NAVARRO COUNTY COMMISSIONER'S COURT

A REGULAR MEETING OF THE NAVARRO COUNTY COMMISSIONER'S COURT WAS HELD ON MONDAY THE, 12TH DAY OF JULY, 2010 AT 10:00 A.M., IN THE COURTROOM OF THE NAVARRO COUNTY COURTHOUSE, CORSICANA, TEXAS. PRESIDING JUDGE HM DAVENPORT, COMMISSIONERS PRESENT KIT HERRINGTON, FAITH HOLT, DAVID WARREN, AND JAMES OLSEN

- 1. 10:02 A.M. MOTION TO CONVENE BY HERRINGTON SEC BY OLSEN ALL VOTED AYE MOTION CARRIED
- 2. OPENING PRAYER BY COMMISSIONER OLSEN
- 3. PLEDGE OF ALLEGIANCE
- 4. PUBLIC COMMENTS-GARY ARNETT-FUNDING FOR 3RD FIRE TRUCK

CONSENT AGENDA

MOTION TO APPROVE CONSENT AGENDA ITEMS 5 -11 TO TABLE 12 & 14 AND APPROVE 13 WITH CONTIGENCY THAT MR KING BEGAIN BUILDING IN 3 MONTHS BY HOLT SEC BY WARREN ALL VOTED AYE MOTION CARRIED

- 5. APPROVE THE MINUTES FROM THE PREVIOUS MEETING OF JULY 1, 2010, AND JULY 2ND, 2010
- 6. APPROVE AND PAY BILLS AS SUBMITTED BY COUNTY AUDITOR
- 7. APPROVE THE MINUTES OF THE JUNE 3RD, 2010 PLANNING AND ZONING MEETING TO WIT PG 88A
- 8. APPROVE A SPECIAL USE PERMIT FOR ROB CORBELLO. THIS REQUEST IS FOR A STORAGE BUILDING WITH A VARIANCE FOR SIZE (35' X 45') TO BE LOCATED ON LOT 278 OF THE SHORES ON RICHLAND CHAMBERS PHASE I
- 9. APPROVE SPECIAL USE PERMIT FOR SCOTT AND TINA FALGOUST, THIS REQUEST IS FOR A STORAGE BUILDING WITH A VARIANCE FOR SIZE (30' X 40') TO BE LOCATED ON LOT 40 OF MATTIE CASTON SHORES PHASE II

- 10. APPROVE A SPECIFIC USE PERMIT FOR AN OIL WELL FOR KILMAMOCK OIL COMPANY; INC. THE PROPERTY IS LOCATED ON SE 1070 IN THE BEVERLY WHITE LEASE
- 11. APPROVE REPLAT OF LOTS 178 AND 179 OF THE SHORES BY THUY-HGUGEN TRAN
- 12. TABLE AMENDING THE NAVARRO COUNTY LAKESHORE AREA ZONING ORDINANCE TO ALLOW TEMPORARY RV LIVING DURING SUMMER MONTHS
- 13. APPROVE SPECIFIC USE PERMIT #10-421 FOR JOHN AND DONNA KING. THIS REQUEST IS FOR THE USE OF TRAVEL TRAILER WHILE A HOME IS UNDER CONTRUCTION ON LOT 20 OF PEARL VALLEY ESTATES PHASE I WITH CONTINGENCY START IN 3 MONTHS
- 14. TABLE TO APPROVE REPLAT OF LOTS 9 AND 10 OF CHANDLERS LANDING BY DEMETRIUS TAYLOR AND GEORGE ZAMORA

REGULAR AGENDA

- 15. TABLE TO APPROVE CO.RD. SE 1240 (DOT NO. 597210P) RAILROAD MILEPOST 223.15 AND CO.RD. SE 1230 (DOT NO. 597211W) RAILROAD MILEPOST 224.26 FOR CLOSURE AFTER THE 21 DAY WAITING PERIOD
- 16. MOTION TO APPROVE ACCEPTING ETHRIDGE LANE ROAD AS A COUNTY ROAD, PCT 2 BY HERRINGTON SEC BY HOLT VOTED -AYE HERRINGTON, HOLT, WARREN & OLSEN VOTED -NO JUDGE DAVENPORT MOTION CARRIED
- 17. MOTION TO APPROVE LEASING UPGRADE XEROX MACHINE TO COLOR COPIER AND SCANNER FOR THE COMMISSIONERS OFFICE AND TO SPLIT COST WITH PLANNING & ZONING BY HOLT SEC BY WARREN

 TO WIT PG 89
 ALL VOTED AYE MOTION CARRIED
- 18. MOTION TO APPROVE COMMISSIONERS ANNUAL ROAD REPORT FOR 2010 AND TO BE SENT TO GRAND JURY BY OLSEN SEC BY WARREN ALL VOTED AYE MOTION CARRIED TO WIT PG 90-96

