

Tarrant County Out-of-State Travel Request

Dep	artment:		Name: James Davidson, Casework Supervisor					
	Juvenile Services		Juvenile Offender Unit **If applicable, list addilional names below.					
	ference/Seminar Name:		······································					
Ch	anging Perspectiv	es: Focusing on Streng	ths a	and Protective Factors in Our Work with				
Adolescents Who Have Engaged in Sexually Abusive Behaviors								
Dest	ination:			Dates: Departure: 05/09/23				
Ok	lahoma City, OK		ł	•				
				Return: 05/10/23				
Proje	ect Expenditures:	16	1	Kabopale: The information procented will support the Project				
	Transportation: \$ 247.50			The information presented will support the Project SAFeR program that is used with juvenile offenders				
	Hotel/Motel: \$ 433.00		Î	in Tarrant County in coordination with law enforcement agencies, the District Attorney's				
			- 1					
	Registration:	300.00		Office, Alliance for Children and Lena Pope. This training is only offered in Oklahoma City, OK.				
	Other (specify):	\$	l	The hotel chosen is 5 minutes from the location of the training with a room rate of \$166.00 and \$169.00				
		170.00 meals	J					
	Total:	\$	- 1	-		·		
1,150.50				per night. Mileage for Mr. Shahan has been included for his expenses.				
**A	lditional Person(s):		Ī	Funds Available in Department Budget? (Fes No				
С	hris Shahan, Senio	r Casework Supervisor	- 1	(List department, line item and amount)				
			- 1	Commitment #	T 72J.4	CC "		
		A. # #	1		Fund #	Cost Center #		
		\$455	.55	588261	10000-2023	2610510000		
		\$694	.95	588261 1002	20-2023/P0111-202	3 2610140000		

ال	Eputave Signature Supervisor/Department Head Styliature	3/30/23 Date:/30/23 Dote	Coun Order No: Date:	Approved
				Озарргочев

This form is to be used for all out-of-state trips requiring advance approval by the Commissioners Court. Please submit this form as far in advance as possible. This form must be submitted to the Administrator's Office no later than 12:00 noon on Wednesday for inclusion on the following week's Commissioners Court agenda.



Tarrant County Out-of-State Travel Request

Department:			Name:					
PUBLIC HEALTH - Chronic Disease Prevention				Keisha Leatherman				
			** If applicable, list ac	ldilional nam	nes below.			
Conference/Semina	r Name:							
	ASPIRE (A	Advancing Sc	ience and Prac	ctice in the Retail En	vironment) Summit		
Destination:			Dales: Departure: 5/5/2023					
	San Die		Return: 5/10/2023					
Project Expenditure	;			Rationale:				
Meals		\$	70.00	Objectives of the 'Usin Retail Practice' Summi		nd Law to A	Advance Tobacco	
Hotel/Mc	tel:	\$		Balance Summit: Balance Summit: Balance Summit Advisory Board (CAB) to advise on ASPIRE research and its relevance to local tobacco control				
Registra	ion:	\$		b) Learn about CAB e	xperience in	plementing	g retail policles	
Transpor	tation;	\$	88.18	c) Learn about innova d) Discuss important l	egal issues	regarding r	etail policies	
(specify):		\$	-	No registration cost as Airfare/hotel paid by Al				
Total:		\$ 1	58.18	employee arriving on May 5th for personal travel. Only business- related expenses will be submitted for reimbursement.				
◆Addilional Person(s):			Funds Available in Department Budget? YES NO (List department, line item and amount)					
				Commitment Account #		Fund#		
			586261 , TO400-2023		T0400-2023			
				Grant # (if applicable) Cost Cente		Cost Center#		
			NRG 5100 801 00		5100 801 000			
	_							
		٥		1				
			1/23	Court Orde	r No:			
Employee Signature Date **Description** Description** Date*** Output Description** Date** Description** Date** Date** Description** Date** Date** Date** Description** Date** Date			(02/2022			Approved		
<u>VPPTINUET_TANDJA</u> 04/			03/2023	Date:				
Supervisor/Department Head Signature Date				ł		Disapproved		

This form is to be used for all out-of-state trips requiring advance approval by the Commissioners Court. Please submit this form as far in advance as possible. This form must be submitted to the Administrator's Office no later than 12:00 noon on Wednesday for inclusion on the following week's Commissioners Court Agenda.



