a. Out of Texas

	Dept.	No.	Purpose	Date(s)	Location	Cost	Fund
1.	PHS	1	Integrated Foodborne Outbreak Response & Mgt. meeting	1/30-2/2	San Diego, CA	\$3,600	Other
2.	PHS	3	Nat'l. Assn. of Counties Legislative Conf. & advocacy mtgs.	2/8-11	Washington, DC	\$3,107	Grant
						\$6,213	Other
3.	PHS		Integrated Foodborne Outbreak Response & Mgt. meeting	2/13-16	St. Louis, MO	\$1,665	Other
4.	PHS	4	Comm. Based Violence Intervention & Prev. Initiative Conf.	2/14-16	St. Louis, MO	\$6,987	Grant
5.	PHS	4	Mid-Continental Assn. of Food & Drug Officials Educ. Conf.	2/19-23	Norman, OK	\$7,020	Other
	AGL	1	Cattle Industry Convention & Trade Show	2/1-3	New Orleans, LA	\$1,565	Other
7.	HCRCA	4	Child Welfare League of America Conference	4/25-29	Washington, DC	\$12,240	Other
	CAC	1	Human trafficking training	1/9-10	Baton Rouge, LA	\$720	Other
9.	C5	-	Law Enforcement Rapid Response Training Conference	10/4-9/2022	Forest Heights, MD	\$4,044	Other
			(\$4,044 appvd. 11/29/2022 for 1 attndchange fund source)				
	C5	1	TASER master instructor training	1/22-28	Las Vegas, NV	\$2,360	Other
11.	C8	2	Deliver a retiring K-9 to Project K-9 Hero*	12/18-20/2022	South Pittsburg, TN	\$285	Other
12.	SHERIFF	3	Law enforcement related meetings*	FY 2023	Various	-	Other
			(\$20,500 appvd. 9/27/2022 for 2 attndsadd attnds.)				
13.	SHERIFF	1	San Diego police detective assessment	12/12-14/2022	San Diego, CA	\$1,315	Other
14.	SHERIFF	6	NENA Next Gen 911 Best Practices & Standards Conference	1/15-20	Clear Water, FL	\$11,130	Other
15.	SHERIFF	4	Integrating Communications, Assessments, & Tactics Conf.	1/23-26	San Diego, CA	\$6,780	Other
16.	SHERIFF	1	Mobile Police Dept. & AltaPointe Mental Health Auth. wrkshp.	2/1-3	Mobile, AL	\$965	Other
17.	SHERIFF	4	Women's Leadership Institute training	3/5-10	Virginia Beach, VA	\$11,340	Other
18.	SHERIFF		Palm print comparison techniques training	4/23-26	Green Bay, WI	\$4,680	Other
19.	SHERIFF	1	Computer Forensics Examiners course	4/23-5/6	Orlando, FL	\$6,615	Other
20.	SHERIFF	1	Government Social Media Conference	5/1-4	Reno-Tahoe, NV	\$2,539	Other
21.	SO-DET	1	Charlotte-Mecklenburg Police Dept. promotional test assessor	1/22-28	Charlotte, NC	\$2,285	Other
22.	IFS	7	American Academy of Forensic Sciences meeting	2/13-18	Orlando, FL	\$14,839	General
23.	CA		National Association of Counties Legislative Conference	2/11-14	Washington, DC	\$7,100	General
24.	OJS	1	Conference for Academy of Criminal Justice Sciences	3/14-18	National Harbor, MD	\$2,181	General
25.	OHSEM	1	Homeland Security Exercise & Evaluation Program workshop	12/4-7/2022	Emmitsburg, MD	\$370	General
						\$1,800	Other
	Subtotal	58	Out of Texas average cost per attendee:	\$2,134		\$123,745	

Request	additional ch List only the Information i Refrain from If a non-cour [a] Prev changes	Request Form Guidelines as been approved in court and a new form is submitted to anges, please complete the "Previously Approved" section number of attendees, omitting names from the form as this s subject to change. using acronyms unless description of acronym is provided. ity fund is covering expenses, list under "Other" for funding iously Approved in a request has been approved in court and add to are being requested. What additional changes are being requ	request below. s source. ditional	te for County Clerk's Office use only.
		(Only select the changes that apply)		
Court Date:		Number of Attendees Event Date	s	
Amount: # of Attendees:		City Estimated	Expenses	
Fund Source:		Use of County Vehicle Funding So	ource	
		[b] Requested Information		
[1] Department Name: Public Health Services ((EPH)		[2] Number of Attende Ital Public Health (<i>If more than one to attend</i> Attending different se	, please explain):	
	itegrated Foodb	orne Outbreak Response and Managem	ent (InFORM) F	Regional Meeting
		o improve public health through the preve ed by foodborne, waterborne, and enviror		
[5] Event Dates (travel	dates included):	[6] <u>City, Sta</u>	te:	
January 30-February	2, 2023	San Dieg	o, CA	
		[c] Estimated Expenses		
[7] Registration Fee:		[12] Taxi/Other Ground Transportation:	240.00	[
[8] Per Diem (\$55 daily):	440.00	[13] Personal Vehicle Mileage:	100.00	[16] Use of County Vehicle?
[9] Hotel:	1,200.00	[14] Vehicle Rental:		☐Yes
[10] Airline/bus/train:	1,300.00	[15] Other (<i>Explain</i>): Baggage, incidentals	200.00	ØNo □ Dation
[11] Parking/Tolls:	120.00			Both (using county & personal)
		Total Cost:	\$ 3,600.00	
		[d] Funding Source		
[17] General Fund:				
[18] Grant Fund:		[19] Name of Grant & Fund #:		
(County grants only)		[]		
[20] Other Source:	1,800.00	[21] Name of Other Source (& fund # if application	able): Special Re	evenue 27520020-2341
,	1,800.00	National Association of County and City		
	.,			
Total:	\$ 3,600.00	Authorized By: Barbie L. Robinsor	n, MPP, JD, CH	

(Rev. 8.1.17) OUT OI TEXAS Travel & Trainin Request *This section is to be co	additional cha List only the r information is Refrain from If a non-coun [a] Previ mpleted only whe	Request Form Guidelines as been approved in court and a new form is submitted to r anges, please complete the "Previously Approved" section b number of attendees, omitting names from the form as this is subject to change. using acronyms unless description of acronym is provided. ty fund is covering expenses, list under "Other" for funding ously Approved n a request has been approved in court and ada are being requested.	request below. source.	e for County Clerk's Office use only.
Previously Approved		What additional changes are being requ	ested?	
		(Only select the changes that apply)		
Court Date: Amount:				
# of Attendees:		City Estimated f		
Fund Source:		Use of County Vehicle Funding So	urce	
		[b] Requested Information		
[1] Department Name:		[2] Number of Attende	es: 3	
Public Health Services (I	PHS) / Executive [Director's Office (EDO) Attending Different S	please explain):	
3 Subject/Purpose: Th	he National Ass	ociation of Counties (NACo) Legislative C		Advocacy Meetings
[0] <u></u> . [1				
[4] <u>Benefit to County</u> : F a	Participation in the the sector in the sector is the secto	hese meetings will provide an avenue for PH as well as allow Harris County perspe	strengthening ctives in nation	local public health al policy making
[5] Event Dates (travel	dates included):	[6] <u>City, Sta</u>	te:	
February 8-11, 2023		Washingt	on, DC	
		[c] Estimated Expenses		
[7] Registration Fee:	1,860.00	[12] Taxi/Other Ground Transportation:	500.00	
[8] Per Diem (\$55 daily):		[13] Personal Vehicle Mileage:	100.00	[16] Use of County Vehicle?
[9] Hotel:	3,700.00	[14] Vehicle Rental:		Yes
[10] Airline/bus/train:	2,000.00	[15] Other (Explain):	400.00	⊠ No
[11] Parking/Tolls:	100.00	Baggage, gas, misc.		\square Both (using county & personal)
		Total Cost:	\$ 9,320.00	
		[d] Funding Source		
[17] General Fund:				
[18] Grant Fund:		[19] Name of Grant & Fund #:		
(County grants only)	3.107.00	2651- American Rescue Plan 2021		
	-,			
rea Other Courses		[21] Name of Other Source (& fund # if applied	shie).	
[20] Other Source:	6 040 00	[21] Name of Other Source (& jund # if applied 2116- Delivery System Reform Incentive		
	0,213.00	ZITO- Delivery System Reform incentive		<u> </u>
Total:	\$ 9,320.00	Authorized By: Barbie L. Robinsor		<u>C – Executive Dir</u> ector