- 19. MOTION TO APPROVE MODIFYING BRIDGES ON SE CR 2340 AND SE CR 2390 BY CURTIS NEYLAND PRECINCT 3 BY WARREN SEC BY HERRINGTON ALL VOTED AYE MOTION CARRIED
- 20. MOTION TO APPROVE TO START TO APPOINT RESERVE CONSTABLE (JOHNATHON TOWLES) IN PRECINCT 1 BY HERRINGTON SEC BY OLSEN
 ALL VOTED MOTION CARRIED
- 21. MOTION TO TABLE THE RENEWAL NOTICE AND BENEFITS
 CONFIRMATION FROM TEXAS ASSOCIATION OF COUNTIES HEALTH
 AND EMPLOYEE BENEFITS POOL BY HOLT
 MOTION DIES FOR THE LACK OF A SEC
 MOTION TO APPROVE THE RENEWAL NOTICE BY JUDGE DAVENPORT
 SEC BY OLSEN
 ALL VOTED AYE MOTION CARRIED
- 22. MOTION TO APPROVE MODIFICATION AGREEMENTS ON GRANT # G10NT0001A AND GRANT#G09NT0001A BETWEEN NORTH TEXAS HIDTA AND OFFICE OF NATIONAL DRUG CONTROL POLICY BY HERRINGTON SEC BY WARREN

 ALL VOTED AYE MOTION CARRIED
- 23. MOTION TO APPROVING BUDGET TRANSFER OF \$12,000.00 FROM DEPUTIES AND ASSISTANTS (212-612-103) TO PART TIME HELP (212-612-114) DUE TO AN OPEN FULL TIME POSITION, AND NEEDED PART TIME WORKERS TO PERFORM THE NECESSARY ROAD MAINTENANCE IN PRECINCT 2 BY HOLT SEC BY HERRINGTON ALL VOTED AYE MOTION CARRIED
- 24. MOTION TO APPROVE REVISIONS TO NAVARRO COUNTY TRAVEL POLICY NECESSITATED BY THE DELETION OF THE STATE MILEAGE TABLES BY THE TEXAS COMPTROLLER OF PUBLIC ACCOUNTS BY HOLT SEC BY WARREN

 ALL VOTED AYE MOTION CARRIED
- 25. MOTION TO ADJOURN BY HOLT SEC BY WARREN ALL VOTED AYE MOTION CARRIED

I, SHERRY DOWD, NAVARRO COUNTY CLERK, ATTEST THAT THE FOREGOING IS A TRUE AND ACCURATE ACCOUNTING OF THE COMMISSIONERS COURT'S AUTHORIZED PROCEEDING FOR JULY 12, 2010.

SIGNED /2 DAY OF JULY, 2010.

SHERRY DOWD, COUNTY CLERK



PLANNING AND ZONING COMMISSION MINUTES

June 3, 2010

5:00 P.M.

The meeting was called to order with six members present. The roll was called and the attendance was as follows:

Chairman Jacobson – present

Scott Watkins – absent

Carroll Sigman – absent

Vicki Farmer – absent

Dennis Bancroft – absent

Charles Irvine – present

Eben Dale Stover – absent

Vice Chairman Moe –present

Wayne McGuire - absent

Bill Spae – present

Dolores Baldwin – absent

Caleb Jackson – absent

Jeff Smith - present

Item #2 on the agenda was consideration of the minutes of the May 6, 2010 Planning and Zoning meeting. Motion to approve by Commissioner Irvine, second by Commissioner Newton, all voted aye.

Item # 3 on the agenda was consideration of a special exception for Chinn Exploration Company. This request is for a gas well that is subject to Statewide Rule 36 (sour gas). The property is located off FM 416 in the David H. Love survey (Preston Bonner property, Rash #1). This item was tabled from the last meeting and was not taken from the table at the request of the applicant.

Item # 4 on the agenda was consideration of a specific use permit for Rob Corbello. This request is for a storage building with a variance for size to be located on lot 278 of The Shores on Richland Chambers Phase I. Mr. Corbello was not present to answer questions from the board, motion to table by Commissioner Irvine, second by Commissioner Newton, all voted aye.

Item # 5 on the agenda was consideration of a replat of part of lot 2 and lot 3 of Kirks Point subdivision by Don Magnuson. Motion to approve by Vice Chairman Moe, second by Commissioner Smith, all voted aye.

Adjourn.

Lease Agreement

xerox 📢

Customer: NAVARRO, COUNTY OF

Bifto: COUNTY OF NAVARRO **COUNTY AUDITORS OFC**

300 W 3rd Ave

Corsicana, TX 75110-4672

Tax ID#: 1

Negotiated Contract: 071712302

Install: **COUNTY OF NAVARRO COMMISSIONERS OFFICE**

300 W 3rd Ave

Corsicana, TX 75110-4672

Product Description Item	Agreement tr	formation	Trade Information	Requested Install Date
1. WC7425P (WC7425P PRINTER) - Single Line + Ifax - 3-hole Punch(fin-lx) - Ofc Finisher Lx - 3 Tray Mod - Scanning Enabl Kit - Customer Ed	Lease Term: Purchase Option:	60 months FMV	- Xerox WCP232 S/N URR895610 Trade-In as of Payment 38	7/23/2010

