

Training / Seminar Approval Form



**COPY**

Department Name: Sheriff's Office

Seminar Name: 2017 Texas Association of Vehicle Theft Investigators Annual Training Seminar

Purpose: Training

Place: Dallas, Texas

Date: October 23-27, 2017

Who Will Be Attending:  
Brad Bollin

This Training/ Seminar is necessary for the following reasons:

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

Attach Registration Form and Complete the following information:

Amount of registration \$ 200.00                      Date registration is due September 30, 2017

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:

010-560-5411

**\*SEND FORM TO COUNTY JUDGE'S OFFICE\***

RECEIVED BY COUNTY JUDGE'S OFFICE

DATE: \_\_\_\_\_

Commissioner's Court

APPROVED BY COMMISSIONER'S COURT:

SEP 11 2017

DATE: \_\_\_\_\_

## JOHNSON COUNTY TRAVEL FORM

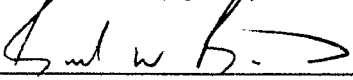
Remit To: Johnson County Auditor's Office  
2 N. Main, Cleburne, TX 76033

PLEASE TYPE THE FOLLOWING:

TODAY'S DATE: 12/29/2017  
 TRAVELER'S NAME: Brad Bollin  
 PURPOSE OF TRIP: Training: Vehicle Theft Investigators  
 DESTINATION CITY: Fort Worth, Texas  
 DEPARTURE DATE: 10/24/2017                      RETURN DATE: 10/27/2017

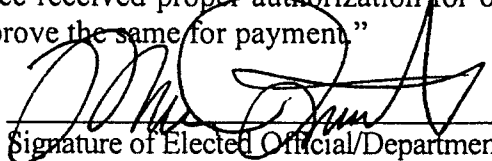
TRAVEL COSTS		Auditor Use Only
AIR FARE	\$	
AUTO RENTAL	\$	
MILEAGE ( _____ miles at \$.53.5 ( as of 01/01/17) per mile)	\$	
MEALS- ( 2 days x \$37 per day )	\$ 74.00	
PARTIAL- Morning \$ 10	\$ 10.00	
Noon \$ 12	\$ 24.00	
Evening \$ 15	\$ 15.00	
HOTEL/MOTEL	\$ 423.75	
REGISTRATION FEE (Early Bird Registration)	\$200.00	
MISCELLANEOUS ( Taxi, parking, etc. )	\$	
TOTAL COST	\$746.75	
LESS ADVANCE (if any)		
AMOUNT REQUESTED FOR REIMBURSEMENT or ADVANCE	\$546.75	

I understand reimbursement will only be made for all audited amounts of expenses within the limits of county policy.

  
 \_\_\_\_\_  
 Signature of Traveler

DATE: 8/30/17

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: 9-1-17

\*\*REQUIRED\*\*

**010 560 5411**  
 ACCOUNT #

