

APR 8 2013

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Mike Powell

TODAY'S DATE: 03/26/2013

DEPARTMENT:

Sheriff /560

SIGNATURE OF DEPARTMENT HEAD:

X _____

REQUESTED AGENDA DATE:

X 04/08/2013

SPECIFIC AGENDA WORDING:

Request from Sheriff Alford for Himself, Captain Gilbert, Deputies Bethell, Hogan, Rojas, Smith, Wedel, and Waldran, seeking court approval of Honor Guard travel expenses to Austin on May 5 & 6, 2013 to participate in Memorial presentation acknowledging Deputy Clifton Taylor.

PERSON(S) TO PRESENT ITEM:

Sheriff Alford

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 5 min

ACTION ITEM: _____

WORKSHOP: _____

(Anticipated number of minutes needed to discuss item)

CONSENT: X _____

EXECUTIVE: _____

STAFF NOTICE:

COUNTY ATTORNEY: _____

ISS DEPARTMENT: _____

AUDITOR: _____

PURCHASING DEPARTMENT: _____

PERSONNEL: _____

PUBLIC WORKS: _____

BUDGET COORDINATOR: _____

OTHER: _____

*******This Section to be completed by County Judge's Office*******

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____ Date _____

APR 8 2013

JOHNSON COUNTY TRAVEL FORM

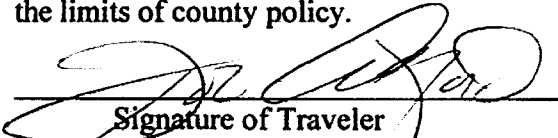
Remit To: Johnson County Auditor's Office
2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

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

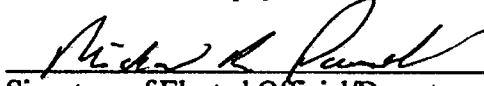
TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	
AUTO RENTAL	\$	
MILEAGE (<u> </u> miles at \$.565 (as of 01/01/13) per mile)	\$	
MEALS- (# of days x \$37 per day)	\$37.00	
PARTIAL- Morning \$ 10	\$	
Noon \$ 12	\$	
Evening \$ 15	\$	
HOTEL/MOTEL	\$124.20	
REGISTRATION FEE	\$	
MISCELLANEOUS (Taxi, parking,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


Signature of Traveler

DATE: 3-19-13

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****

0100 - 5600 - 54100
ACCOUNT #

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: 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 (<u> </u> miles at \$.565 (as of 01/01/13) per mile)	\$	\$
MEALS- (# of days x \$37 per day)	\$37.00	\$
PARTIAL- Morning \$ 10	\$	\$
Noon \$ 12	\$	\$
Evening \$ 15	\$	\$
HOTEL/MOTEL	\$124.20	\$
REGISTRATION FEE	\$	\$
MISCELLANEOUS (Taxi, parking, etc.)	\$	\$
TOTAL COST	\$161.20	\$
LESS ADVANCE (If any)	\$	\$
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.

Michael B. Gilbert
 Signature of Traveler

DATE: 3-19-13

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]
 Signature of Elected Official/Department

DATE: 3-19-13

****REQUIRED****

0100 - 5600 - 54100
 ACCOUNT #

APR 8 2013

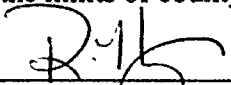
JOHNSON COUNTY TRAVEL FORM
 Remit To: Johnson County Auditor's Office
 2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE: March 19, 2013
 TRAVELER'S NAME: 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

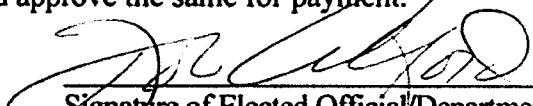
TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	\$
AUTO RENTAL	\$	\$
MILEAGE (<u> </u> miles at \$.565 (as of 01/01/13) per mile)	\$	\$
MEALS- (# of days x \$37 per day)	\$37.00	\$
PARTIAL- Morning \$ 10	\$	\$
Noon \$ 12	\$	\$
Evening \$ 15	\$	\$
HOTEL/MOTEL	\$	\$
REGISTRATION FEE	\$	\$
MISCELLANEOUS (Taxi,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


 Signature of Traveler

DATE: 3/19/13

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 Signature of Elected Official/Department