22.02	-			
	Meter 1	1 - 2,500 2,501+	Included \$0.0084	- Consumable Supplies Included for all prints - Pricing Fixed for Term
2: N	Meter 2	All Prints	\$0.0890	
	2: N	2: Meter 2	2,501+ 2: Meter 2 All Prints	2,501+ \$0.0084 2: Meter 2 All Prints \$0.0890

Authorized Signature

Customer acknowledges receipt of the terms of this agreement which consists of 2 pages including this face page

Phone: (903)654-3030

Thank You for your business! This Agreement is proudly presented by Xerox and

> Peggy Rush (903)675-3464

For information on your Xerox Account, go to www.xerox.com/AccountManagement



Signature: X

STATE OF TEXAS	ı		{
COUNTY OF NAVARR	.O	•	}
PRECINCT NO. 1	,)

ANNUAL ROAD REPORT

1. Condition of each road, culvert and bridge in the precinct:

To the best of my knowledge all roads, culverts, and bridges are in reasonable condition. On CR NE 3220 a wooden bridge is currently closed. This bridge is located on a dirt road. The State may replace this bridge.

2. Amount of money necessary for maintenance of the precinct roads during the next fiscal year:

Approximate figure of \$1,200,000.00

3. Number of traffic control devices in the precinct defaced or torn down:

Approximate number of 105

4. Any new road that should be opened in the precinct:

None at this time

5. Any bridges, culverts or other improvements necessary to place the precinct roads in good condition, and the probable cost of the improvements:

Estimate of \$60,000.00 for bridges and culverts only

All foregoing responses are submitted to the best of the Precinct Commissioners' knowledge.

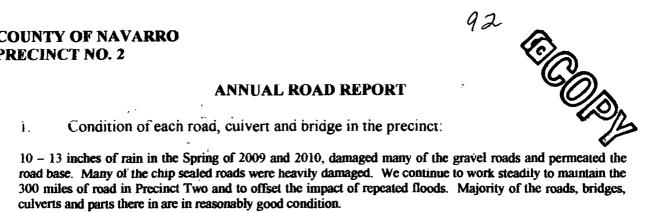
Submitted by the undersigned on this 24th day of June, 2010.

Subscribed and sworn to, before me, the undersigned authority, this 24th day of

JULIE FORGUSON

ANNUAL ROAD REPORT

Condition of each road, culvert and bridge in the precinct: Ì.



2. Amount of money necessary for maintenance of the precinct roads during the next fiscal year:

Approximately \$2 ivi

3. Number of traffic control devices in the precinct defaced or torn down:

At the present...none. But it is a weekly job to maintain signage. Signs are constantly shot, beat with hard objects, written on, etc. Signs are also stolen.

Any new road that should be opened in the precinct. 4.

None

5. Any bridges, culverts or other improvements necessary to place the precinct roads in good condition and the probable cost of the improvements.

Weather will dictate the majority of the coming year's efforts. We've already began replacing rock throughout the precinct and repairing drainage issues. NRCS (Natural Resources Conservation Service) is helping the county by building head walls at culverts/bridges that were damaged by the floods.

All foregoing responses are submitted to the best of	the Precinct Commissioner's knowledge.
Submitted by the undersigned on this day of _	Navarro County Commissioner, Precinct 2
Subscribed and sworn to, before me, the unc	nth
JULIE FORGUSON NOTARY PUBLIC STATE OF TEXAS My Commission Expires 4-17-2013	Julie Forguson Printed Name

STATE OF TEXAS
COUNTY OF NAVARRO
PRECINCT NO. 3

ANNUAL ROAD REPORT

1. Condition of each road, culvert and bridge in the precinct:

Roads are in fair condition, passable.

Culverts are good, safe to travel over.

All bridges are good condition, wooden decks need to be upgraded.

Estimated cost. \$25,000.00 to \$30,000.00 per bridge.

2. Amount of money necessary for maintenance of the precinct roads during the next fiscal year:

Approximately \$1,500,000.00

3. Number of traffic control devices in the precinct defaced or torn down:

Approximately 20 signs

4. Any new road that should be opened in the precinct:

None

5. Any bridges, culverts or other improvements necessary to place the precinct roads in good condition, and the probable cost of the improvements:

Two bridges at approximately \$50,000.00

All foregoing responses are submitted to the best of the Precinct Commissioners' knowledge.

Submitted by the undersigned on this 24th day of June, 2010.

Navarro County Commissioner, Precinct 3

Subscribed and sworn to, before me, the undersigned authority, this 24th day of

June 2010.

Notary Public, State of Texas

JULIE FORGUSON
NOTARY PUBLIC
STATE OF TEXAS
My Commission Expires 4-17-2013

Julie Forguson
Printed Name:

STATE OF TEXAS

COUNTY OF NAVARRO

PRECINCT NO. 4

ANNUAL ROAD REPORT

1. Condition of each road, culvert and bridge in the precinct:

The majority of our roads, culverts, and bridges are in good condition. However, because of budget constraints and recent flooding, there are some currently in poor condition.

