	NDA PLACEMENT FORM
Submission Deadline - Tuesd	lay, 12:00 PM before Court Dates
SUBMITTED BY: Mike Powell	TODAY'S DATE: 03/26/2013
DEPARTMENT:	Sheriff /560
SIGNATURE OF DEPARTMENT H	
REQUESTED AGENDA DATE:	X 04/08/2013
SPECIFIC AGENDA WORDING: Request from Sheriff Alford for Himself, Captain Wedel, and Waldran, seeking court approval of H 2013 to participate in Memorial presentation acknot PERSON(S) TO PRESENT ITEM: Sheriff Alford SUPPORT MATERIAL: (Must enclo	Honor Guard travel expenses to Austin on May 5 & 6, owledging Deputy Clifton Taylor.
<u> </u>	
TIME: 5 min	ACTION ITEM:
(Anticipated number of minutes needed to dis	WORKSHOP: scuss item) CONSENT: EXECUTIVE:
STAFF NOTICE:	
COUNTY ATTORNEY:	ISS DEPARTMENT:
AUDITOR:	
PERSONNEL:	
	OTHER:
•	ted by County Judge's Office********
ASSIG	NED AGENDA DATE:
REQUEST RECEIVED BY CO	OUNTY JUDGE'S OFFICE
COURT MEMBER APPROVAL	Date
COURT WIEWIDER AFFROYAL	Date

•

Remit To: Johnson County Auditor's Office 2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE:	March 19, 2013
TRAVELER'S NAME:	Bob Alford
PURPOSE OF TRIP:	State of Texas Honor Guard – Clifton Taylor
DESTINATION CITY:	Austin
DEPARTURE DATE: May	y 5, 2013 RETURN DATE: May 6, 2013

TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	
AUTO RENTAL	\$	\(\frac{1}{2}\)
MILEAGE (miles at \$.565 (as of 01/01/13) per mile)	\$	50
MEALS- (# of days x \$37 per day)	\$37.00	Ş Y
PARTIAL- Morning \$ 10	\$	1.5
Noon \$ 12	\$	639
Evening \$ 15	\$	
HOTEL/MOTEL	\$124.20	\$
REGISTRATION FEE	\$	35
MISCELLANEOUS (Taxi, parking, etc.)	\$	35
TOTAL COST	\$161.20	
LESS ADVANCE (Ifany)	\$	
AMOUNT REQUESTED FOR REIMBURSEMENT or ADVANCE	\$	S

REQUIRED

OLOO - 5600 - 54100 ACCOUNT#

Remit To: Johnson County Auditor's Office 2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE:	March 19, 2013
TRAVELER'S NAME:	Michael Gilbert
PURPOSE OF TRIP:	State of Texas Honor Guard – Clifton Taylor
DESTINATION CITY:	Austin
DEPARTURE DATE: May	5, 2013 RETURN DATE: May 6, 2013

TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	
AUTO RENTAL	\$	\$
MILEAGE (miles at \$.565 (as of 01/01/13) per mile)	\$	2)
MEALS- (# of days x \$37 per day)	\$37.00	(5)
PARTIAL- Morning \$ 10	\$	
Noon \$ 12	\$	
Evening \$ 15	\$	V
HOTEL/MOTEL	\$124.20	
REGISTRATION FEE	\$	8
MISCELLANEOUS (Taxi, parking, etc.)	\$	65 10 10 10
TOTAL COST	\$161.20	\$
LESS ADVANCE (If any)	\$	
AMOUNT REQUESTED FOR REIMBURSEMENT or ADVANCE	\$	<u>(5)</u>

I understand reimbursement will only	y be made for all audited amounts of expenses within
the limits of county policy.	•
the limits of county policy.	DATE: 3-19-13
Signature of Traveler	-

CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named employee received proper authorization for official county travel. I have examined the request and approve the same for payment.")

