved Information	What additional chan (Only select the cha		uested?	
Court Date:			□ Number of Attendees □ Event Dates		
Amount:		□City	_		
# of Attendees:			☐ Estimated   —	·	
Fund Source:		Use of County Vehicle	☐ Funding So	urce	
		[b] Requested I	nformation		
[1] Department Nam	<u>ne</u> :	[2] <b>Nu</b>	mber of Attende	es: 4	
540-Harris County S	heriff's Office, SEI	3 (If more	e than one to attend	, please explain):	
		Ensu	res cohesive trai		
[3] Subject/Purpose	The Prevention of	f Bombing Incidents course	focuses on unde	rstanding the h	nistory and threat of suicide
	bombing to the U	nited States as well as suici	de bomber meth	odologies.	•
[4] Benefit to County	<i>[</i> :Provides an oppo incidents.	ortunity for our canine team	s to learn new te	chniques from	experts in the field of bombing
ray Frank Dates /tuni			to: City. Sto	•	
[5] Event Dates (trav	<u>ei aates incluaea)</u> :		[6] City, Sta		
October 12-17, 2025			Socorro, Ne	w Mexico	
		[c] Estimated	Expenses		
[7] Registration Fee	e: 800.00	[12] Taxi/Other Ground Tr	ansnortation:		
[8] Per Diem:	1,920.00	·	•		[16] Use of County Vehicle?
[9] Hotel:		[14] Vehicle Rental:	.gc.	2,200.00	<b>†</b>
[10] Airline/bus/trai	-	[15] Other (Explain):		2,200.00	☑No
[11] Parking/Tolls:	2,001.00				■ Both (using county & personal)
- J			Total Cost:	\$9,504.00	
		[d] Funding	Source		
		1			
[17] General Fund:					
[18] Grant Fund:		[19] Name of Grant & Fund	I #:		
(County grants only	)	[25] (40)			
[20] Other Source:	9,504.00	[21] Name of Other Source	(& fund # if applica	<i>ble)</i> : US Depar	tment of Homeland Security
				-	

(Name may be typed; signature is not required.)

Authorized By: Sheriff Ed Gonzalez

\$9,504.00

Total:

\$235.00

# **OUT OF TEXAS**

Travel & Training Request

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• If a non-county fund is covering expenses, list under "Other" for funding source.

[a] Previously Approved
-------------------------

\*This section is to be completed only when a request has been approved in court and additional

	change	s are being requested.				
Previously Approv	ved Information		What additional changes are being requested?			
		(Only select the change				
Court Date: 6	6/12/2025	☑ Number of Attendees	☐ Event Date:	S		
Amount: \$	52,412.00	□City	✓ Estimated E	xnenses		
# of Attendees: 1				·		
Fund Source: 0	General	☐ Use of County Vehicle	☐ Funding So	urce		
		[b] Requested Inf	ormation			
[1] Department Nam	 le:	[2] <b>Num</b>	ber of Attende	es: One (1)		
270 - Institute of For			nan one to attend,			
270 1110111010 01 1 01		continui	ng education			
[3] Subject/Purpose	2025 New Englar	nd Seminar in Forensic Scienc	es (NESIES)			
	2020 New Englan	ia deminar in i diensie delene	CS (INCOILO)			
D						
[4] Benefit to County	<u>/</u> :Continuing Educ	ation regarding Forensic Path	ology			
[5] Event Dates (trav	el dates included):	:	[6] City, Stat	te:		
July 19, 2025 through			Biddeford, M	<del></del> "		
		[c] Estimated Ex	xpenses			
[7] Registration Fee	235.00	· ·	-			
[8] Per Diem:		[13] Personal Vehicle Mileago	e:		[16] Use of County Vehicle?	
[9] Hotel:		[14] Vehicle Rental:			□Yes	
[10] Airline/bus/trai	n:	[15] Other (Explain):			☑No	
[11] Parking/Tolls:					☐Both (using county & personal	
			Total Cost:	\$235.00		
		[d] Funding S	ource			
[17] General Fund:	235.00	1				
[17] General Fund:	235.00					
[18] Grant Fund:		[19] Name of Grant & Fund #	•			
(County grants only	.)	[19] Name of Grant & Fund #	•			
(County grants only	′					
[20] Other Source:	+	[21] Name of Other Source (8	fund # if analisa	hlalı		
[20] Other Source:		[21] Name of Other Source (8	: Juna # IJ appilca	viej:		

(Name may be typed; signature is not required.)