2. Amount of money necessary for maintenance of the precinct roads during the next fiscal year:

We will have about \$1 million in our road and bridge budget for Precinct 4. However, it would take about \$1.5 million to <u>properly</u> maintain roads, culverts and bridges.

3. Number of traffic control devices in the precinct defaced or torn down:

Replacing traffic devices is an ongoing challenge. We always have 5 to 10 signs that are either defaced or torn down.

4. Any new road that should be opened in the precinct:

No

5. Any bridges, culverts or other improvements necessary to place the precinct roads in good condition, and the probable cost of the improvements:

We currently have ten culverts on our work order that are in need of replacement. There are about 20 more that will be necessary to replace. We built two bridges this year. There are no plans to build any this coming year. As a result of flooding in early June, we are replacing road material on many of our roads. The estimated cost of repairs and improvements on culverts, bridges and roads will be about \$ 300,000.00

All foregoing responses are submitted to the best of the Precinct Commissioners' knowledge.

Submitted by the undersigned on this 8th day of July, 2010.

Navarro County Commissioner, Precinct 4

JULIE FORGUSON

Julie Forguson Printed Name:





2010 Renewal Notice and Benefit Confirmation

Group: 66504 - Navarro County

Anniversary Date: 10/1/2010

Return to TAC by: July 27, 2010

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels.

If there are any plan changes other than those listed below, or funding changes, please contact Kim Crippen at 800-456-5974.

<u>Medical</u>

Medical Plan: 800 RX Plan: 10/25/40 Option 4A

Your payroll deductions for medical benefits are: Pre Tax

	Current	New Rates Effective	New Amount	New Amount	New Amount Retiree Pays
Tier	Rates	10/1/2010	Employer Pays	Employee Pays	(if applicable)
Employee Only:	\$491.96	\$550.50	\$_550.50	\$0-	\$ 550.50
Employee & 1 Child:	\$668.86	\$748.44	\$_550.50	\$ 197.94	\$_748.44
Employee & Children:	\$881.14	\$986.00	\$_550.50	\$ 435.50	\$ 986,00
Employee & Spouse:	\$1,033.10	\$1,156.04	\$_550.50	\$ 605.54	\$ 1.156.04
Employee & Family:	\$1,338.24	\$1497.48	\$ 550.50	\$ 946.98	\$ 1,497,48

Initial to accept New Medical Plan Rates.

		<u>Lite</u>	- Basic	
Basic Life Products:				Coverage Volume - Employee: \$20,000
(Rates are per thousand)		New Rates		
	Current	Effective	Amount	Amount
	Rates	10/1/2010	Employer Pays	Employee Pays
Life:	\$0.190	\$0.190	100%	0%
AD&D:	\$0.035	\$0.035	100%	0%
Initial to	accept New Ba	sic Life Rates.		
		<u>Life - '</u>	Voluntary	
Voluntary Life Products:				
Dependent Life Retiree Term Life				Coverage Volume - Retiree: \$5,000
-		New Rates	Amount	Amount
	Current	Effective	Employer	Retiree Pays
	Rates	10/1/2010	Pays	(if applicable)
1//	\$0.190	\$0.190	0%	100%
<u>Illi</u> Initial to	confirm volunt	ary life product	s .	
1		R	etir <u>ee</u>	
Your group allows reti	ree coverage		<u>5111 00</u>	
Medical: Pre 65				Life: Pre 65 / Post 65
Medical. Pre 03				Life. Fie 03 / Fost 03
Initial to	confirm retire	o coverage.		
7— (——		Waitir	ng Period	
	Emplo			Elected Officials
Medical 30 d	-	th following WP		1st of month following WP
		th following WP		1st of month following WP
(1)	•	J	•	Č
d////				
initial to	confirm waitin	g perioa.		
•		CORDA A	lasimintuntina	
			<u>lministration</u>	
Your group manages COB	RA administration	on through:		
OASys BCBS	Other:			
Please circle one	Pie	ease name third pa	rty administrator	
Please indicate your	broker / age	nt's name. if a	pplicable	
	•	•		of aga, for modical and dental
• •	•	•	•	of age, for medical and dental.

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- * Form must be received by July 27, 2010 in order to avoid additional administrative fees.
- * Signature on the following page is required to confirm and accept your group's renewal.

TAC HEBP Member Contact Designation Navarro County

Contracting Authority

As specified in the Interlocal Participation Agreement, each Member hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member reserves the right to change its Contracting Authority from time to time by giving written notice to HEBP.

Name Honorable Ruby G. Coker

Title Treasurer

Address 300 West Third Avenue, Suite 17

Corsicana, TX 75110 (903) 654-3090

FAX (903) 875-3391
Email rcoker@navarrocounty.org

Primary Contact

HEBP's main contact for daily matters pertaining to the health benefits.

Name Ms. Jane McCollum Title Assistant Treasurer

Address 300 West Third Avenue, Suite 10

Corsicana, TX 75110

Phone (903) 654-3087

FAX

Phone

Phone

Email jmccollum@navarrocounty.org

Billing Contact

Responsible for receiving all invoices relating to HEBP products and services.

