· · · · · · · · · · · · · · · · · · ·	ine - Tuesday, 12:00 PM before Court Dates Approv
SUBMITTED BY: Sheriff TODAY	Adam King 'S DATE: January 24, 2019
DEPARTMENT: Sheriff/5	560
SIGNATURE OF DEPART	IMENT HEAD: Adam King
REQUESTED AGENDA D	
SPECIFIC AGENDA WOR	<u>:DING</u> :
	I to travel to Smoky Mountain, Tennessee to attend chool Resource Officers National Safe Schools
Tuition will be paid by TASR is hotel and meals.	O and he will be driving a county vehicle. Only cost
PERSON(S) TO PRESENT I	TEM: Sheriff Adam King or his designee
	Must enclose supporting documentation)
TIME: 5 minutes	ACTION ITEM: X
	WORKSHOP
(Anticipated number of minutes n	needed to discuss item) CONSENT:
	EXECUTIVE:
STAFF NOTICE:	
COUNTY ATTORNEY: X	IT DEPARTMENT:
AUDITOR:X	
PERSONNEL:	
BUDGET COORDINATOR:	OTHER:
*********This Section to	be Completed by County Judge's Office********
	ASSIGNED AGENDA DATE:
REQUEST R	RECEIVED BY COUNTY JUDGE'S OFFICE
COURT MEMBER APPROVAL	Date

Training / Seminar Approval Form

Department Name:	Sheriff's Office			
Seminar Name:	National Association of School Resource Officer National Safe Schools Conference			
Purpose:	Training			
Place:	Smoky Mountain, Tennessee			
Date:	June 23-28, 2019			
Who Will Be Attend Dusty Ford	ing:			
This Training	g/ Seminar is necessary for	the following reasons:		
Required continuing education XX Job training				
XX Improve w	ork performance	Required certification		
Attach Regist	tration Form and Complete	the following information:		
Amount of regi	stration \$ 0	Date registration is due Tuition	n Paid by TASRO	
Return ch	neck to department head			
Request 7	Treasurer to mail check with reg	gistration		
If an advance is	s requested, attach a completed	Johnson County Travel Form.	0	
Deptartment Head S	Signature:	Sumper	*	
SEND FOR	M TO COUNTY JUDGE'S	OFFICE		
RECEIVED E	BY COUNTY JUDGE'S OF	FICE	DATE:	
APPROVED F	BY COMMISSIONER'S COU	RT:	DATE:	

*This form to be used only to request advancement of Hotel and Lodging expenses.

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

PLEASE TYPE OR PRINT THE FOLLOWING:

TODAY'S DATE:

01/24/2019

TRAVELER'S NAME:

Dusty Ford

PURPOSE OF TRIP:

NASRO Safe Schools Conference

DESTINATION CITY:

Smoky Mountain, TN

DEPARTURE DATE:

06/23/2019

EXPECTED RETURN DATE: 06/29/2019

TRAVEL COSTS TO BE ADVANCED		Auditor Use Only
MEALS- (5 x \$37.00 per day)	\$ 185.00	
PARTIAL- Morning \$ 10 x	\$ 10.00	
Noon \$ 12 x	\$ 24.00	
Evening \$ 15 x	\$ 15.00	
HOTEL/MOTEL	\$ 767.83	
	\$	
TOTAL AMOUNT REQUESTED FOR ADVANCEMENT	\$ 1001.83	N.

I understand this advance is to be used only for lodging and meal expenses incurred related to the above approved travel and I will submit a properly completed TRAVEL REIMBURSEMENT FORM within 10 days of my return. I also certify that, financially, I will be unable to make this trip without the requested advance.

Signature of Traveler

DATE: 02/04/2019

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 Head

DATE: 01-3/-/9

REQUIRED

0100 - 6200 - 5410

(DEPT) (OBJECT) (FUNC)

ACCOUNT #