Authorized By: Dr. Luis A. Sanchez, Executive Director & Chief ME

\$2,190.00

# OUT OF **TEXAS**

Travel & Training Request

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If a non-county fund is covering expenses, list under "Other" for funding source.

ſal	Prev	iousk	v Ani	nrov	ed

*This section is to be c		en a request has been a s are being requested.	pproved in court and add	ditional		
Previously Approve	d Information	· ·	al changes are being required the changes that apply)	uested?		
Court Date:		☐ Number of Atte	endees	S		
Amount:		□City	☐ Estimated	Expenses		
# of Attendees:				·		
Fund Source:		Use of County \	/ehicle ☐ Funding Sc	urce		
		[b] Reques	ted Information			
[1] <b>Department Name</b> PUBLIC DEFENDERS			[2] Number of Attender (If more than one to attender)			
[3] Subject/Purpose:	GIDEON'S PROM	IISE SUMMER LEAD	ERSHIP SUMMIT			
[4] Benefit to County:	REPRESENTIN	G THE OFFICE/MEE	TING WITH OTHER A	GENCIES		
[5] Event Dates (travel	dates included):		[6] City, Sta	te:		
JULY 10 to JULY14, 202			ATLANTA, GA			
		[c] <b>Estim</b>	ated Expenses			
[7] Registration Fee:	450.00	[12] Taxi/Other Grou	nd Transportation:	300.00		
[8] Per Diem:	300.00			300.00	[16] Use of County Vehicle?	
[9] Hotel:	840.00		U		□Yes	
[10] Airline/bus/train					☑No	
[11] Parking/Tolls:					☐Both (using county & personal)	
			Total Cost:	\$2,190.00		
		[d] <b>Fun</b>	ding Source			
[17] General Fund:	2,190.00					
[18] Grant Fund:		[19] Name of Grant 8	k Fund #:			
(County grants only)						
[20] Other Source:		[21] Name of Other S	Source (& fund # if applice	ıble):		

(Name may be typed; signature is not required.)

Authorized By: ALEXANDER BUNIN

Travel & Training Request

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If a non-county fund is covering expenses, list under "Other" for funding source.

u		county			5 CAPCHICO,	
[a]	Pr	evio	usly	Арр	roved	

\*This section is to be completed only when a request has been approved in court and additional

Previously Approved		What additional change	es are being requested?	
		(Only select the chang		
Court Date:		☐ Number of Attendees	☐ Event Dates	
Amount:		□City	☐ Estimated Expenses	
# of Attendees:			_	1
Fund Source:		☐ Use of County Vehicle	☐ Funding Source	
		[b] Requested In	formation	
[1] Department Name:		[2] <b>Num</b>	ber of Attendees: 2	
Treasurer Office		(If more t	han one to attend, please ex	xplain):
				ohn Patterson - Admin Assistant
[3] Subject/Purpose: To	attend the 202	5 National Association of Cou	unties (NACo) Annual C	Conference
[4] Benefit to County:	The Conference	e content includes discussion tices and educational session	of federal policies impa s with industry experts.	acting counties, workshops lifting up
[5] Event Dates (travel	dates included):		[6] City, State:	
July 11-14, 2025 Philadelphia, PA				
		[c] Estimated E	xpenses	
[7] Registration Fee:	1,480.00	[12] Taxi/Other Ground Tran	snortation:	
[8] Per Diem:	640.00		•	[16] <u>Use of County Vehicle?</u>
[9] <b>Hotel</b> :	2,000.00			□Yes
[10] Airline/bus/train:	650.00	[15] <b>Other</b> (Explain):		✓No
[11] Parking/Tolls:	333.33	[25] <b>5 1161</b> (2 <i>Apramy</i> )		Both (using county & personal)
- J			Total Cost: \$4.	
			,	770.00
		[d] Funding S	ource	
[17] General Fund:	4,770.00			
[17] General Fund.	4,770.00			
[18] Grant Fund:		[19] Name of Grant & Fund #	ł:	
(County grants only)			•	
[20] Other Source:		[21] Name of Other Source (8	& fund # if applicable):	
		,	· · · · · ·	
Total:	\$4,770.00	Authorized By Dr. Cr	arla I. Wwatt	

Authorized By: Dr. Carla L. Wyatt (Name may be typed; signature is not required.) (Rev. 5.22.25)

Total:

\$1,300.00

# OUT OF TEXAS

Travel & Training
Request

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- If a non-county fund is covering expenses, list under "Other" for funding source.