Name Honorable Ruby G. Coker

Title Treasurer

Address 300 West Third Avenue, Suite 17

Corsicana, TX 75110 (903) 654-3090

FAX (903) 875-3391

rcoker@navarrocounty.org

Hell Weerf 3- 12-10

H.M. Davenport J

The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Benefits Pool in Texas.



Renewal Credit

2010 – 2011 RENEWAL CREDIT CONFIRMATION Navarro County – GROUP #66504

Navarro County is eligible to receive a renewal credit for the 2010-2011 plan year, effective on your anniversary date. Upon renewing your health plan with TAC HEBP, beginning on your effective date, each monthly bill will reflect a credit for 1/12th of the total below:

\$28,080

Please sign below indicating the Commissioners Court or Board approval to receive the renewal credit for 2010-2011.

Signature of County Judge or Contracting Authority:

Date: __/_/&_/

Executive Office of the President		AWARD Grant Page 1 of 1		
1.	Recipient Name and Address Judge H. M. Davenport	4. Award Number: G101	NT0001A	
	Navarro County Sheriff's Office 300 W 3rd Avenue Corsicana, TX 75110	5. Grant Period: From 0	1/01/2010 to 12/31/2011	
1A.	Subrecipient IRS/Vendor No.	6. Date: 6/1/2010	7. Action	
	Subrecipient Name and Address	8. Supplement Number	1 Initial	
	•		X Supplemental	
2A.	Subrecipient IRS/Vendor No.:	9. Previous Award Amour	nt: \$2,293,800.00	
3.	Project Title	10. Amount of This Awar	rd: (\$3,676.00)	
	Multiple	11. Total Award:	\$2,290,124.00	
12.	Special Conditions (check, if applicable) The above Grant is approved subject to such cogrant agreement.	onditions or limitations as a	are set forth in the original	
13.	Statutory Authority for Grant: Public Law 111	-117		
14.	Typed Name and Title of Approving Official	1	tle of Authorized Official	
	Arnold R. Moorin	H. M. Davenport		
	National HIDTA Director	Judge		
		Navarro County She		
16.	Signature of Approving ONDCP Official	17. Signature of Author	rized Recipient/Date	
18.	Accounting Classification Code	19. HIDTA AWARD		
	DUNS: 071371363	OND10B3SE1011		
	EIN: 1756001092A1	OND2000000 OC 41	00	
		ЛD: 21211		

*22/	
Mr.	•

ł .	cutive Office of the President ice of National Drug Control Policy	AWARD Grant Page 1 of 1		
1.	Recipient Name and Address Judge H. M. Davenport	4. Award Number: G0	9NT0	001A
	Navarro County Sheriff's Office 300 W 3rd Avenue Corsicana, TX 75110	5. Grant Period: From	01/01	/2009 to 12/31/2010
1A.	Subrecipient IRS/Vendor No.	6. Date: 4/9/2010		7. Action
	Subrecipient Name and Address	8. Supplement Number	r 23	Initial
				X Supplemental
2A.	Subrecipient IRS/Vendor No.:	9. Previous Award Amo	unt:	\$2,332,457.00
3.	Project Title	10. Amount of This Aw	ard:	\$16,000.00
	Multiple	11. Total Award:		\$2,348,457.00
12.	Special Conditions (check, if applicable) The above Grant is approved subject to such cogrant agreement.	onditions or limitations as	are s	et forth in the original
13.	Statutory Authority for Grant: Public Law 111	-8		
1.4	Typed Name and Title of Approving Official	15. Typed Name and T	Citle (of Authorized Official
14.	Arnold R. Moorin	H. M. Davenport	i ilic (of Authorized Official
	National HIDTA Director	_		
	National AIDTA Director	Judge Navarro County S	heriff	's Office
16.	Signature of Approving ONDCP Official	17. Signature of Author	orize	Recipient/Date
		(Amod K)		n di
18.	Accounting Classification Code	19. HIDTA AWARD		
	DUNS: 071371363	OND10B3SE0910		
	EIN: 1756001092A1	OND2000000 OC 4	1100	
		JID: 20443		



Texas Comptroller of Public Accounts Fiscal Management

Send to Printer



Transportation Mileage in personal vehicle

Mileage rate

A state employee is entitled to be reimbursed for mileage incurred to conduct state business. Texas Government Code Section 660.041 The reimbursement may not exceed the product of the actual number of miles traveled for business and the maximum mileage reimbursement rate. Texas Government Code Section 660.042 The mileage reimbursement rate is inclusive of all expenses associated with the employee's use of his or her vehicle. A state agency is not required to reimburse employees at the maximum rate. A state agency may specify a mileage reimbursement rate that is lower than the maximum allowable rate per mile under TEX. GOV'T CODE ANN. §660.007(b). The agency must notify affected individuals in writing about the lower rate before implementing it.

