

Training / Seminar Approval Form

Department Name: S.T.O.P. SPECIAL CRIMES UNIT

Seminar Name: [REDACTED] Conference 2023

Purpose: Training

Place: [REDACTED]

Date: 06/25/2023 thru 06/30/2023

Who Will Be Attending:

[REDACTED] Investigator 1 [REDACTED] Investigator 4

[REDACTED] Investigator 2 _____

[REDACTED] Investigator 3 _____

This Training/ Seminar is necessary for the following reasons:

- Required continuing education
- Job training
- Improve work performance
- Required certification

Attach Registration Form and Complete the following information:

Amount of registration \$ 475.00 Date registration is due 05/26/2023

- Return check to department head
- Request Treasurer to mail check with registration

If an advance is requested, attach a completed Johnson County Travel Form.

Department Head Signature: [Signature]

SEND FORM TO COUNTY JUDGE'S OFFICE

COMMISSIONERS COURT

RECEIVED BY COUNTY JUDGE'S OFFICE _____ DATE: MAY 22 2023

APPROVED BY COMMISSIONER'S COURT: _____ DATE: Approved

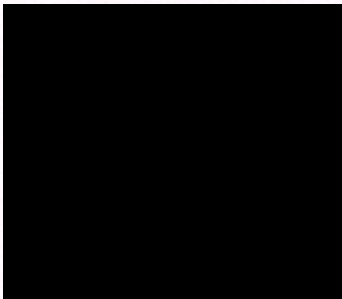
Rachel Sitler

From: [REDACTED]
Sent: Monday, May 15, 2023 10:55 AM
To: Paula Reid; Rachel Sitler; Kay Anderson
Subject: [REDACTED]
Attachments: [REDACTED]

Please see attached Training/Seminar Approval Form including [REDACTED] Investigator 3 & 4.
Registration has not been completed for [REDACTED] and [REDACTED] have not been registered for the class. HSI is looking into paying for their classes. Investigator 3 Investigator 4

Thank you,

INVOICE



Investigator 1

Invoice details

Invoice no.: 8867

Invoice date: 05/02/2023

Due date: 05/26/2023

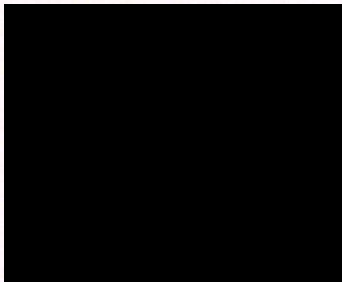
Product or service		Amount
1. Late Registration- Conference	1 unit x \$475.00	\$475.00
		
Total		\$475.00

Ways to pay



Pay invoice

INVOICE




Investigator 2

Invoice details

Invoice no.: 8866

Invoice date: 05/02/2023

Due date: 05/26/2023

Product or service		Amount
1. Late Registration- Conference	1 unit x \$475.00	\$475.00
		
Total		\$475.00

Ways to pay



Pay invoice

TRAVEL PROCEDURES
HOTEL RESERVATION REQUEST

(EMAIL THIS FORM COMPLETED TO PURCHASING)

Note: When the Purchasing Department reserves the room; the payment will be processed and paid for on the credit card. The Purchasing department will need your hotel receipt as soon as you return. Do not request monies from the auditor's office on your regular travel form. Purchasing will forward this form to the auditor's office as backup.

DATE: 05/11/2023 DEPARTMENT: STOP

PERSON SENDING REQUEST: [REDACTED] Office Manager

Person(s) Name Attending: 1. [REDACTED] Investigator
2. [REDACTED] Investigator
3. [REDACTED] Investigator
4. [REDACTED] Investigator

How many rooms: 3 (Please add any special requirements)

Hotel Name: [REDACTED]

Hotel Address: [REDACTED] City: [REDACTED] State: TX Zip: [REDACTED]

Hotel Telephone #: [REDACTED]

Function Attending: [REDACTED]

Date of Check in: 06/24/2023

Date of Check out: 06/30/2023