REQUEST FOR AGENDA PLACEMENT FORM Submission Deadline - Tuesday, 12:00 PM before Court Dates

DEPARTMENT: Sheriff's Office SIGNATURE OF DEPARTMENT HEAD: REQUESTED AGENDA DATE: 6/13/22 SPECIFIC AGENDA WORDING: Consideration of Reimbursement to Anna Goodloe for Hotel and Meal expenses incurred while attending TCOLE Consortium and TCOLE meeting on June 8-9 in Austin, TX. COMMISSIONERS COURT JUN 1 3 2022 PERSON(S) TO PRESENT ITEM: Sheriff or his designee SUPPORT MATERIAL: (Must enclose supporting documentation) TIME: 3 minutes (Auticipated number of minutes needed to discuss item) WORKSHOP: CONSENT: EXECUTIVE: STAFF NOTICE: COUNTY ATTORNEY: AUDITOR: PERSONNEL: PUBLIC WORKS: DUBLIC WORKS: BUDGET COORDINATOR: OTHER: This Section to be completed by County Judge's Office ASSIGNED AGENDA DATE: REQUEST RECEIVED BY COUNTY JUDGE'S OPPICE:	SUBMITTED BY: Sheriff's Office	TODAY'S DATE: 06/06/22				
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	COURT MEMBER APPROVAL:	DATE:				

Johnson County Sheriff's Office Training Request



Name: Anna Goodloe			
Rank: Training Coordinator, Sgt.		Date: 05/09/2022	
Course Name: TCOLE Consortium & TCOLE Meet	ing		
Course Date: June 8-9, 2022			
Course Tuition: \$0	Hotel	Cost: \$128- 207	
Per Diem: \$37	Total	Cost: \$165- 244	
Is Course TCOLE Accredited? Will training be reported by Host?	N N		
This Training / Seminar is necessary for the Required continuing education Improve work performance		ing reasons:Job trainingRequired certification	
Host Agency: TCOLE Headquarters Host Address: 6330 US Hwy 290 E, Ste #200 Host City: Austin Host State: TX Host Zip Code: 78723 Host Phone:			
Hotel: Embassy Suites Arboretum Hotel Address: 9505 Stonelake Blvd		Hotel Check In Date: 06/08/2022	
Hotel City: Austin		Hotel Check Out Date: 06/09/2022	
Hotel State: 1X			
I-lotel Zip Code: 78759			
Hotel Phone: Approvals Training Coordinator: Dr. Anna Goodloe, Pl		Budget Available: Y N	N/A
Sergeant:		Ammound	
Justification (Required):		Approved Disapproved Initials	Date
Lieutenant:		Approved	
Comments:		Disapproved Initials	Date
Captain:		Approved Initials	Date <u>(05-)</u> 4-2002
Chief:		Approved Disapproved Initials	Date <u>05-24</u> -22

Shauna K. Ballard

From:

Anna Goodloe

Sent:

Friday, May 27, 2022 3:00 PM

To:

Shauna K. Ballard

Subject:

Fwd: Your Jun-08-2022 Confirmation #80886354

See below. Thanks!

Dr. Anna Goodloe, PhD Sergeant Training Coordinator Johnson County Sheriff's Office Work: (817) 556-6058 Ext 3504 agoodloe@jocotx.org

Begin forwarded message:

From: Anna Goodloe <anna.goodloe@att.net>

Date: May 25, 2022 at 9:59:12 AM CDT

To: 1262 Anna Goodloe <agoodloe@johnsoncountytx.org> Subject: Fwd: Your Jun-08-2022 Confirmation #80886354

Begin forwarded message:

From: Embassy Suites by Hilton Confirmed <noreply@h4.hilton.com>

Date: May 25, 2022 at 9:56:22 AM CDT

To: anna.goodloe@att.net

Subject: Your Jun-08-2022 Confirmation #80886354





See you soon, Anna Goodloe

Your reservation for Jun-08-2022 has been confirmed.

Confirmation #80886354



Embassy Suites by Hilton Austin Arboretum



9505 Stonelake Boulevard Austin TX 78759 US Maps & Directions >>



8 JUN

Check In: 3:00 PM

1 Night

9 THU

Check Out: 12:00 PM



Add to Calendar

Due to the current travel environment, hotel amenities and services may be limited. Visit the <u>Embassy Suites by Hilton Austin Arboretum</u> hotel website for property policies and updates. Please check with regional health and government authorities about the evolving health and safety requirements that may be in place at the location of your stay. <u>Learn more</u>

Your Room Information

Guest Name:

Anna Goodloe

Guests:

1 Adult

Rooms:

1 / (00)

Room Plan:

2 DOUBLE BEDS NONSMOKING

Your Rate Information

STATE GOVERNMENT

Rate per night

Jun-08-2022 - Jun-09-2022

161.00 USD

Total for Stay per Room Rate

161.00 USD

Taxes

28.67 USD

Total price for Stay

189.67 USD



Modify Your Reservation >

What To Expect When You Arrive



Clean & Ready for You

We are creating an even cleaner stay for you from your guest room to public areas to food and beverage. Learn more --



Hot Breakfast-on Us!