Tarrant County

Out-of-State Travel Request

Department:					100000			
PUBLIC HEALTH -					Name. Erin Taylor			
-	VISIO PROPERTY				* If applicable, list additional names below			
Conference/S	Seminar Name:		-	······································				
		Pul	olic Health L	.aborato	ory Training Confere	ence		
Destination:					Dales: Departure	parture: 6/20/2023		
Minneapolis, Minnesota					Return			
Project Exper	nditures:				Rationale:	***************************************		
25	eals	s	170.00					
14	Halel/Motel: \$ - Registration: \$ -			This conference offers an excellent opportunity to learn about new laboratory training methods and approaches. Networking				
R				opportunities are also involuable. The Association of Public Health Laboratories will cover registration, hotel, and picture . This				
Transportation: S 114.00				conference was not in the budget, but the 2023 Florizon Laboratory Information Management System Tech Forum will be held in Frisco.				
	(epicoly): Baggaga \$ 60.00				TX, which will allow cost savings (no airlare for two people), corresponding to approximately \$1,000.			
<u>Tr</u>	otal:	\$	344.00					
**Additional Person(s):			haanah megamberangin-sah-s	Funds Available in Department Budget? []YES [] WO (List department, line item and amount)				
					Commitment Account #		Fund #	
					588261		T0400-2023	
					Grant # (if applicable)		Cost Center #	
				Non-Rel			5100 501 000	
2.	Jane Co		2.71	20	η),	Court Orde	r No:	T C.I
Employee Signature (2) Date							Approved	
Nevrindor Taneja.			03/2	29/2023	Date:		[1.]	
Supervisor/Department Head Signature Date				ate	· · · · · · · · · · · · · · · · · · ·		Disapproved	

This form is to be used for all out-of-state trips requiring advance approval by the Commissioners Court. Please submit this form as far in advance as possible. This form must be submitted to the Administrator's Office no later than 12:00 noon on Wednesday for inclusion on the following week's Commissioners Court Agenda.

Optiated January 9, 2018



Tarrant County Out-of-State Travel Request

1	artment:		Name: M. Teresa Lobacz					
Purchasing - HUB Program				** <u>If applicable, list additional names below.</u>				
	ference/Seminar Name	ntract Compli	anc	ce Associat	ion (ACC	A)		
Destination: Memphis Tennessee				Dates: Departure: Aug 14-19, 2023				
Proj	ect Expenditures:			Rationale:				
Transportation: \$ 325.00 air & ground				ACCA's comprehensive training program provides a unique opportunity to study among nationally recognized				
	Hotel/Motel:	\$ 745.00 plus tax & fees		experts in their respe focus on the critical i	ssues challenging	our diversity in the		
	Registration:	\$ 850.00		profession. ACCA ha Continuing Education	m Morgan State 21 hours of training.			
	Other (specify): per-diem	\$ 170.00		This is a 2 year prog				
	Total:	\$ 2090.00		Compliance. Nightly Rate for Hote	el \$149/night plus ta	axes and fees.		
**Additional Person(s):				Funds Available in Department Budget? Yes No (List department, line item and amount)				
				Commitment #	Fund #	Cost Center #		
				576285	10000-2023	1830100000		
Employee Signature Da Supervisor/Department Head Signature Da				4/10/23	Court Order No: Date:	Approved Disapproved		

This form is to be used for all out-of-state trips requiring advance approval by the Commissioners Court. Please submit this form as far in advance as possible. This form must be submitted to the Administrator's Office no later than 12:00 noon on Wednesday for inclusion on the following week's Commissioners Court agenda.