Route determination

The number of reimbursable miles <u>may not</u> exceed the number of miles of the most cost-effective reasonably safe route between two <u>duty points</u>. In determining the most cost-effective reasonably safe route, a state agency may consider the route that provides the shortest distance, the quickest drive time or the safest road conditions.

A member of the Legislature may only receive mileage reimbursement for the most cost-effective route.

Mileage calculation

The number of miles traveled by an employee for state business may be determined by point-to-point itemization. Point-to-point mileage may be documented by an employee's vehicle odometer reading or by a readily available online mapping service. An agency must adopt by internal policy one online mapping service to be used by agency employees. The itemization must be sufficiently detailed for the agency reimbursing the mileage to verify the number of miles.

Note: An increase in the number of miles incurred due to an employee receiving inadequate directions or being lost is not reimbursable.

Travel between residence and an airport

The agency may determine when it is appropriate to reimburse an employee for mileage between a residence and an airport.

Mileage incurred to transport an employee to and from the airport

An agency may determine when it is appropriate to reimburse the mileage costs associated with transporting an employee to (two-way trip) and from (two-way trip) the airport. The mileage reimbursement is limited to the cost of one two-way trip to and from the airport in the employee's personal vehicle plus parking at the airport.

TRAVEL

TABLE OF CONTENTS

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II.	TRAVEL ADVANCE EXPENSE REQUEST	2
III.	AIR TRAVEL	4
IV.	TRAVEL EXPENSE REIMBURSEMENT	6

I. TRAVEL POLICIES

County employees, officials or department heads, traveling out-of-county on official county business, will be reimbursed for such travel upon submitting the appropriate travel expense report to the County Auditor. This Travel Policy applies to travel that includes an overnight stay out of town.

The County will reimburse the state per diem rate for meals. The state reimbursement rate is currently \$36/day. For travel outside of the state of Texas, The County will reimburse the IRS M&IE Rate found in IRS Publication 1542. On the first and last day of travel, the reimbursement will be 75% of the per diem rate.

The County will reimburse actual expenses incurred for lodging. Original itemized receipts to document lodging expenses must be attached to the appropriate travel expense report in order to receive reimbursement. Lodging expenses will not be paid without an original itemized receipt.

The County will reimburse actual other travel expenses only if receipts are submitted with the travel expense report. Other travel expenses will not be paid without an original itemized receipt.

The County will reimburse actual expenses on travel by air, bus or train at the lowest possible refundable rates. All travel by air must be made utilizing the State Travel Management Program (STMP) contract. The passenger's copy of the original ticket for travel by bus or train must be submitted with the travel expense report.

The county will reimburse for use of a personal auto on the basis of the rate used by the State of Texas, currently \$0.50/mile, on the shortest route to and from each destination. Point-to-point mileage must be documented either by an employee's beginning and ending vehicle odometer readings or by googlemaps.com online mapping service using the Navarro County Courthouse as the point of origin and the exact address of the destination as the ending point. The use of the automobile for which reimbursement is sought must be for the benefit of the citizens of Navarro County and within the assigned duties of the person requesting reimbursement.

The following expenses will not be reimbursed:

- Personal telephone calls;
- Personal internet service:
- Spouse's lodging, meals or conference registration;
- Movies, video games or other similar entertainment;
- Cleaning or laundry;
- Other personal items, i.e. books, magazines, toiletries, etc.

It will be the responsibility of each Department to utilize budgeted travel funds for official County business only. These funds are budgeted for the purpose of allowing officials and employees to attend various association meetings, training seminars, educational seminars and required law enforcement travel relating to prisoners and probationers.

It will be the responsibility of each Official or Department Head to see to the strict enforcement of this policy. By signing the travel expense report, the Official or Department Head is certifying that the travel for which reimbursement is being sought was properly authorized and the report and accompanying receipts have been examined and are reasonable.

Out-of-county travel expense reimbursement may be requested in two (2) ways:

• In advance - advance registration, hotel reservations or cash travel advance; or

• After travel has occurred.

The guidelines for completing the appropriate report for each type of reimbursement are outlined on the following pages.

II. ADVANCE TRAVEL EXPENSE REQUEST

The Advance Travel Expense Request form should be used when travel expenses are required in advance of the actual date on which the travel will occur.

This form should be completed as follows:

NAME – Enter the name of the person requesting the travel advance.

DEPARTMENT – Enter the name of the department where the travel expenses will be charged.

PURPOSE OF TRAVEL – Enter the reason for the travel (name of conference, seminar, etc.) and the destination.

NOTE: A copy of the registration form or descriptive literature must accompany the travel advance request before the County Auditor will approve it for disbursement.

TYPE OF ADVANCE REQUIRED – Mark the appropriate block to indicate the type of advance requested, i.e. advance registration, hotel reservations, cash travel advance or other. Please provide an explanation in the space provided if *Other* is marked.

A separate Advance Travel Expense Request form should be completed for each type of advance being requested.

NOTE: Travel advance requests for registration or hotel reservations will be mailed directly from the County Auditor's Office unless other arrangements are made with the County Auditor.