[a] Previously Approved

*This section is to be co		en a request has been o s are being requested.	pproved in court and ad	ditional	
Previously Approve	d Information	What additional changes are being requested? (Only select the changes that apply)			
Court Date:		☐ Number of Atte	$\square$ Number of Attendees $\square$ Event Dates		
Amount:		□City	☐ Estimated	Fynenses	
# of Attendees:			_	·	
Fund Source:		Use of County	Vehicle	ource	
		[b] Reques	ted Information		
[1] Department Name	<u>.</u>		[2] Number of Attend	<u>ees:</u> 1	
Office of the Purchasin			(If more than one to attend		
[3] Subject/Purpose: R	Requesting appro lational Institute	val for travel for NIGI for Governmental Pu	P-CPP certified Assistarchasing (NIGP) Forun	ant Purchasing A	Agent to attend the 2025
[4] Benefit to County:	Supports enterpr with County Strat	ise-wide purchasing a tegic Goal O4: increa	activities with emphasi se community healthc	s on Harris Cour are capacity thro	nty Hospital District. Aligns ough enhanced procurement.
[5] Event Dates (travel	dates included):		[6] <b>City, St</b> a	ate:	
7/27/25 - 7/30/25			Denver, CC	)	
		[c] Estim	ated Expenses		
[7] Registration Fee:		[12] Taxi/Other Grou	ınd Transportation:		
[8] Per Diem:		[13] Personal Vehicle	•		[16] Use of County Vehicle?
[9] Hotel:	1,100.00		<u> </u>		□Yes
[10] Airline/bus/train		[15] Other (Explain):			☑No
[11] Parking/Tolls:	200.00				☐Both (using county & personal)
			Total Cost:	\$1,300.00	
		[d] <b>Fur</b>	ding Source		
[17] General Fund:	1,300.00				
[18] Grant Fund:		[19] Name of Grant 8	& Fund #:		
(County grants only)					
[20] Other Source:		[21] Name of Other S	Source (& fund # if applic	able): Per diem r	not being requested.
į.	i l				

(Name may be typed; signature is not required.)

Authorized By: Paige McInnis

Travel & Training
Request

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• If a non-county fund is covering expenses, list under "Other" for funding source.

\*This section is to be completed only when a request has been approved in court and additional changes are being requested.

Previously Appro	veu i	<u> </u>	(Only selec	ct the changes i		<u>iesteur</u>	
Court Date:			□ Number of Att	endees	☐ Event Date	s	
Amount:			_		_		
# of Attendees:			☐ City		☐ Estimated	expenses	
Fund Source:			☐ Use of County	Vehicle	$\square$ Funding So	urce	
<u> </u>							
			[b] Reques	sted Info	rmation		
[1] Department Nan	ne:			[2] Numbe	r of Attende	es: 1	
Precinct 2 Engineer		Capital Projec	ts Department			please explain):	
l roomet 2 Engineer	9 &	· Gapitai i Tojoc	no Boparamont				
[3] Subject/Purpose	<b>≅</b> :Ame	erican Society	of Civil Engineers (A	ASCE) 2025	5 Convention		
		,	<b>5</b> (	,			
[4] Renefit to Count	V' C :		fication letter				
[4] Benefit to Count	<b>x</b> ·Se	e attached just	ilication letter				
					1		
[5] Event Dates (train					[6] <u>City, Sta</u>		
Tuesday, October 7, 2	2025 t	hrough Saturday	/, October 11, 2025		Seattle, Was	shington	
			r . Coting	otod Evr	200000		
			[c] ESUIII	ated Exp	Jenses		
[7] Registration Fe	e:	1,495.00	[12] Taxi/Other Gro	und Transp	ortation:	50.00	
[8] Per Diem:		300.00	[13] Personal Vehicle	e Mileage:		0.00	[16] Use of County Vehicle?
[9] Hotel:		1,100.00	[14] Vehicle Rental:			0.00	□Yes
[10] Airline/bus/tra	in:	427.00	[15] Other (Explain):			0.00	☑No
[11] Parking/Tolls:		50.00					☐Both (using county & personal)
				,	Total Cost:	\$3,422.00	
			rd1 <b>Fu</b> r	nding So	urce		
			[a] <b></b>		··· • • • • • • • • • • • • • • • • • •		
[17] General Fund:		3,422.00					
	$\perp$			<u> </u>			
[18] Grant Fund:			[19] Name of Grant	& Fund #:			
(County grants only	, iv						
	-						
[20] Other Source:	+		[21] Name of Other	Source /e 4	und # if annlice	hla):	
[20] Other Source:	-		(21) INGINE OF OTHER	Jource (& J	ина # 13 арриса	uiej.	
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	-						
Total:	+	\$2,422,00					
L LOLAL	1	\$3,422.00	Authorized By	–	ъ		