AGENDA ITEM
CA18

TRAVEL APPROVAL FORM

Department: Constable PCT. 4

Event Name: Senate Hearing on Biosolids

Location: Austin, Texas

Event Dates: 05/08/2025

Purpose:

- ☐ Required Continuing Education/Certification
- ☐ Job Training
- ☑ Other: Biosolids

Name of Attendees:

Troy Fuller

Dana Ames

Court Decision:
This section to be completed by County Judge's Office

Johnson County ★ APPROVED ★ Commissioners Court

5-12-25

Required Documents Checklist:

✶✶ Same-Day Travel - Commissioners Court Approval is not required ✶✶

Overnight Travel

- ☑ Travel Approval Form
- ☐ Registration Information or Confirmation
- ☐ Itinerary, Agenda, or Breakdown
- ☑ Hotel Information, Confirmation, or Hotel Reservation Request Form

For Out of State Travel, please also include:

- ☐ Cost Estimation Breakdown for Trip with Airfare, Rental Car, Meals, Hotel, Etc.
- ☐ Narrative as to why the Out of State Travel is necessary

Signature of Elected Official/Department Head: Troy Fuller

Approved in CC on 9/11/2023

TRAVEL HOTEL RESERVATION REQUEST

(EMAIL TO PURCHASING at pur@johnsoncountytx.org)

DATE: 05/05/2025 DEPARTMENT: Constable PCT. 4

PERSON SENDING REQUEST: Brenda Tucker EXT: 1546

Person (s) Name Attending:

*If LEOSE Funds are being used to pay for the room upon check out, please check LEOSE FUNDS below:

☐ LEOSE FUNDS

1. Constable Troy Fuller
2. Deputy Constable Dana Ames
3.
4.
5.
6.

Function Attending: Senate Hearing for Biosolids-Grandview Case

Hotel Name: HOTEL INDIGO AUSTIN DOWNTOWN		
Hotel Address: 810 RED RIVER STREET		
City: Austin	State: TX	Zip: 78701
Hotel Phone# (512)481-1000		
Special Requirements:		
Conference Hotel Block Code:		
Conference/Training Website:		
How many rooms needed: 2		
Date of Check In: 5/7/25	**Date of Check Out:** 5/8/25	

NOTE: When the Purchasing Department reserves the hotel room, payment will be processed and paid for on the travel credit card. ALL Travel PO's MUST be in place prior to travel. The hotel receipt will need to be receipted on your PO upon return. If the traveler does not obtain a hotel receipt upon check out, it's the travelers responsibility to call the hotel and obtain a copy for receipting.

Authorization Form

Hotel Indigo Austin Downtown, an IHG Hotel

Booking Information

Guest Name or Company Name *

Dana Ames

Confirmation Number

29263961

Guest Email *

pur@johnsoncountytx.org

Guest Phone *

+18175566382

Check In Date *

05/07/2025

Checkout Date

05/08/2025

Client Information

Name of Person Completing Form *

Kristin Slauson

Client Email *

pur@johnsoncountytx.org

Client Phone *

+18175566382

Note from Hotel

Note to Hotel

Authorization Charges

Charges authorized to be placed on card: *

- [ ] All charges
- [x] All Incidentals
- [x] Room and Taxes
- [ ] Food and Beverage
- [x] Parking
- [ ] Other

Credit Card Information

Accepted cards: *

Credit card number*

XXXX XXXX XXXX 5752

Expiration date*

04/26

CVC*

XXX

Billing Information

Cardholder Name *

Lance Anderson

Billing Address *

411 Marti Dr

Billing Address 2

411 Marti Dr

City *

Cleburne

State *

Texas

Zip Code *

76033

Country *

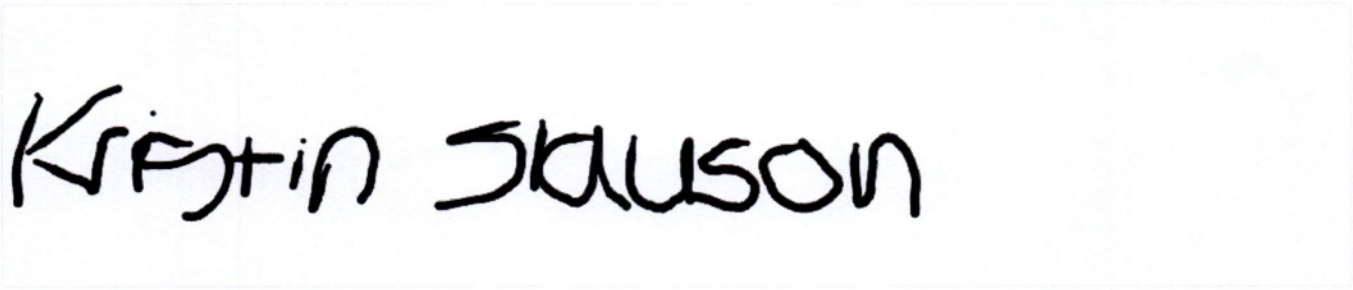
United States of America

Authorization Type *

- ( ) Keep card on file
- (•) One time use

Acknowledgement

- [x] I understand that this form is legally binding and I affirm that the above information is accurate *



Authorization Form

Hotel Indigo Austin Downtown, an IHG Hotel

Booking Information

Guest Name or Company Name *

Troy Fuller

Confirmation Number

808446

Guest Email *

pur@johnsoncountytx.org

Guest Phone *

+18175566382

Check In Date *

05/07/2025

Checkout Date

05/08/2025

Client Information

Name of Person Completing Form *

Troy Fuller

Client Email *

pur@johnsoncountytx.org

Client Phone *

+18175566382

Note from Hotel

Note to Hotel

Authorization Charges

Charges authorized to be placed on card: *

- [ ] All charges
- [x] All Incidentals
- [x] Room and Taxes
- [ ] Food and Beverage
- [x] Parking
- [ ] Other

Credit Card Information

Accepted cards: *

Credit card number*

XXXX XXXX XXXX 5752

Expiration date*

04/26

CVC*

XXX

Billing Information

Cardholder Name *

Lance Anderson

Billing Address *

411 Marti Dr

Billing Address 2

411 Marti Dr

City *

Cleburne

State *

Texas

Zip Code *

76033

Country *

United States of America

Authorization Type *

- ( ) Keep card on file
- (•) One time use

Acknowledgement

- [x] I understand that this form is legally binding and I affirm that the above information is accurate *