(Rev. 8.1.17) OUT O TEXAS Travel & Traini Request *This section is to be ca <u>Previously Approved</u>	additional ch List only the Information Refrain from If a non-cour [a] Prev mpleted only whe changes	Request Form Guidelines mas been approved in court and a new form is submitted to in nanges, please complete the "Previously Approved" section in number of attendees, omitting names from the form as this is subject to change. using acronyms unless description of acronym is provided. Inty fund is covering expenses, list under "Other" for funding iously Approved en a request has been approved in court and add are being requested. <u>What additional changes are being requ</u> (Only select the changes that apply)	source.	e for County Clerk's Office use only.		
Court Date:Amount:# of Attendees:Fund Source:		□ Number of Attendees □ Event Date □ City □ Estimated B □ Use of County Vehicle □ Funding So	Expenses			
		[b] Requested Information	I			
Public Health Services ((EPH) [3] Subject/Purpose: In [4] Benefit to County: S	[1] Department Name: [2] Number of Attendees: 1 Public Health Services (PHS) / Environmental Public Health (EPH) [2] Number of Attendees: 1 [3] Subject/Purpose: Integrated Foodborne Outbreak Response and Management (InFORM) Regional Meeting [4] Benefit to County: Support efforts to improve public health through the prevention and control of disease, disability, and death caused by foodborne, waterborne, and environmentally transmitted infections					
[5] <u>Event Dates (travel</u> February 13-16, 2023)		[6] <u>City, Sta</u> St. Louis,				
		[c] Estimated Expenses				
[7] Registration Fee:		[12] Taxi/Other Ground Transportation:	120.00			
[8] Per Diem (\$55 daily):	220.00	D	35.00	[16] Use of County Vehicle?		
[9] Hotel:	480.00	[14] Vehicle Rental:		□Yes		
[10] Airline/bus/train:	650.00	[15] Other (Explain):	100.00	⊠ No		
[11] Parking/Tolls:	60.00	Baggage, incidentals		Both (using county & personal)		
		Total Cost:	\$ 1,665.00			
		[d] Funding Source				
[17] General Fund:						
[18] Grant Fund: (County grants only)		[19] Name of Grant & Fund #:				
[20] Other Source:	1,665.00	[21] Name of Other Source (& fund # if application of the	ible): Special Re	evenue 27520020-2341		
Total:	\$ 1,665.00	Authorized By: Barbie L. Robinson	, MPP, JD, CH			

Request	additional ch List only the r information i Refrain from If a non-coun [a] Prev mpleted only whe changes	Request Form Guidelines as been approved in court and a new form is submitted to anges, please complete the "Previously Approved" section in number of attendees, omitting names from the form as this is subject to change. using acronyms unless description of acronym is provided. ty fund is covering expenses, list under "Other" for funding Others description of acronym is provided. ty fund is covering expenses, list under "Other" for funding Others description of acronym is provided. ty fund is covering expenses, list under "Other" for funding Others description of acronym is provided. ty fund is covering expenses, list under "Other" for funding Others description of acronym is provided. Mat additional changes are being requested. What additional changes are being requested. What additional changes are being requested. Event Date Only select the changes that apply) Number of Attendees Event Date Otity Estimated Otity Use of County Vehicle Funding So	request below. source. litional uested? s Expenses	e for County Clerk's Office use only.
		[b] Requested Information		
	PHS) / Community IVPS) ommunity Based	(Health and Violence [2] <u>Number of Attende</u> (If more than one to attend To promote awarene d Violence Intervention and Prevention Initia actices and strategies for implementing vi	, please explain): ss with supervis ative (CVIPI) Gra	
[5] <u>Event Dates (travel</u> 2/14/23-2/16/23	dates included):	[6] <u>City, Sta</u> St. Louis		
		[c] Estimated Expenses		
[7] Registration Fee:		[12] Taxi/Other Ground Transportation:	160.00	
[8] Per Diem (\$55 daily):	660.00	[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?
[9] Hotel:	2,543.00	[14] Vehicle Rental:		Yes
[10] Airline/bus/train:	3,064.00	[15] Other (Explain):	560.00	⊠No
[11] Parking/Tolls:		Luggage fees		Both (using county & personal)
		Total Cost:	\$ 6,987.00	
		[d] Funding Source		
[17] General Fund:				
[18] Grant Fund:	4,592.00		y Based Violen	ce Intervention and
(County grants only)		Prevention Initiative Grant - 2601		
	2,395.00	Bureau of Justice Assistance National T	raining and Tech	nnical Assistance
		Center Grant - 2601		
[20] Other Source:		[21] Name of Other Source (& fund # if applic	able):	
	A A A C A C			
Total:	\$ 6,987.00	Authorized By: Barbie L. Robinson		
			vped: sianature is n	

(Rev. 8.1.17) OUT O TEXAS Travel & Traini Request *This section is to be co Previously Approve	additional cf additional cf List only the information Refrain from If a non-cour [a] Prev completed only whe changes	Request Form Guidelines has been approved in court and a new form is submitted to hanges, please complete the "Previously Approved" section number of attendees, omitting names from the form as thi is subject to change. I using acronyms unless description of acronym is provided. Inty fund is covering expenses, list under "Other" for funding iously Approved and a request has been approved in court and add is are being requested. What additional changes are being request	request below. s source. ditional	ce for County Clerk's Office use only.
Court Date:		(Only select the changes that apply)		
Amount:				
# of Attendees:				
Fund Source:		Use of County Vehicle Funding Sc	ource	
		[b] Requested Information		
[1] Department Name	•	[2] Number of Attende		
Public Health Services ((EPH)			, please explain):	
[3] Subject/Purpose: N	lid-Continental	Association of Food & Drug Officials Annu	al Educational	Conference
		o improve public health through the educ nd regulatory agencies.	ation and collal	boration with food safety
[5] <u>Event Dates (travel</u> February 19-23, 202		[6] <u>City, Sta</u> Norman,		
		[c] Estimated Expenses		
[7] Registration Fee:[8] Per Diem (\$55 daily).	600.00	[12] Taxi/Other Ground Transportation:	600.00	[16] Use of County Vehicle?
[9] Hotel:	1,100.00	[13] Personal Vehicle Mileage: [14] Vehicle Rental:	100.00	
[10] Airline/bus/train:		[15] Other (Explain):	400.00	⊠No
[11] Parking/Tolls:	300.00	Baggage, incidéntals		Both (using county & personal)
		Total Cost:	\$ 7,020.00	L
		[d] Funding Source		
[17] General Fund:				
[18] Grant Fund: (County grants only)		[19] Name of Grant & Fund #:		
[20] Other Source:	7,020.00	[21] Name of Other Source (& fund # if application	ble): Special Re	evenue 27520020-2341
Total:	\$ 7,020.00	Authorized By: Barbie L. Robinson		
		(Name may be t	ped: sianature is n	ot reauired.)

