6/1

Vendor# // 0002 GL# /6604025-699500

LUBBOCK COUNTY TRAVEL AUTHORIZATION & ADVANCE REQUEST

THE DEPARTMENT DIRECTOR IS RESPONSIBLE FOR SECURING ALL SIGNATURES PRIOR TO TRAVEL. AN APPROVED TRAVEL AUTHORIZATION MUST BE SUBMITTED TO THE AUDITOR'S OFFICE ACCORDING TO THE ACCOUNTS PAYABLE PAYMENT SCHEDULE TO RECEIVE A TRAVEL ADVANCE. RELATED BROCHURES OR OTHER SUPPORTING DATA MUST BE ATTACHED.

NAME: Duran	Arthur	DATE:	04/11/2022
DESTINATION: Vienna, VA	First		
PURPOSE: Cellebrite Evidence Re	enair Technician-Forensi	ic	
	ppan roomnoian roronoi		
DATE(S): 06/12/2022-06/18/2022	22 0 222 00 44.	• • • • • • • • • • • • • • • • • • • •	
	nd required by the <u>101</u>	t h _day of	June , <u>2022</u> .
Registration	Fee	=	\$0.00
7 # of Breakfo	asts @ \$10.00	oer meal =	\$70.00
7 # of Lunche	es @ \$15.00	per meal =	\$105.00
# of Dinners	s @ \$21.00 p	per meal =	\$
# of Days Ic	odging @ \$258.00	per night =	\$322.00
	Total Ad	vance =	\$
Fund #: 166040	25 Line Ite	em: 50	4500
advancement and reimbursement days of returning from this travel or			
EMPLOYEE SIGNATURE		DATE	
I hereby certify the above request department's operations. There cover all reimbursable expenses and meals are included Please issue travel expense advantage.	are sufficient unexpende incurred. Related brochu in the registration fee be	d funds in the cures or other supering requested a	current budget line item to porting data are attached
DEPARTMENT DIRECTOR		DATE	
APPROVAL FROM TWO (2) MEMBERS	OF THE COMMISSIONERS	COURT:	
SIGNATURE		DATE	
SIGNATURE		DATE	

NOTE: TRAVEL IS NOT APPROVED WITHOUT ALL SIGNATURES. TRAVEL MAY NOT BE REIMBURSED WITHOUT PROPER AUTHORIZATION AND SUPPORTING DOCUMENTATION.

Vendor# 11590

LUBBOCK COUNTY TRAVEL AUTHORIZATION & ADVANCE REQUEST **JAU19**

GL#	16604025-599500
	X. 141110

THE DEPARTMENT DIRECTOR IS RESPONSIBLE FOR SECURING ALL SIGNATURES PRIOR TO TRAVEL. AN APPROVED TRAVEL AUTHORIZATION MUST BE SUBMITTED TO THE AUDITOR'S OFFICE ACCORDING TO THE ACCOUNTS PAYABLE PAYMENT SCHEDULE TO RECEIVE A TRAVEL ADVANCE. RELATED BROCHURES OR OTHER SUPPORTING DATA MUST BE ATTACHED.

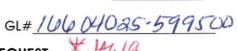
NAME: White	Byron	DATE:	04/11/2022
DESTINATION: Vienna, VA	First		
PURPOSE: Cellebrite Evidence	Repair Technician-Fore	ensic	
DATE(S): 06/12/2022-06/18/20			
✓ Travel advance requeste		10th _day of	June , 2022 .
Registra	tion Fee	=	\$0.00
# of Bred		per meal =	\$ 70.00
# of Lun		per meal =	s 105.00
	ners @ \$21.00	per meal =	\$ 147.00
	/s lodging @ \$		\$
# OI Ddy		Advance =	\$ 327.00
Fund #: 16604025		Item: 599	Υ
have read the Lubbock County advancement and reimbursem days of returning from this trave	ent of expenses. I unders	tand that I must subi	mit a travel report within ten
EMPLOYEE SIGNATURE		DATE	
I hereby certify the above requirement's operations. The cover all reimbursable expensions and meals are included the process of the cover all reimbursable expense and meals are included the coverage of the cov	ere are sufficient unexper ses incurred. Related bro ded in the registration fee	nded funds in the c chures or other sup being requested o	current budget line item to porting data are attached and will not be reimbursed.
DEPARTMENT DIRECTOR		DATE	12-23
APPROVAL FROM TWO (2) MEMI	BERS OF THE COMMISSION	ERS' COURT:	
SIGNATURE		DATE	
SIGNATURE		DATE	

NOTE: TRAVEL IS NOT APPROVED WITHOUT ALL SIGNATURES. TRAVEL MAY NOT BE REIMBURSED WITHOUT PROPER AUTHORIZATION AND SUPPORTING DOCUMENTATION.



Vendor# /OQ1/

TRAVEL AUTHORIZATION & ADVANCE REQUEST * July 19



THE DEPARTMENT DIRECTOR IS RESPONSIBLE FOR SECURING ALL SIGNATURES PRIOR TO TRAVEL. AN APPROVED TRAVEL AUTHORIZATION MUST BE SUBMITTED TO THE AUDITOR'S OFFICE ACCORDING TO THE ACCOUNTS PAYABLE PAYMENT SCHEDULE TO RECEIVE A TRAVEL ADVANCE. RELATED BROCHURES OR OTHER SUPPORTING DATA MUST BE ATTACHED.

NAME: Fillman		Ryan		ATE:_	04/	11/2022
DESTINATION: Vienna, VA	First					
PURPOSE: Cellebrite Evide		echnician-Fore	ensic			
DATE(S): 06/12/2022-06/18	3/2022					
✓ Travel advance reque	ested and req	uired by the _	10th_day o	of	June	, 2022
Regi	stration Fee			=	\$	0.00
# of		@ \$10.00	per meal	=	\$	70.00
# of		@ \$15.00	per meal		\$	105.00
# of		@ \$21.00	per meal		\$	147.00
	Days lodging		7/		\$	×
,			Advance	=	\$	322.00
Fund #: 1660	4025	Line	ltem:		5995	00
advancement and reimburs days of retarning from this tr			e deducted fro	om my		eck.
EMPLOYEE SIGNATURE		-	DATE		0.400	
I hereby certify the above department's operations. cover all reimbursable expand meals are incorporate issue travel expense	There are suff censes incurred cluded in the r	icient unexper d. Related bro registration fee	nded funds in schures or oth e being reque	n the ner su ested	current bud pporting do and will not	dget line item to ata are attached t be reimbursed.
DEPARTMENT DIRECTOR			DAT	E	12.2	
APPROVAL FROM TWO (2) M	EMBERS OF THE	COMMISSION	ERS' COURT:			
SIGNATURE			DATE			
SIGNATURE			DATE	<u> </u>		

NOTE: TRAVEL IS NOT APPROVED WITHOUT ALL SIGNATURES. TRAVEL MAY NOT BE REIMBURSED WITHOUT PROPER AUTHORIZATION AND SUPPORTING DOCUMENTATION.