Signature of Elected Official/Department

DATE: 3-19-13

REQUIRED

Remit To: Johnson County Auditor's Office 2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE:	March 19, 2013
TRAVELER'S NAME:	Richard Hogan
PURPOSE OF TRIP:	State of Texas Honor Guard - Clifton Taylor
DESTINATION CITY:	Austin
DEPARTURE DATE: May	5, 2013_ RETURN DATE: May 6, 2013

TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	
AUTO RENTAL	\$	65
MILEAGE (miles at \$.565 (as of 01/01/13) per mile)	\$	\$ 24.000
MEALS- (# of days x \$37 per day)	\$37.00	(5)
PARTIAL- Morning \$ 10	\$	
Noon \$ 12	\$	(Z)
Evening \$ 15	\$	35
HOTEL/MOTEL	\$	- SS
REGISTRATION FEE	\$	SS 199
MISCELLANEOUS (Taxi, parking, etc.)	\$	33
TOTAL COST	\$37.00	35
LESS ADVANCE (If any)	\$	135
AMOUNT REQUESTED FOR REIMBURSEMENT or ADVANCE	\$	

I understand reimbursement will only be made for all audited amounts of expenses within the limits of county policy.

DATE: 3 1913

Signature of Traveler

CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named employee received proper authorization for official county travel. I have examined the request and approve the same for payment."

Signature of Elected Official Department

DATE: 3-19-13

REQUIRED

Remit To: Johnson County Auditor's Office 2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE:	March 19, 2013
TRAVELER'S NAME:	Joshua Waldran
PURPOSE OF TRIP:	State of Texas Honor Guard - Clifton Taylor
DESTINATION CITY:	Austin
DEPARTURE DATE: May	5, 2013 RETURN DATE: May 6, 2013

TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	
AUTO RENTAL	\$	35
MILEAGE (miles at \$.565 (as of 01/01/13) per mile)	\$	55
MEALS- (# of days x \$37 per day)	\$37.00	\$5
PARTIAL- Morning \$ 10	\$	\$5
Noon \$ 12	\$	(5)
Evening \$ 15	\$	555
HOTEL/MOTEL	\$124.20	
REGISTRATION FEE	\$	Production of the Control of the Con
MISCELLANEOUS (Taxi, parking, etc.)	\$	Secretaria de consecto de Anties de consecto de la consectión de la consec
TOTAL COST	\$161.20	N. A. C.
LESS ADVANCE (If any)	\$	
AMOUNT REQUESTED FOR REIMBURSEMENT or ADVANCE	S	S

I inderstand reimbursement will only be made for all audited amounts of expenses within the limits of county policy.

Signature of Traveler

DATE: 3-21-13

CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named employee received proper authorization for official county travel. I have examined the request and approve the same for payment."

Signature of Elected Official/Department

DATE: 3-19-13

REQUIRED

APR 8 2013

JOHNSON COUNTY TRAVEL FORM

Remit To: Johnson County Auditor's Office 2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE:	March 19, 2013
TRAVELER'S NAME:	Russell Rojas Jr.
PURPOSE OF TRIP:	State of Texas Honor Guard - Clifton Taylor
DESTINATION CITY:	Austin
DEPARTURE DATE: May	5, 2013 RETURN DATE: May 6, 2013

TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	55
AUTO RENTAL	\$	9
MILEAGE (miles at \$.565 (as of 01/01/13) per mile)	\$	(3)
MEALS- (# of days x \$37 per day)	\$37.00	45
PARTIAL- Morning \$ 10	\$	\$ 1 2 2 3
Noon \$ 12	\$	5
Evening \$ 15	\$	85 11 11 11 11 11 11
HOTEL/MOTEL	\$	3)
REGISTRATION FEE	\$	3)
MISCELLANEOUS (Taxi, parking, etc.)	\$	33
TOTAL COST	\$37.00	\$
LESS ADVANCE (Ifany)	\$	88
AMOUNT REQUESTED FOR REIMBURSEMENT or ADVANCE	\$	85.72

I understand reimbursement will only be made for all audited amounts of expenses within the limits of county policy.