Request	additional cha List only the r information is Refrain from If a non-coun [a] Previ pleted only whe	Request Form Guideli as been approved in court and a new fo anges, please complete the "Previously number of attendees, omitting names fr is subject to change. using acronyms unless description of ac ty fund is covering expenses, list under ' ously Approved in a request has been approved if are being requested.	rm is submitted to r Approved" section t om the form as this ronym is provided. "Other" for funding	equest pelow. source.	e for County Clerk's Office use only.
Previously Approved 1		What additional change	s are being requ	ested?	
		(Only select the change			
Court Date:		□ Number of Attendees	Event Dates	;	
Amount:		City	Estimated E	xpenses	
# of Attendees: Fund Source:		Use of County Vehicle	Funding So	urce	
		[b] Requested Inf	ormation		
 [1] <u>Department Name</u>: Texas A&M AgriLife External 	ension Service		per of Attende nan one to attend,	es: 1 - Shannon please explain):	Dietz
[3] <u>Subject/Purpose</u> : _{To}	attend the 202	3 Cattle Industry Convention	& Trade Show		
[4] <u>Benefit to County</u> : In	formation obtai	ned will enhance educational	programming	for Harris Count	ty residents
[5] <u>Event Dates (travel d</u> February 1-3, 2023	<u>ates included)</u> :		[6] <u>City, Sta</u> New Orleans		
		[c] Estimated E	xpenses		
[7] Registration Fee:	450.00	[12] Taxi/Other Ground Tran			
[8] Per Diem (\$55 daily):	165.00	[13] Personal Vehicle Mileag	e:	500.00	[16] <u>Use of County Vehicle?</u> □Yes
[9] Hotel:	450.00	[14] Vehicle Rental:			⊡No
[10] Airline/bus/train:		[15] Other (Explain):			Both (using county & personal)
[11] Parking/Tolls:			Total Cost:	\$1,565.00	
		Franding C		ψ1,000.00	
		[d] Funding S	ource		
[17] General Fund:					
[18] Grant Fund: (County grants only)	5	[19] Name of Grant & Fund #	ł:		
Tool Othor Sources	1 565 00	[21] Name of Other Source (4	R fund # if applic	nble):	
[20] Other Source:	1,565.00	ANR Committee	a juna # ij uppill		
Total:	\$1,565.00	Authorized By:	1200 Internet	vped, stanature is n	-12-19-2022
Please email completed red	uest forms to trav	velagenda@hetx.net, and do not ha	nd-deliver. Be su	e to check the Ager	nda Deadline section of the agenda
	intranet websi	te at www.hcintranet.net/agendains & Training requests, please email t	tranet, as deadline	sare subject to char	nge.

Request Form Guidelines OUT OF TEXAS If a request has been approved in court and a new form is submitted to request additional changes, please complete the "Previously Approved" section below. Iravel & Training Request It a non-county the number of attendees, omitting names from the form as this information is subject to change. Refrain from using acronyms unless description of acronym is provided. 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 Approved Information What additional changes are being requested (Only select the changes that apply) Court Date: Mumber of Attendees Event Dates Amount: Court Date: Court Date: Court Date: Amount: Use of County Vehicle Funding Source				equest below. source. itional lested?	e for County Clerk's Office use only.
		[b] Request	ted Information		
	 [1] <u>Department Name</u>: [2] <u>Number of Attendees:</u> 4 [3] <u>Subject/Purpose</u>: Child Welfare League of America (CWLA) Annual Conference 				
	inovative approa	s and practices relate ches to service delive	ery		em partnerships and
[5] <u>Event Dates (travel (</u> April 25-29, 2		[6] <u>City, State</u> : Washington, D.C.			
		[c] Estima	ated Expenses		
[7] Registration Fee:	3 060 00	[12] Taxi/Other Grou	nd Transportation:	300.00	
[8] Per Diem (\$55 daily):		[13] Personal Vehicle		100.00	[16] Use of County Vehicle?
[9] Hotel:	5,200.00	[14] Vehicle Rental:			☐Yes
[10] Airline/bus/train:		[15] Other (Explain):		280.00	
[11] Parking/Tolls:	200.00		Baggage Fees		Both (using county & personal)
			Total Cost:	\$12,240.00	
		[d] Fun	ding Source		
[17] General Fund:					
[18] Grant Fund: (County grants only)		(19) Name of Grant 8	k Fund #:		
[20] Other Source:	12,240.00	[21] Name of Other S	OURCE (& fund # if applica	<i>ıble)</i> : Title IV-E F	Funds
-					
Total:	\$12,240.00	Authorized By	Joel Levine, Executi (Name may be to	ve Director vped; signature is n	ot required.)

(Rev. 8.1.17) OUT OF TEXAS Travel & Trainin Request *This section is to be co Previously Approved Court Date: Amount: # of Attendees: Fund Source:	request below. 5 ; source.	e for County Clerk's Office use only.		
		b] Requested Information		
[1] <u>Department Name</u> : The Children's Assess	ment Center	[2] Number of Attende (If more than one to attend	, please explain):	
[3] <u>Subject/Purpose</u> : _{Ga}	ather to share the scussions will inc	e collective wisdom in the overwhelming fig clude survivor care, online exploitation, and	ht against huma legislative issue	n trafficking. Some s.
n	nulti-jurisdictiona			for The CAC as well as in
[5] <u>Event Dates (travel</u> January 9 - 10, 2023	dates included):	[6] <u>City, Sta</u> Baton Roug		
		[c] Estimated Expenses		
[7] Registration Fee:	150.00	[12] Taxi/Other Ground Transportation:]	
[8] Per Diem (\$55 daily):		[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?
[9] Hotel:		[14] Vehicle Rental:		□Yes
[10] Airline/bus/train:	240.00	[15] Other (Explain):		⊠ No
[11] Parking/Tolls:	20.00			Both (using county & personal)
		Total Cost:	\$720.00	
		[d] Funding Source		
[17] General Fund:				
[18] Grant Fund:		[19] Name of Grant & Fund #:	*****	
(County grants only)		(,		
[20] Other Source:	720.00	[21] Name of Other Source (& fund # if applica	<i>ible)</i> : The CAC F	oundation
Total:	\$720.00			
	ψ120.00	Authorized By: Kerry McCracken	/ped; signature is no	nt required)

intranet website at www.hcintranet.net/agendaintranet, as deadlines are subject to change.

For all questions concerning Travel & Training requests, please email the travel agenda email address provided or call 713-271-1111.

Please email completed request forms to travelagenda@hctx.net, and do not hand-deliver. Be sure to check the Agenda Deadline section of the agenda

Previously Approved I	additional cha List only the n information is Refrain from u If a non-count [a] Previ appleted only when changes <u>nformation</u> /2022 3.98	anges, please complete the number of attendees, omitti subject to change. using acronyms unless desc ty fund is covering expenses ously Approved on a request has been a are being requested. What additions	nd a new form is submitted to r "Previously Approved" section b ng names from the form as this ription of acronym is provided. s, list under "Other" for funding pproved in court and add al changes are being requ t the changes that apply) endees Event Dates	equest ielow. source. itional ested? xpenses	<u>e for County Clerk's Office use only.</u>
		[b] Reques	ted Information		
 Department Name: Harris County Constable Subject/Purpose:202 			[2] Number of Attende (If more than one to attend,	please explain):	erence
eve [5] <u>Event Dates (travel d</u>	ents.	ovide training of the	current trends and bes [6] <u>City, Stat</u> Forest Heigh	: <u>e</u> :	esponding to active shooter
10/4/22-10/9/22			5		
		[c] Estim	ated Expenses		
[7] Registration Fee:		[12] Taxi/Other Grou	und Transportation:		
[8] Per Diem (\$55 daily):		[13] Personal Vehicle			[16] Use of County Vehicle?
[9] Hotel:		[14] Vehicle Rental:			□Yes
[10] Airline/bus/train:		[15] Other (Explain):			No No
[11] Parking/Tolls:			7.1.101	* 0.00	Both (using county & personal)
			Total Cost:	\$0.00	
		[d] Fur	nding Source		
[17] General Fund:					
[18] Grant Fund: (County grants only)		[19] Name of Grant	& Fund #:		
and Others Courses		(a) Nama of Other	Source 18 find # 16 and 11	hla):	
[20] Other Source:	4 043 98	[21] Name of Other Ch 18 Seized Asset	Source (& fund # if applica Fund 2058	ule):	
Total:	\$4,043.98	•		ped; signature is n	ot required.) nda Deadline section of the agenda

intranet website at *www.hcintranet.net/agendaintranet*, as deadlines are subject to change. For all questions concerning Travel & Training requests, please email the travel agenda email address provided or call 713-271-1111.