Imagine a free, hot breakfast every morning of your stay. It's here—join us. <u>Learn more</u>→



Upon Request Housekeeping

Whether that means calling the front desk to get your room cleaned or keeping your room to yourself, control over your stay is up to you. **Read other changes**→



Johnson County PURCHASE ORDER

PO 22-2966

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES, SHIPPING PAPERS AND CORRESPONDENCE.

PAGE NO. 1 of 1 DATE OF ORDER: 06/01/2022

Vendor Name and Address

Anna Goodloe SHERIFFS OFFICE Attention To:

Ship To: SHERIFF, JOHNSON COUNTY 1102 E. KILPATRICK, STE A CLEBURNE, TX 76031

VENDOR NO. 4420		SHIP VIA BESTWAY		F.O.B. DESTINATION	TERMS NET30		BUYER Travel
DELIVER BY DATE		-	TORICAL PO NO.	REQUISITION NO.	REQUISITION BY		THE VOI
				R22-3616	and the second second second second	Shauna Ballard	
LINE NO.	QUANTITY	UOM	SECTION SECTION	ITEM NO. & DESCRIPTION		UNIT COST	EXTENSION
1	1.00	EA	Hotel stay at Em 0100-5600-5410	nbassy Suites Arboretum in Austin, TX 00-LE	K	\$189.67	\$189.67
2	1.00	EA	7.2	nent for Anna Goodloe to attend TCC COLE Meeting Jun 8-9,2022 in Austir IO-LE		\$37.00	\$37.00

TOTAL \$ 226.67

TAX EXEMPTION NO. 75-6001030

TERMS AND CONDITIONS:

By fulfillment of this order vendor accepts all Johnson County Terms and Conditions which are available online at http://www.johnsoncountytx.org/departments/purchasing/terms or by contacting Purchasing at 817.556.6384

Ralph McBroom

JOHNSON COUNTY TRAVEL REIMBURSEMENT FORM

*This form to be used only to request reimbursement of expense paid by traveler's personal cash or credit card.

RECEIPT TO PURCHASE ORDER

PLEASE TYPE OR PRINT THE FOLLOWING:

TODAY'S DATE:

5/27/2022

TRAVELER'S NAME: Anna Goodloe

PURPOSE OF TRIP:

Overnight travel for TCOLE Consortium & TCOLE Meeting

DESTINATION CITY: Austin, TX

DEPARTURE DATE:

6/8/2022

RETURN DATE:

6/9/2022

	TRAVEL COSTS				A	MOUNT	Auditor Use Only
AIR FARE				the state of the s	S	1000 to \$14 Mar on a resultance	\$
AUTO RENTAL					\$		\$
	MILES			(AS OF 01/01/22)			
MILEAGE	0	X	\$0.585	PER MILE **	\$	_	\$
MEALS (ACTUAL)	NOTI	E: If	there is	no overnight stay	meals are	reimbursed thi	rough payroll!
FULL DAY	# OF DAYS	S					
FULL DAT	1	X	\$37	PER DAY	\$	37.00	\$
	MORNING						
	0	X	\$10	EACH	\$	-	S
PARTIAL DAY	NOON						
TAKTIAL DAT	0	X	\$12	EACH	\$	-	S
	EVENING						
	0	X	\$15	EACH	\$	-	\$
HOTEL/MOTEL					S	189.67	\$
SEMINAR/TRAINING REGISTRATION FEE					\$		\$
MISCELLANEOUS (Taxi, parking, etc.)					\$		\$
DES AMOUNTS ADMANGED							
LESS AMOUNTS ADVANCED (from Advancement Form)					\$		\$
TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT						226.67	\$

I understand reimbursement will only be made for audited expenses that fall within the limits of county policy and I have attached all appropriate receipts.

**Calculated from your place of work address to your destination address.			
fm -	DATE:	5-31-22	
Signature of Traveler	D	- 07 22	

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: 05-31-22

REQUIRED

- 5600 - 54100 100 DEPT OBJECT FUND ACCOUNT #