TOTAL AMOUNT REQUESTED – Enter the amount of the expense advance requested.

DATE ADAVANCE REQUIRED - Enter the date on which the travel advance is required.

NOTE: Travel advance requests should be submitted to the County Auditor's Office at least two (2) working days prior to the date the travel advance is required.

TOTAL AMOUNT REQUESTED - Enter the amount of the travel advance being requested.

PAYABLE TO – Enter the name and address of the person, vendor or entity to which the advance check should be made payable. If the check is to be made payable to a county employee, the address is not required.

SIGNATURES – The employee requesting the advance should sign and date the travel advance request in the designated area at the bottom of the form. The Official or Department Head should sign and date the travel advance request in the designated area at the bottom of the form to signify approval of the request. If the travel advance is being requested by an Official or Department Head, a signature is only required in the area designated for the Officeholder's signature.

In order to be approved to receive travel advances, you must submit completed travel reports with all related receipts attached to the County Auditor's Officer no later than fifteen (15) days from the date you return from your trip

NAVARRO COUNTY ADVANCE TRAVEL EXPENSE REQUEST

NAME:		DEPARTMENT:	
PURPOSE (OF TRAVEL:		
TYPE OF AI	DVANCE REQUIRED (Check One):		
	Advance Registration		
	Hotel Reservation		
	Cash Advance		
	Other		
TOTAL AMO	DUNT REQUESTED: \$		
DATE ADVA	NCE REQUIRED:		
PAYABLE T	O (Name & Address):		
		4. 4. 4.	
NOTE:			
County Audito Report of Pers submitted to t	ceive an advance on travel expense, or's Office at least two (2) working da sonal Expenses and Request for Re he County Auditor's Office with all noty or request for reimbursement of a	ys prior to departure. Upon return imbursement form must be complet ecessary receipts attached along wi	to the County, a ed and
	ned certifies that the information con ployee's normal job assignment and		reasonable and
EMPLOYEE SIGN	IATURE DATE	OFFICEHOLDER SIGNATURE	DATE
	COUNTY AUDITO	R'S OFFICE ONLY	
ACCT. NO.:		APPROVED:	

III. AIR TRAVEL

All air travel must be made utilizing the State Travel Management Program (STMP) contract. The STMP contract airline fare authorization form must be completed and submitted to the County Auditor's office for approval.

Air travel by any other means will not be reimbursed unless approved in advance of travel by the County Auditor.

The STMP contract airline authorization request should be completed as follows:

NAME: Full name as it appears on the traveler's driver license.

DEPARTMENT – Enter the name of the department where the travel expenses will be charged.

PURPOSE OF TRAVEL - Enter the reason for the travel (name of conference, seminar, etc.)

NOTE: A copy of the registration form or descriptive literature must accompany the air travel advance request before the County Auditor will approve it.

DESTINATION: The city/state to which you are traveling.

DEPARTURE DATE: The mm/dd/yy you desire to depart.

DEPARTURE TIME: Check the approximate time. (Morning, Noon to 6:00 p.m., or anytime)

RETURN DATE: The mm/dd/yy you desire to return.

RETURN TIME: Check the approximate time. (Morning, Noon to 6:00 p.m., or anytime)

NOTE: Departure/return times will be provided by the travel agent for you to review before booking the flight.

SIGNATURES – The employee requesting the advance should sign and date the travel advance request in the designated area at the bottom of the form. The Official or Department Head should sign and date the travel advance request in the designated area at the bottom of the form to signify approval of the request. If the travel advance is being requested by an Official or Department Head, a signature is only required in the area designated for the Officeholder's signature.

NOTE: Employee must carry a copy of this authorization when traveling.

Once the form has been completed, it should be forwarded to the County Auditor's office. This form should be completed at least 30 days prior to travel for all non-emergency air travel.

EMERGENCY TRAVEL OR PRISONER TRANSPORT

Emergency travel or prisoner transport can be made utilizing the STMP contract. A minimum of 24 hours is required for ticket purchase. Complete the form and hand deliver to the County Auditor's office immediately upon notification of travel.

Revised 7/12/2010

NAVARRO COUNTY STATE TRAVEL MANAGEMENT PROGRAM CONTRACT AIRLINE FARE AUTHORIZATION

NAME:		DEPARTMENT:	
PURPOSE OF TRAVEL:			
DESTINATION:			
DEPARTURE DATE:			
DEPARTURE TIME: o Morr	ing o Noon to 6:00	o Anytime	
RETURN DATE:			
RETURN TIME: o Morning	o Noon to 6:00 o A	nytime	
The undersigned certifies that within the employee's normal		ained herein is true and correct, is ssary for County business.	reasonable and
Employee Signature	Date	Officeholder Signature	Date
Note: Employee must carry	a copy of this author	rization when traveling.	
Travel Agency Use Only			
CONTRACT RATE:			
CONFIRMATION NUMBER	:		
CONFIRMATION DATE:			
Note: Please return this alon	g with Itinerary		
County Auditor's Office On	ly		
AUTHORIZATION FOR TR	AVEL		
Management Program, of	which Navarro Co	ual is authorized to travel utilizionty is a participant. This indivits are the responsibility of Nava	idual is on official
Authorized County Official CONTACT INFORMATIO Office: Navarro County Aud	N FOR THE COUN	VTY:	