(Rev. 8.1.17) OUT OF TEXAS Travel & Trainin Request *This section is to be con Previously Approved Court Date: Amount: # of Attendees: Fund Source:	additional cha List only the minformation is Refrain from a If a non-count [a] Previ npleted only when changes	Request Form Guidelines as been approved in court and a new form is submitted to inges, please complete the "Previously Approved" section in umber of attendees, omitting names from the form as this is subject to change. using acronyms unless description of acronym is provided. oy fund is covering expenses, list under "Other" for funding ously Approved are quest has been approved in court and added are being requested. What additional changes are being request for funding (Only select the changes that apply) City Event Date City Estimated I Use of County Vehicle Funding So	request below. source. litional uested? s Expenses	e for County Clerk's Office use only.
		[b] Requested Information		
	SER Master Ins	[2] <u>Number of Attende</u> (<i>If more than one to attend</i> tructor Training ast er instructor certification will allow instru	, please explain):	ther TASER instructor to
[5] <mark>Event Dates (travel a</mark> January 22-28, 2023	lates included):	[6] <u>City, Sta</u> Las Vegas, I	<u>te</u> : V	
		[c] Estimated Expenses		
[7] Registration Fee:		[12] Taxi/Other Ground Transportation:	50.00	
[8] Per Diem (\$55 daily):	385.00	[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?
[9] Hotel:	1,550.00	[14] Vehicle Rental:		☐ Yes
[10] Airline/bus/train:	375.00	[15] Other (Explain):		
[11] Parking/Tolls:				Both (using county & personal)
5		Total Cost:	\$2,360.00	
		[d] Funding Source		
[17] General Fund:				
[18] Grant Fund: (County grants only)		[19] Name of Grant & Fund #:		
[20] Other Source:	2,360.00	[21] Name of Other Source (& fund # if applied Ch18 Forfeited	nble):	
Total:	\$2,360.00	Authorized By: Constable Ted Hear (Name may be t) vped: sianature is n	ot required.)

(Rev. 8.1.17)		D	Culture		This space	a for County Clark's Office use only
OUT O	F If a request h	Request Form as been approved in court an				e for County Clerk's Office use only.
TEXAS	additional ab	anges, please complete the "	Previously A	Approved" section b		
	information	number of attendees, omittin is subject to change.	ig names fro	om the form as this		
Travel & Traini	Ng • Refrain from	using acronyms unless descri	-			
Request	If a non-cour	ity fund is covering expenses,	list under "	Other" for funding	source.	
		iously Approved				
*This section is to be co		n a request has been ap are being requested.	oproved in	n court and add	itional	
Previously Approved		What additional	Lebongos	are being requ	octod?	
Previously Approved	<u>u mornación</u>			s that apply)	esteu:	
Court Date:		Number of Atte	ndees	Event Dates		
Amount:		City		Estimated E	xpenses	
# of Attendees: Fund Source:		Use of County V	'ehicle	🛛 Funding Sou	irce	
Fullu Source.		· · ·		U		
		[b] Request	ted Inf	ormation		
[1] Department Name:			2] Numb	er of Attende	es:	
Constable Precinct 8		ſ	-	an one to attend,		
				ver a retiring P		
[3] <u>Subject/Purpose</u> :To	o travel to Griffith	Creek, Tennessee in	order to	o deliver a retir	ing Precinct 8 k	(9 to Project K-9 Hero. The ved by Commissioners Court
	n 10/25/22.	te and subsequent at		y riojectito ri		Ved by Commissioners Court
[4] Benefit to County:T	o allow for the r	etirment and adoption	of a K9	who served Ha	arris County. Th	his adoption will allow the K9
		ter undergoing additio			aggressiveness	without having to euthenize
[5] Event Dates (travel				[6] City, Stat	<u>e</u> :	
12/18/22 to 12/20/22				South Pittsbu	ırg, TN	
		[c] Estima	ated Ex	penses		
[7] Registration Fee:		[12] Taxi/Other Grou	nd Trans	nortation		
[8] Per Diem (\$55 daily):	~	[12] Personal Vehicle				[16] Use of County Vehicle?
[9] Hotel:	284.58					I⊈Yes
[10] Airline/bus/train:		[15] Other (Explain):				□No
[11] Parking/Tolls:						Both (using county & personal)
				Total Cost:	\$284.58	
		[d] Fun	ding So	ource		
[17] General Fund:						
[18] Grant Fund:		[19] Name of Grant 8	Fund #:			
(County grants only)						
[20] Other Source:	284.58	[21] Name of Other S		fund # if applica	hle): Seized As	sets 2080
	204.38		Suice la	յսոս + դ սբբուս։	and, Oulder Mat	
Total:	\$284.58	Authorized By:	Const	able Phil Sand	lin	

Authorized By: Constable Phil Sandlin

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

Please email completed request forms to <u>travelagenda@hctx.net</u>, and do not hand-deliver. Be sure to check the Agenda Deadline section of the agenda intranet website at *www.hcintranet.net/agendaintranet*, as deadlines are subject to change.

(Rev. 8.1.17) OUT OF TEXAS Travel & Training Request *This section is to be com/ Previously Approved In Court Date: 09/27/ Amount: \$20,50 # of Attendees: 2 Fund Source: Other	additional char • List only the nu information is • Refrain from u • If a non-county [a] Previce bleted only when changes conformation	nges, please complete the umber of attendees, omitti subject to change. sing acronyms unless desc y fund is covering expenses Dusly Approvec a request has been a the being requested. <u>What additions</u>	Ind a new form is submitted to "Previously Approved" section ing names from the form as th ription of acronym is provided s, list under "Other" for fundin pproved in court and ad al changes are being req at the changes that apply) endees Event Date Estimated	request below. s g source. ditional uested? Expenses	te for County Clerk's Office use only.
		[b] Reques	ted Information		
 [1] <u>Department Name:</u> [2] <u>Number of Attendees:</u> 3 [3] <u>Subject/Purpose:</u> Law Enforcement Related Meetings [3] <u>Subject/Purpose:</u> Law Enforcement Related Meetings 					
 [4] Benefit to County: For when the Sheriff and or Chief are required to travel to meetings that take place outside the state of Texas [5] Event Dates (travel dates included): 10/01/2022-09/30/2023 [6] City, State: Various 				e place outside the state of	
		[c] Estim	ated Expenses		
 [7] Registration Fee: [8] Per Diem (\$55 daily): [9] Hotel: [10] Airline/bus/train: [11] Parking/Tolls: 	(12] Taxi/Other Grou 13] Personal Vehicle 14] Vehicle Rental: 15] Other (<i>Explain</i>):	und Transportation: e Mileage:		[16] <u>Use of County Vehicle?</u> □Yes □No ☑Both (using county & personal)
			Total Cost:	\$0.00	
		[d] Fur	nding Source		
[17] General Fund:					
[18] Grant Fund: (County grants only)		19] Name of Grant a	& runa #:		
[20] Other Source:		21] Name of Other S	Source (& fund # if applic	able):	
Total:	\$0.00	Authorized By	Ed Gonzalez, Sheri	ff vped; signature is n	ot required.)