DATE: <u>43-2/-/3</u> Signature of Traveler

CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named employee received proper authorization for official county travel. I have examined the request and approve the same for payment"

Signature of Elected Official/Department

DATE: 3-19-13

REQUIRED

Remit To: Johnson County Auditor's Office 2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE:	March 19, 2013
TRAVELER'S NAME:	Danny Smith
PURPOSE OF TRIP:	State of Texas Honor Guard - Clifton Taylor
DESTINATION CITY:	Austin
DEPARTURE DATE: May	5, 2013 RETURN DATE: May 6, 2013

TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	38
AUTO RENTAL	\$	3
MILEAGE (miles at \$.565 (as of 01/01/13) per mile)	\$	N.
MEALS- (# of days x \$37 per day)	\$37.00	(3)
PARTIAL- Morning \$ 10	\$	\$
Noon \$ 12	\$	72
Evening \$ 15	\$	(\$)
HOTEL/MOTEL	\$	(3)
REGISTRATION FEE	\$	48
MISCELLANEOUS (Taxi, parking, etc.)	\$	58
TOTAL COST	\$37.00	38
LESS ADVANCE (If any)	\$	- 33
AMOUNT REQUESTED FOR REIMBURSEMENT or ADVANCE	\$	15

I understand reimbursement will only be made for all audited amounts of expenses within the limits of county policy.

DATE: 3:21-13

Signature of Traveler

CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named employee received proper authorization for official county travel. I have examined the request and approve the same for payment."

DATE: 3:21-13

Signature of Elected Official/Department

REQUIRED*

<u>Oloo - 5600 - 54100</u> ACCOUNT#

Remit To: Johnson County Auditor's Office 2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE:	March 19, 2013
TRAVELER'S NAME:	Delores Wedel
PURPOSE OF TRIP:	State of Texas Honor Guard – Clifton Taylor
DESTINATION CITY:	Austin
DEPARTURE DATE: May	5, 2013 RETURN DATE: May 6, 2013

TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	53
AUTO RENTAL	\$	13
MILEAGE (miles at \$.565 (as of 01/01/13) per mile)	\$	35
MEALS- (# of days x \$37 per day)	\$37.00	3
PARTIAL- Morning \$ 10	\$	3
Noon \$ 12	\$	3.5
Evening \$ 15	\$	
HOTEL/MOTEL	\$124.20	58
REGISTRATION FEE	\$	8
MISCELLANEOUS (Taxi, parking, etc.)	\$	133
TOTAL COST	\$161.20	Sy 3
LESS ADVANCE (If any)	\$	
AMOUNT REQUESTED FOR REIMBURSEMENT or ADVANCE	\$	Ś

I understand reimbursement will only be made for all audited amounts of expenses within the limits of county policy.

D. WXXX	DATE: 3-21-13
Signature of Traveler	

CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named employee received proper authorization for official county travel. I have examined the request and approve the same for payment."

Signature of Elected Official/Department

DATE: 3-19-13

REQUIRED

OLOO - 5600 - 54100 ACCOUNT#

Remit To: Johnson County Auditor's Office 2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE:	March 19, 2013
TRAVELER'S NAME:	Damien Bethell
PURPOSE OF TRIP:	State of Texas Honor Guard - Clifton Taylor
DESTINATION CITY:	Austin
DEPARTURE DATE: May	5, 2013 RETURN DATE: May 6, 2013

TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	155
AUTO RENTAL	\$	35
MILEAGE (miles at \$.565 (as of 01/01/13) per mile)	\$	
MEALS- (# of days x \$37 per day)	\$37.00	8
PARTIAL- Morning \$ 10	\$	159
Noon \$ 12	\$	83
Evening \$ 15	\$	[3]
HOTEL/MOTEL	\$124.20	155
REGISTRATION FEE	\$	1
MISCELLANEOUS (Taxi, parking, etc.)	\$	33
TOTAL COST	\$161.20	75
LESS ADVANCE (Ifany)	\$	3)
AMOUNT REQUESTED FOR REIMBURSEMENT or ADVANCE	\$	8)

I understand reimbursement will only be made for all audited amounts of expenses within the limits of county policy.

Signature of Traveler

DATE: 3/2//13

CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named employee received proper authorization for official county travel. I have examined the request and approve the same for payment."

Signature of Elected Official/Department

DATE: 3-19-13

REQUIRED