Revised 7/12/2010

IV. TRAVEL EXPENSE REIMBURSEMENT

The Report of Personal Expenses Relating to County Business and Request for Reimbursement form should be used after travel expenses have been incurred. The form should be completed as follows:

- **NAME** Enter the name of the person requesting reimbursement for travel expenses. The reimbursement checks will be made payable to the person indicated in this space.
- **DEPT.** Enter the name of the department where the travel expenses should be charged.
- **PURPOSE OF TRAVEL** Enter the title of the conference, seminar or other reason for travel and the destination.
- **PERIOD COVERED BY THIS REQUEST** Enter the dates for which reimbursement is being requested.
- The section provided for itemized, daily travel expenses should be complete as follows:
- **DATE** List the date for each day, in order, for which travel expense reimbursement is requested.
- **TRAVEL FROM** Enter the city where travel began on the date when travel actually occurred.
- TRAVEL TO Enter the city that was your destination on the date when travel actually occurred.
- **NO. MILES** Enter the total mileage traveled, on the dates where *Travel From* and *Travel To* cities were indicated.
- AIR FARE/CAR RENT Enter the expense incurred for travel by public conveyance, i.e. air, bus, train, etc, on the dates when travel actually occurred. Do not include taxi fare in this column.
- **LODGING** Enter the lodging expense on the dates expenses were incurred.
- MEALS The state per diem rate for meals each day should be entered in this column. The reimbursement rate will be 75% of the state per diem rate on the first and last day of travel.
- MISC Other expenses, including tips for services other than meals, that do not fall into the defined categories should be entered in this column. The total of these expenses for each day should be added together and the total entered in this column.
- **DAILY TOTAL** The itemized daily amounts should be totaled for each day and that amount entered on the appropriate line for that day in this column.
- TOTALS Each column, i.e. Air Fare/Car Rent, Lodging, Meals, Misc., Daily Total, should be totaled and that amount entered in the space at the bottom of each column.
- **TOTAL MILEAGE** The column headed *No. Miles* should be totaled and the total entered in the space at the bottom of the column. Total mileage should then be multiplied by the approved reimbursement rate. That amount should be entered in the *Daily Total* column.
- **TOTAL EXPENSES** The daily total and the total mileage amount should be added together and that amount entered in this space.

Revised 7/12/2010

IV. TRAVEL EXPENSE REIMBURSEMENT (Cont'd)

LESS: REQUESTED TRAVEL ADVANCE – Enter the check number, date and amount of any travel advance received for hotel reservations or cash advance in the spaces provided. If no travel advance was received, leave this item blank.

REIMBURSEMENT DUE EMPLOYEE/(AMOUNT DUE COUNTY) – Subtract the travel advance check amount, if any, from the total expenses. If the result is positive, reimbursement for travel expenses is due the employee. If the result is negative, the employee is responsible for returning that amount, with the signed, completed expense reimbursement request form to the County Treasurer.

SIGNATURES – The employee requesting reimbursement should sign and date the report in the designated area at the bottom of the form. The Official or Department Head should sign and date the report in the designated area at the bottom of the form to signify approval of the report. If the report is being made to reimburse the Official or Department Head, a signature is required only in the area designated *Officeholder Signature*.

Once the report has been completed and original, itemized receipts have been attached for all travel expenses other than meals, it should be sent to the County Auditor's Office for approval and reimbursement. If the employee owes the County money, the complete report with all receipts attached as well as the amount due the County should be sent to the County Treasurer's Office.

Checks for reimbursement for travel expenses will be available no later than five (5) working days after the reimbursement request has been submitted and approved by the County Auditor.

NCA03

NAVARRO COUNTY, TEXAS POLICY AND PROCEDURES MANUAL

NAVARRO COUNTY REPORT OF PERSONAL EXPENSES RELATING TO COUNTY BUSINESS AND REQUEST FOR REIMBURSEMENT

NAME:				DEPT:				
PURPOSE OF TRAVEL:								
PERIOD COVERED BY THIS REQUEST:								
FROM:		TO:						
DATE	TRAVEL FROM	TRAVEL TO	NO. MILES	AIRFARE/ CAR RENT	LOCGING	MEALS	MISC	DAILY TOTAL
					<u> </u>			
		i						
L		TOTALS						
TOTAL EXPENSES								
ACCT:	INTY AUDITOR'S		LESS: REQUESTED TRAVEL ADVANCE (CK#, DATE)					
APPR:			REIMBURSEMENT DUE EMPLOYEE / (AMOUNT DUE COUNTY)					
The undersigned certifies that the information contained herein is true and correct, is reasonable, within the employee's normal job assignment, and necessary for County business.								oormal
				_				
EMPLOYEE SIGNATURE DATE OFFICEHOLDER SIGNATURE								