(Rev. 8.1.17) OUT OI TEXAS Travel & Trainin Request *This section is to be co Previously Approved Court Date: Amount: # of Attendees: Fund Source:	additional ch • List only the information i • Refrain from • If a non-cour [a] Prev changes	(Only select the changes that apply) Number of Attendees Event Dates City Estimated Expenses Use of County Vehicle Funding Source			<u>e for County Clerk's Office use only.</u>
		[b] Reques	ted Information		
 [1] <u>Department Name:</u> 540-Harris County Sheriff's Office, Patrol Support Services [2] <u>Number of Attendees:</u> 1 (If more than one to attend, please explain): [3] <u>Subject/Purpose</u>: San Diego Police Detective Assessment 					
[4] Benefit to County:	o gain additional	insight on the inner	workings of the assessr	nent center pro	cess
[5] <u>Event Dates (travel</u> December 12-14, 2022	[5] Event Dates (travel dates included):[6] City, State:December 12-14, 2022San Diego, CA				
		[c] Estim	ated Expenses		
Deviation Free		(a) Toui (Othon Cro	und Transportation.		
[7] Registration Fee:[8] Per Diem (\$55 daily):	165.00	[12] Taxi/Other Grou	and Transportation:		[16] Use of County Vehicle?
[8] Per Diem (<i>\$55 daily</i>): [9] Hotel:	450.00		e willeage.		☐Yes
[10] Airline/bus/train:					√No
[11] Parking/Tolls:	700.00				Both (using county & personal)
			Total Cost	¢4 245 00	
			Total Cost:	\$1,315.00	
		[d] Fur	nding Source		
[17] General Fund:					
[18] Grant Fund: (County grants only)		[19] Name of Grant &	& Fund #:		
[20] Other Source:	1,315.00	[21] Name of Other S	Source (& fund # if applica	<i>ble)</i> : San Diego	Police Department
Total:	\$1,315.00	Authorized By	Ed Gonzalez, Sherifi	ped; sianature is no	ot required)
Please email completed re	equest forms to trav	velagenda@hctx.net, and			da Deadline section of the agenda

intranet website at *www.hcintranet.net/agendaintranet*, as deadlines are subject to change. For all questions concerning Travel & Training requests, please email the travel agenda email address provided or call 713-271-1111.

(Rev. 8.1.17) DUTE OF DUTE OF D				e for County Clerk's Office use only.
Previously Approved	d Information	What additional changes are being req (Only select the changes that apply)	uested?	
Court Date:		Number of Attendees Event Date	s	
Amount:		□ City □ Estimated	Expenses	
# of Attendees: Fund Source:		\Box Use of County Vehicle \Box Funding Sc	ource	
		[b] Requested Information		
540-Harris County She Bureau				
^[3] <u>Subject/Purpose</u> : _N	ENA Next Gen 9	11 Best Practices and Standards Conferen	ce	
[4] <u>Benefit to County</u> : _t , c	o provide training levelopment, trar	on the 911 technology and to learn about sition planning, and call center manageme	new standards a nt	and practices leading the
[5] <u>Event Dates (travel</u> January 15-20, 2023	dates included):	[6] <u>City, Sta</u> Clear Water		
		[c] Estimated Expenses		
[7] Registration Fee:	3,150.00	[12] Taxi/Other Ground Transportation:	300.00	
[8] Per Diem (\$55 daily):		[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?
[9] Hotel:	-,=	[14] Vehicle Rental:		☐Yes ☑No
[10] Airline/bus/train: [11] Parking/Tolls:	2,500.00	[15] Other (Explain):		Both (using county & personal)
		Total Cost:	\$11,130.00	
		[d] Funding Source		
[17] General Fund:				
[18] Grant Fund:		[19] Name of Grant & Fund #:		
(County grants only)				
[20] Other Source:	11,130.00	[21] Name of Other Source (& fund # if applied	able): SEIZED	
Tetel	¢11.100.00			
Total:	\$11,130.00	Authorized By: Ed Gonzalez, Sherit		
		(Name may be t	vped; signature is n	ot required.)

(Rev. 8.1.17)				-1.	
OUT OF		Request Forn			e for County Clerk's Office use only.
	additional ch		and a new form is submitted to "Previously Approved" section		
• List only the number of attendees, omitting names from the form as this					
Travel & Trainir	Refrain from	s subject to change. using acronyms unless desc	ription of acronym is provided.		
Request	If a non-count	ty fund is covering expense	s, list under "Other" for funding	source.	
	[a] Prev	iously Approved			
*This section is to be cor	mpleted only whe		approved in court and add	litional	
Previously Approved		What addition	al changes are being requ	lested?	
Court Date:		Number of Atto		s	
Amount:		City	□ Estimated	zpenses	
# of Attendees:		Use of County			
Fund Source:					
		IN Reques	sted Information		
		[b] Reques			
[1] Department Name:			[2] Number of Attende		
540-Harris County Sher	riff's Office, Neig	hborhood Policing	(If more than one to attend		
Division			presenters at the conf		
^[3] <u>Subject/Fulpose</u> . Po	olice Executive	Research Forum's- I	ntegrating Communicat	ions, Assessme	nts & Tactics Conference
[4] <u>Benefit to County</u> : _K be	ínowledge gain est practices	and will be able to co	ollaborate with other ag	encies and prog	rams with understanding
[5] Event Dates (travel dates included): [6] <u>City, State</u> :					
January 23-26, 2023			San Diego,		
		[c] Estim	ated Expenses		
[7] Registration Fee:		[12] Taxi/Other Grou	und Transportation:	400.00	
[8] Per Diem (\$55 daily):	880.00	[13] Personal Vehicle	e Mileage:		[16] Use of County Vehicle?
[9] Hotel:	3,000.00				☐Yes
[10] Airline/bus/train:	2,500.00	[15] Other (Explain):			
[11] Parking/Tolls:					Both (using county & personal)
			Total Cost:	\$6,780.00	
		[d] Fur	nding Source		
[17] General Fund:					
[18] Grant Fund:		[19] Name of Grant &	& Fund #:		
(County grants only)					
[20] Other Source:	6,780.00	[21] Name of Other	Source (& fund # if applica	hel: SFIZED	
	0,700.00				
Total:	\$6,780.00	Authorized By	: Ed Gonzalez, Sherif	f	
				ped; signature is no	ot required.)

Please email completed request forms to <u>travelagenda@hctx.net</u>, and do not hand-deliver. Be sure to check the Agenda Deadline section of the agenda intranet website at *www.hcintranet.net/agendaintranet*, as deadlines are subject to change. For all questions concerning Travel & Training requests, please email the travel agenda email address provided or call 713-271-1111.