DATE: 3-19-13

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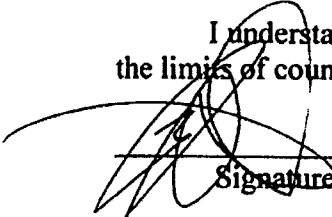
JOHNSON COUNTY TRAVEL FORM
 Remit To: Johnson County Auditor's Office
 2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE: March 19, 2013
 TRAVELER'S NAME: 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

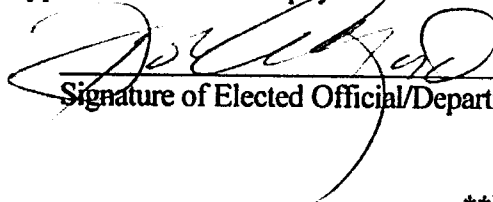
TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	
AUTO RENTAL	\$	
MILEAGE (<u> </u> miles at \$.565 (as of 01/01/13) per mile)	\$	
MEALS- (# of days x \$37 per day)	\$37.00	
PARTIAL- Morning \$ 10	\$	
Noon \$ 12	\$	
Evening \$ 15	\$	
HOTEL/MOTEL	\$124.20	
REGISTRATION FEE	\$	
MISCELLANEOUS (Taxi, parking,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

 1748
 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****

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 ACCOUNT #

APR 8 2013

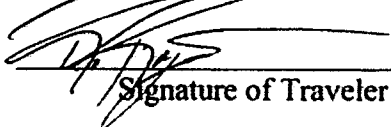
JOHNSON COUNTY TRAVEL FORM
 Remit To: Johnson County Auditor's Office
 2 N. Main, Cleburne, TX 76033

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

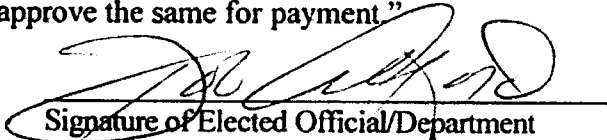
TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	
AUTO RENTAL	\$	
MILEAGE (<u> </u> miles at \$.565 (as of 01/01/13) per mile)	\$	
MEALS- (# of days x \$37 per day)	\$37.00	
PARTIAL- Morning \$ 10	\$	
Noon \$ 12	\$	
Evening \$ 15	\$	
HOTEL/MOTEL	\$	
REGISTRATION FEE	\$	
MISCELLANEOUS (Taxi, parking, etc.)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


 Signature of Traveler

DATE: 03-21-13

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****

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APR 8 2013

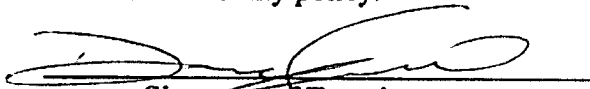
JOHNSON COUNTY TRAVEL FORM
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 2 N. Main, Cleburne, TX 76033

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

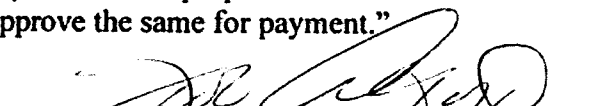
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 Signature of Traveler

DATE: 3-21-13

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 Signature of Elected Official/Department

DATE: 3-19-13

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

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D. Wedel
 Signature of Traveler

DATE: 3-21-13

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[Signature]
 Signature of Elected Official/Department

DATE: 3-19-13

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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

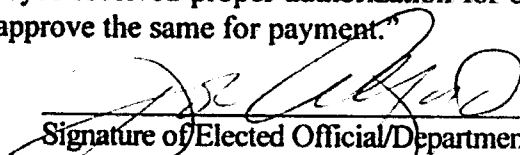
TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	
AUTO RENTAL	\$	
MILEAGE (<u> </u> miles at \$.565 (as of 01/01/13) per mile)	\$	
MEALS- (# of days x \$37 per day)	\$37.00	
PARTIAL- Morning \$ 10	\$	
Noon \$ 12	\$	
Evening \$ 15	\$	
HOTEL/MOTEL	\$124.20	
REGISTRATION FEE	\$	
MISCELLANEOUS (Taxi, parking,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

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 Signature of Traveler

DATE: 3/21/13

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 Signature of Elected Official/Department

DATE: 3-19-13

****REQUIRED****

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