(Rev. 8.1.17) OUT OJ TEXAS Travel & Trainin Request *This section is to be co Previously Approved Court Date: Amount: # of Attendees: Fund Source:	additional ch List only the information i Refrain from If a non-coun [a] Previ mpleted only whe changes	anges, please complete the ' number of attendees, omitti s subject to change. using acronyms unless descr ty fund is covering expenses ously Approved n a request has been a are being requested. <u>What additiona</u>	nd a new form is submitted to i 'Previously Approved" section i ing names from the form as this iption of acronym is provided. , list under "Other" for funding pproved in court and add al changes are being requ t the changes that apply) endees Event Date Estimated for	request below. source. litional lested? s Expenses	e for County Clerk's Office use only.
		[b] Reques	ted Information		
 [1] <u>Department Name</u>: [2] <u>Number of Attendees:</u> 1 [3] <u>Subject/Purpose</u>: Mobile Police Department and AltaPointe Mental Health Authority Workshop [4] <u>Benefit to County</u>: Will be a presenter about mental health initiatives and related laws 					
[5] Event Dates (travel dates included): [6] City, State: February 1-3, 2023 Mobile, AL					
		[c] Estim	ated Expenses		
[7] Registration Fee:		[12] Taxi/Other Grou	Ind Transportation:		
[8] Per Diem (\$55 daily):	165.00	[13] Personal Vehicle			[16] Use of County Vehicle?
[9] Hotel:	300.00	[14] Vehicle Rental:			□Yes
[10] Airline/bus/train:	500.00	[15] Other (Explain):			
[11] Parking/Tolls:					Both (using county & personal)
			Total Cost:	\$965.00	
		[d] Fur	iding Source		
[17] General Fund:					
[18] Grant Fund: (County grants only)		[19] Name of Grant &	& Fund #:		
[20] Other Source:	965.00	[21] Name of Other S	Source (& fund # if applica	<i>ble)</i> : AltaPointe	
Total:	\$965.00	Authorized By	Ed Gonzalez, Sherif	f Iped; signature is no	ot required.)

Request	additional c additional c List only the information Refrain from If a non-cou [a] Prev ompleted only wh change	Request Form Guidelines has been approved in court and a new form is submitted to hanges, please complete the "Previously Approved" section e number of attendees, omitting names from the form as thi is subject to change. In using acronyms unless description of acronym is provided. Inty fund is covering expenses, list under "Other" for funding viously Approved en a request has been approved in court and add s are being requested. What additional changes are being requ	request below. s g source. ditional	ce for County Clerk's Office use only.
Court Date: Amount: # of Attendees: Fund Source:		(Only select the changes that apply) Image: Only select the changes that apply) Image: Only Select the changes that apply) <	Expenses	
		[b] Requested Information		
[1] <u>Department Name</u> 540-Harris County Sho Bureau	eriff's Office, Adr	From different division	l, please explain):	
[3] <u>Subject/Purpose:</u> W	omen's Leaders	hip Institute		
[4] <u>Benefit to County</u> :- 1	Training program urther organizat	n will provide excellent leadership training str ional goals	rategies which a	ttendees can utilize daily go
[5] Event Dates (travel dates included): [6] City, State: March 5-10, 2023 Virginia Beach, VA				
		[c] Estimated Expenses		
 [7] Registration Fee: [8] Per Diem (\$55 daily) [9] Hotel: [10] Airline/bus/train [11] Parking/Tolls: 	1,320.00 2,000.00	[14] Vehicle Rental:[15] Other (Explain):	500.00	[16] <u>Use of County Vehicle?</u> Yes No Both (using county & personal)
		Total Cost:	\$11,340.00	
[17] General Fund:		[d] Funding Source		
[18] Grant Fund: (County grants only)		[19] Name of Grant & Fund #:		
[20] Other Source:	11,340.00	[21] Name of Other Source (& fund # if applica	ble): SEIZED	
Total:	\$11,340.00	Authorized By: Ed Gonzalez, Sherif	f ped: sianature is no	ot required 1

(Rev. 8.1.17)				
OUT OF		Request Form Guidelines		e for County Clerk's Office use only.
	additional cha	as been approved in court and a new form is submitt nges, please complete the "Previously Approved" se	ction below.	
TEXAS		umber of attendees, omitting names from the form subject to change.	as this	
Travel & Trainin	Ig • Refrain from (using acronyms unless description of acronym is prov		
Request	 If a non-count 	y fund is covering expenses, list under "Other" for fu	inding source.	
	[a] Previ	ously Approved		
*This section is to be con		n a request has been approved in court an are being requested.	d additional	
Previously Approved	Information	What additional changes are being (Only select the changes that apply)		
Court Date: Amount:				
# of Attendees:		,	ated Expenses	
Fund Source:		Use of County Vehicle	ng Source	
		[b] Requested Information	on	
[1] Department Name:		[2] Number of Att	endees: 2	
540-Harris County Sher	iff's Office, Crim	lif we are the second to a	ttend, please explain):	
Bureau		Required training		
[3] <u>Subject/Purpose</u> : _{Pa}	Im Print Compa	rison Techniques		
	enefit examiners ficient manner	s at all levels with the ability to conduct	latent print compari	sons in more time and cost
[5] Event Dates (travel a	lates included):	[6] <u>City</u>	, State:	
April 23-26, 2023		Green	Bay, Wl	
		r Estimated Expanses		
		[c] Estimated Expenses		
[7] Registration Fee:		[12] Taxi/Other Ground Transportation	n: 200.00	
[8] Per Diem (\$55 daily):		[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?
[9] Hotel:	.,	[14] Vehicle Rental:	110.00	☐Yes ☑No
[10] Airline/bus/train:		[15] Other (Explain): Baggage fees	140.00	Both (using county & personal)
[11] Parking/Tolls:			¢4 690 00	
		Total Co	ost: \$4,680.00	
		[d] Funding Source		
[17] General Fund:				
[18] Grant Fund:		[19] Name of Grant & Fund #:		
(County grants only)		7		
[20] Other Source:	4,680.00	[21] Name of Other Source (& fund # if a	ppiicable): LEUSE	
-				
Total:	\$4,680.00		hariff	
		Authorized By: Ed Gonzalez, S	neriπ v be typed; signature is n	not required.)
Please email completed red	quest forms to trav	elagenda@hctx.net, and do not hand-deliver. I		

intranet website at *www.hcintranet.net/agendaintranet*, as deadlines are subject to change. For all questions concerning Travel & Training requests, please email the travel agenda email address provided or call 713-271-1111.

TEXAS Travel & Traini Request *This section is to be co	OUTO OF TEXAS Request Form Guidelines If a request has been approved in court and a new form is submitted to request additional changes, please complete the "Previously Approved" section below. If a request has been approved in court and a new form is submitted to request additional changes, please complete the "Previously Approved" section below. It is only the number of attendees, omitting names from the form as this information is subject to change. Request • Refrain from using acronyms unless description of acronym is provided. If a non-county fund is covering expenses, list under "Other" for funding source. If a non-county fund is covering expenses, list under "Other" for funding source. Image: [a] Previously Approved In section is to be completed only when a request has been approved in court and additional changes are being requested. Previously Approved Information What additional changes are being requested? (Only select the changes that apply) purt Date: Image: mount: Image: of Attendees: Image: ind Source: Use of County Vehicle If use of County Vehicle Funding Source			e for County Clerk's Office use only.	
		[b] Requested Information			
540-Harris County She Bureau [3] <u>Subject/Purpose</u> : _B	 [1] <u>Department Name:</u> 540-Harris County Sheriff's Office, Criminal Investigations Bureau [2] <u>Number of Attendees:</u> 1 (If more than one to attend, please explain): [3] <u>Subject/Purpose</u>: Basic Computer Forensics Examiners Course [4] <u>Benefit to County</u>: advanced training with no cost to county 				
[5] Event Dates (travel dates included):[6] City, State:April 23 - May 6, 2023Orlando, FL					
		[c] Estimated Expenses			
[7] Registration Fee:	3.795.00	[12] Taxi/Other Ground Transportation:			
[8] Per Diem (\$55 daily).		[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?	
[9] Hotel:		[14] Vehicle Rental:		☐Yes	
[10] Airline/bus/train:		[15] Other (Explain):		ØNo □ □ □ □ □	
[11] Parking/Tolls:				Both (using county & personal)	
		Total Cost:	6,615.00		
		[d] Funding Source			
[17] General Fund:					
[18] Grant Fund:		[19] Name of Grant & Fund #:			
(County grants only)					
[20] Other Source:	6,615.00	[21] Name of Other Source (& fund # if applicable):	Houston M	etro Internet Crimes against	
	0,010.00	Children		and internet on not against	
Total:	\$6,615.00	Authorized By: Ed Gonzalez, Sheriff			
		(Name may be typed; s	ianature is no	ot required.)	

(Rev. 8.1.17) OUT OUT TEXAS Travel & Trainin Request *This section is to be co Previously Approved Court Date: Amount: # of Attendees: Fund Source:	additional ch additional ch List only the information Refrain from If a non-cour [a] Prev mpleted only whe changes	Request Form Guidelines At has been approved in court and a new form is submitted to request changes, please complete the "Previously Approved" section below. The number of attendees, omitting names from the form as this on is subject to change. Implement of attendees, omitting names from the form as this on is subject to change. Implement of attendees, omitting names from the form as this on is subject to change. Implement of attendees, omitting names from the form as this on is subject to change. Implement of attendees, omitting names from the form as this on is subject to change. Implement of attendees, omitting names from the form as this on is subject to change. Implement of attendees. Implement of attendees, omitting names from the form as this on is subject to change. Implement of attendees Implement of County Vehicle Implement of County Vehicle Implement of County Vehicle			<u>ce for County Clerk's Office use only.</u>
		[b] Reques	sted Information		
 [1] <u>Department Name</u>: [2] <u>Number of Attendees:</u> 1 [3] <u>Subject/Purpose</u>: Government Social Media Conference 					
[4] <u>Benefit to County</u> : _V u	vill learn practica nparalleled oppo	al skills for managing ortunities to network	public sector social me with other agencies	edia, problem sc	lving challenges, and
[5] <u>Event Dates (travel o</u> May 1-4, 2023	dates included):		[6] <u>City, Sta</u> Reno-Tahoe		
		[c] Estim	ated Expenses		
[7] Registration Fee:	919.00	[12] Taxi/Other Grou	und Transportation:	100.00	
[8] Per Diem (\$55 daily):		[13] Personal Vehicle			[16] Use of County Vehicle?
[9] Hotel:	600.00	[14] Vehicle Rental:			Yes
[10] Airline/bus/train:	700.00	[15] Other (Explain):			⊠No
[11] Parking/Tolls:					Both (using county & personal)
			Total Cost:	\$2,539.00	
		[d] Fur	nding Source		
[17] General Fund:					
[18] Grant Fund: (County grants only)		[19] Name of Grant &	& Fund #:		
[20] Other Source:	2,539.00	[21] Name of Other S	Source (& fund # if applica	ble): SEIZED	
Total:	Total: \$2,539.00 Authorized By: Ed Gonzalez, Sheriff (Name may be typed; signature is not required.)				o <u>t required.)</u> da Deadline section of the agenda

intranet website at *www.hcintranet.net/agendaintranet*, as deadlines are subject to change. For all questions concerning Travel & Training requests, please email the travel agenda email address provided or call 713-271-1111.

(Rev. 8.1.17)					
OUT O	NITOF Request Form Guidelines This space for County Clerk's Office use only.				e for County Clerk's Office use only.
	additional changes places complete the "Provingsh Approved" section below				
IEXAS	• List only the number of attendees, omitting names from the form as this				
Travel & Traini	information is	s subject to change. using acronyms unless desc	ription of acronym is provided.		
Request	•		s, list under "Other" for funding	source.	
Request	In Provi	ously Approved			
*This section is to he co			pproved in court and add	litional	
		are being requested.			
Previously Approved	d Information	What additiona	al changes are being requ	uested?	
			t the changes that apply)		
Court Date:		Number of Atte	endees 🛛 Event Date	s	
Amount:		City	Estimated I	Expenses	
# of Attendees: Fund Source:		Use of County	Vehicle D Funding So	urce	
			5		
		Ibl Reques	ted Information		
[1] Department Name:			[2] Number of Attende		
541-Harris County She	eriff's Office, 701	Justice Housing	(If more than one to attend	, please explain):	
Bureau					
^[3] <u>Subject/Purpose</u> :C	harlotte-Mecklen	burg Police Departm	ent Promotional Test A	ssessor	
[4] Benefit to County:	vas selected to p	articipate in the prog	ram with no cost to cou	unty	
[5] Event Dates (travel	dates included):		[6] City, Sta	te:	
January 22-28, 2023 Charlotte, NC					
		[c] Estim	ated Expenses		
[7] Registration Fee:		[12] Taxi/Other Grou	und Transportation:	200.00	
[8] Per Diem (\$55 daily):	385.00	[13] Personal Vehicle			[16] Use of County Vehicle?
[9] Hotel:		[14] Vehicle Rental:			□Yes
[10] Airline/bus/train:	300.00	[15] Other (Explain):			⊡No
[11] Parking/Tolls:					\square Both (using county & personal)
			Total Cost:	\$2,285.00	
		ы Fur	nding Source		
		[u] i ui			
[17] General Fund:					
			0.5		
[18] Grant Fund:		[19] Name of Grant a	& Fund #:		
(County grants only)					
[20] Other Source:	2,285.00	[21] Name of Other	Source (& fund # if applica	able): Charlotte-N	Mecklenburg Police Dept.
	2,200.00		,,	•	
Total:	\$2,285.00		. Ed Gonzalez Shorif	f	
L		Authorized By	<pre> /: Ed Gonzalez, Sherif //Name may be to ///Instance for the second second</pre>	ı vped; signature is n	ot required.)

Please email completed request forms to travelagenda@hctx.net, and do not hand-deliver. Be sure to check the Agenda Deadline section of the agenda intranet website at *www.hcintranet.net/agendaintranet*, as deadlines are subject to change. For all questions concerning Travel & Training requests, please email the travel agenda email address provided or call 713-271-1111.

(Rev. 8.1.17)				
OUT O	F	Request Form Guidelines		ce for County Clerk's Office use only.
TEXAS	List only the	nanges, please complete the "Previously Approved" section number of attendees, omitting names from the form as thi		
Travel & Traini	Ng • Refrain from	is subject to change. a using acronyms unless description of acronym is provided.		
Request	 If a non-could 	nty fund is covering expenses, list under "Other" for funding	g source.	
*This section is to be co	ompleted only whe	iously Approved en a request has been approved in court and ad s are being requested.	ditional	
Previously Approve	<u>d Information</u>	What additional changes are being req (Only select the changes that apply)	uested?	
Court Date:		Number of Attendees Event Date		
Amount:				
# of Attendees:		City Estimated		
Fund Source:		Use of County Vehicle Funding So	ource	
		[b] Requested Information		
(4) Donortmont Nomo	•	(a) Number of Attend		
 Department Name 270 - Institute of Forer 		[2] Number of Attend (If more than one to attend		
		Scientific presentation		g education
[3] Subject/Purpose:A	merican Academ	ny of Forensic Sciences Annual Meeting		
,		.,		
		al Meeting is a multi-disciplinary event in wh		
e	aucation, expan	ds the knowledge of current staff, and attract	cts doctors and s	scientists to the agency.
[5] Event Dates (travel	dates included):	[6] City, Sta	ite:	
February 13-18, 2023		Orlando, Flo	orida	
		[c] Estimated Expenses		
[7] Registration Fee:	3,875.00	[12] Taxi/Other Ground Transportation:	750.00	
[8] Per Diem (\$55 daily)		[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?
[9] Hotel:	4,794.00	[14] Vehicle Rental:		□Yes
[10] Airline/bus/train	3,050.00	[15] Other (Explain):	750.00	⊡No
[11] Parking/Tolls:	200.00	Workshops and continuing medical education credits.		Both (using county & personal)
		Total Cost:	\$14,839.00	
		[d] Funding Source		
[17] Conoral Fund:	14 839 00			
	14,839.00			
[18] Grant Fund:		[19] Name of Grant & Fund #:		
(County grants only)				
[20] Other Source:		[21] Name of Other Source (& fund # if applic	able):	
		The general fund amount will be reimburse		ndowment Professorship in
		Pathology.		
[17] General Fund:	14,839.00	Total Cost: [d] Funding Source	\$14,839.00	
(County grants only)				
[20] Other Source:				
			u from the UT EI	nuowment Protessorship in
		Pathology.		

Total:	\$14,839.00
TOLAL.	j φ14,039.00

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

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

Please email completed request forms to <u>travelagenda@hctx.net</u>, and do not hand-deliver. Be sure to check the Agenda Deadline section of the agenda intranet website at *www.hcintranet.net/agendaintranet*, as deadlines are subject to change.

(Rev. 8.1.17)			This area	e for County Clerk's Office use only.		
OUT O	F . If a request by	Request Form Guidelines as been approved in court and a new form is submitted to		te for County Clerk's Office use only.		
TEXAS	below.					
Travel & Trainii						
Request	g source.					
Request	Di Previ	ously Approved				
*This section is to be co	mpleted only whe	n a request has been approved in court and aa are being requested.	ditional			
Previously Approved Information		What additional changes are being req (Only select the changes that apply)	uested?			
Court Date:		Number of Attendees Event Dates				
Amount:		☐ City ☐ Estimated Expense				
# of Attendees: Fund Source:		Use of County Vehicle Funding So	ource			
		[b] Requested Information				
[1] <u>Department Name</u> : County Attorney's C		 [2] Number of Attendees: (If more than one to attend, please explain): 3 (The County Attorney & the two First Asst. County Attorneys) 				
[3] Subject/Purpose: N	National Associat	ion of Counties (NACO) Legislative Confe	-			
[-] <u></u>		(
	Attendees will ga esidents.	in knowledge of federal policy issues that	impact our count	ty (Harris County) and its		
[5] <u>Event Dates (travel</u> 2/11/2023 - 2/14/2023		[6] <u>City, State</u> : Washington, D.C.				
		[c] Estimated Expenses				
[7] Registration Fee:	1 710 00	[12] Taxi/Other Ground Transportation:	500.00			
[8] Per Diem (\$55 daily):		[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?		
[9] Hotel:		[14] Vehicle Rental:		Yes		
[10] Airline/bus/train:	1,800.00	[15] Other (Explain):		⊠No		
[11] Parking/Tolls:				Both (using county & personal)		
		Total Cost:	\$7,100.00			
		[d] Funding Source				
[17] General Fund:	7,100.00					
[18] Grant Fund:		[19] Name of Grant & Fund #:				
(County grants only)						
[20] Other Source:		[21] Name of Other Source (& fund # if applicable):				
Total:	\$7,100.00	00 Authorized Buy Christian D. Manafaa				
Authorized By: <u>Christian D. Menefee</u> (Name may be typed; signature is not required.)						

(Rev. 8.1.17) OUT O TEXAS Travel & Trainin Request *This section is to be ca	e request i below. is g source.	e for County Clerk's Office use only.							
Previously Approved	Information	What additional changes are being req (Only select the changes that apply)	uested?						
Court Date:		Number of Attendees Event Dates							
Amount:		☐ City ☐ Estimated Expense							
# of Attendees: Fund Source:		Use of County Vehicle Funding Se	ource						
[b] Requested Information									
[1] <u>Department Name</u> : Office of Justice and S			 [2] Number of Attendees: 1 (If more than one to attend, please explain): 						
[3] <u>Subject/Purpose</u> : _{Tr} th	o attend the Annu le conference and	ual Conference for Academy of Criminal Judate attend numerous information sessions.	ustice Sciences. A	Attendee will both present at					
[4] <u>Benefit to County</u> :, ji	Attendee will be h ustice topics and	osting a workshop and be on two roundtab policies nationwide and abroad will be dis	oles. The latest re cussed & brough	esearch on various criminal t back to the County.					
[5] <u>Event Dates (travel</u> March 14-18, 2023	dates included):	[6] <u>City, State</u> : National Harbor, MD							
		[c] Estimated Expenses							
[7] Registration Fee:	150.00	[12] Taxi/Other Ground Transportation:	80.00						
[8] Per Diem (\$55 daily):		[13] Personal Vehicle Mileage:		[16] Use of County Vehicle?					
[9] Hotel:		[14] Vehicle Rental:		☐Yes					
[10] Airline/bus/train:		[15] Other (Explain):		ØNo □ Double of the second					
[11] Parking/Tolls:	45.00			Both (using county & personal)					
		Total Cost: [d] Funding Source	\$2,181.00						
[17] General Fund:	2,181.00								
[18] Grant Fund:		[19] Name of Grant & Fund #:							
(County grants only)									
(201 Other Source)		(a) Name of Other Source /8 find # if applicable)							
	[21] Name of Other Source (& fund # if applicable):								
Total:	\$2,181.00	Authorized By: Dr. Ana Yanez Cor	rea typed: signature is n	-to an and h					

TEXASadditional charTravel & Training Request. List only the number information is . Refrain from us . If a non-county[a] Previo*This section is to be completed only when		Request Form Guidelines as been approved in court and a new form is submitted to request anges, please complete the "Previously Approved" section below. number of attendees, omitting names from the form as this is subject to change. using acronyms unless description of acronym is provided. ty fund is covering expenses, list under "Other" for funding source. Ously Approved n a request has been approved in court and additional are being requested. What additional changes are being requested? (Only select the changes that apply) Number of Attendees City Estimated Expenses Use of County Vehicle Funding Source		est w. rce. mal :ed?	for County Clerk's Office use only.		
		[b] Reques	ted Informa	tion			
[1] Department Name: [2] Number of Attendees: One (1) Employee County Judge / Homeland Security & Emergency Mgmt. [1] Mumber of Attendees: One (1) Employee [3] Subject/Purpose: Attend E146: HSEEP (Homeland Security Exercise & Evaluation Program)							
[4] Benefit to County: Attending this workshop will allow staff to learn best practices and implement emergency management planning strategies for creating and evaluating exercises.							
[5] <u>Event Dates (travel</u> December 4 - 7, 2022	dates included):	[6] <u>City, State</u> : Emmitsburg, Marylan			aryland		
		[c] Estim	ated Expens	es			
[7] Registration Fee:		[12] Taxi/Other Grou	und Transportat	ion:	200.00		
[8] Per Diem (\$55 daily):		[13] Personal Vehicle				[16] Use of County Vehicle?	
[9] Hotel:	600.00	[14] Vehicle Rental:				□Yes	
[10] Airline/bus/train:		[15] Other (Explain):				ØNo □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
[11] Parking/Tolls:	150.00			0 170 00	Both (using county & personal)		
				Cost:	\$2,170.00		
		[d] Fur	nding Source				
[17] General Fund:	370.00						
[18] Grant Fund: (County grants only)		[19] Name of Grant a	& Fund #:				
[20] Other Source:	1,800.00	[21] Name of Other Source (& fund # if applicable): Emergency Management Institute (EMI)					
Total:	\$2,170.00	Authorized By: Mark Sloan, Emergency Management Coordinator (Name may be typed; signature is not required.)					