

AGENDA ITEM 22

Consider request from EMS for reimbursement of expenses for 2 employees who submitted bills over the 60 day limit.

EMS Director John Sneed addressed the court concerning this agenda item.

Moved: **Commissioner Hays**

Seconded: **Judge Doerfler**

Motion: To approve the request from EMS for reimbursement of expenses from the 2001/2002 County Budget for 2 employees who submitted bills over the 60 day limit.

Vote: 3 - 1 with Commissioner Heiligenstein voting against the motion and with Commissioner Limmer absent from the meeting.

< Attachment >

John Sneed

From: Thomas Bradford [bbradford@wilcoems.org]
Sent: Monday, October 15, 2001 9:55 PM
To: jsneed@wilcoems.org
Subject: Expenses & Procrastination

Hey John,

In reference to our conversation this afternoon about my expense report, I was serious when I said that I'm a big boy and will own up to my procrastination. I'm not sure that I recall a 60-day limitation, but if that's the rule, I should have known it. I do NOT blame you, and you should not feel bad about it (I'll do enough of that for both of us!).

- Brad.

WILLIAMSON COUNTY EXPENSE REIMBURSEMENT

Pay reimbursement to: T.L. BRADFORD Department: 540/5MS

Date submitted: 10.6.01

Date	Destination	Purpose	Miles
3/28 - 4/1/01	Tampa, FL	DISASTER CONF	—
<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 10px; left: 10px; font-size: 24px; font-weight: bold;">John</div> <div style="position: absolute; top: 20px; left: 30px; font-size: 24px; font-weight: bold;">60</div> <div style="position: absolute; top: 30px; left: 50px; font-size: 24px; font-weight: bold;">+ we</div> <div style="position: absolute; top: 40px; left: 70px; font-size: 24px; font-weight: bold;">pay un</div> <div style="position: absolute; top: 50px; left: 90px; font-size: 24px; font-weight: bold;">want to</div> <div style="position: absolute; top: 60px; left: 110px; font-size: 24px; font-weight: bold;">payment</div> <div style="position: absolute; top: 70px; left: 130px; font-size: 24px; font-weight: bold;">commission</div> <div style="position: absolute; top: 80px; left: 150px; font-size: 24px; font-weight: bold;">over.</div> <div style="position: absolute; top: 10px; right: 10px; border: 1px solid black; padding: 5px; text-align: center;"> <div style="font-size: 18px; font-weight: bold;">G E I V E</div> <div style="font-size: 18px; font-weight: bold;">O C T 1 0 2 0 0 1</div> <div style="font-size: 12px;">AUDITORS OFFICE WILLIAMSON COUNTY, TEXAS</div> </div> </div>			

Mileage Reimbursement.....#miles X rate

Line Item.....
Line Item.....

Meals.....Day trips only

Line Item.....
Line Item.....

Meals.....Overnight trips

Line Item.....5 Days @ \$28 = / DAY
Line Item.....0100-0540-004232

Lodging.....(receipts required)

Line Item.....0100-0540-004232
Line Item.....HYATT TAMPA
3/28 - 3/31

Conference/Seminar fees....(receipts required)

Line Item.....
Line Item.....

Other travel expenses.....(receipts required)

Line Item.....0100-0540-004232
Line Item.....Auto Rental, Tampa
3/28 - 4/1

Other expenses.....(receipts required)

Line Item.....0100-0540-004232
Line Item.....Parking ABIA
Line Item.....

Total Reimbursement.....

Certification: "I certify that the expenses as shown above are true and correct as incurred while traveling on Williamson County business."

Person submitting report.....

Certification by Official/Department Head: "I certify that the above listed expenses are true and correct."

Signature of Official/Department Head.....

Approved 10-30-01
John C. Daerfler

RECORDERS MEMORANDUM
All or parts of the text on this page was not
clearly legible for satisfactory recordation.

RENTAL AGREEMENT NO. 10-7	CAR SERIAL NO. 161NE52J9 16121940	RENTAL DATE-TIME-TAMPA OFFICE-MILEAGE 15459	RETURN DATE-TIME-TAMPA OFFICE-MILEAGE	Alamo
THOMAS BRADFORD 05APR01 05201370 TX 05APR01 UNITED STATES	10601 INDIGO BROOK LOOP AUSTIN TX UNITED STATES	RICHARD GARY 08437R15 TX 01JUL01 UNITED STATES		

* CHOOSE OPTIONAL FUEL PURCHASE AT START OF RENTAL. AT 1.40 PER GALLON (NO REFUND FOR UNUSED FUEL).
 THIS MALIBU NOW CONTAINS 15.0 GALLONS.
 * ACCEPT ADDITIONAL DRIVERS CHARGE OF 4.99 PER PERSON PER DAY.
 * UNHAPPY WITH ANY OPTION. I CAN RETURN WITHIN 24 HOURS OF START OF RENTAL FOR FULL OPTION REFUND.

THE CREDIT CARD PAYMENT HAS BEEN PROCESSED ON YOUR MASTER CARD SHOWN BELOW.

** ALL CURRENCIES SHOWN ARE IN U.S. DOLLARS

* APPLICABLE TAXES ARE 2.75% ON ALL CHARGES MARKED *.
 * AIRPFFEE* IS THE 9.99% AIRPORT FEE
 * FLACHRG* INCLUDES FLORIDA'S 2.00/DAY SURCHARGE AND 0.05/DAY WASTE TIRE & BATTERY FEE.
 * LICRDFEE* IS THE LICENSE RECDUPMENT FEE OF 0.30 PER DAY.

CURRENT RATES: DAILY 39.99 WEEKLY 234.99 EXTRA DAY 34.99 HOURLY 13.33

I AGREE TO PAY AN OVERSTAY FEE OF \$5.00 PER DAY IN ADDITION TO MY OTHER CHARGES IF I KEEP THE CAR PAST 01APR01 19:35 HRS. WITHOUT RECEIVING PERMISSION FROM ALAMO.

PRECALCULATION

TIME	159.96	T
FUEL CHG	21.00	T
AIRPFFEE	17.91	T
FLACHRG	8.20	T
ADD DRV	19.96	T
LICRDFEE	1.20	T
TAXES	15.41	*
CURR CHG	243.64	
CR. CARD	243.64	
BALANCE	.00	

THE VALID AND COLLECTIBLE LIABILITY INSURANCE AND PERSONAL INJURY PROTECTION INSURANCE OF ANY AUTHORIZED RENTAL OR LEASING DRIVER IS PRIMARY FOR THE LIMITS OF LIABILITY AND PERSONAL INJURY PROTECTION COVERAGE REQUIRED BY SS. 324.021(7) AND 327.736, FLORIDA STATUTES.

SERVED BY-15884 ALAMO ID: F888GRCLK SPACES: 0498

RES: 7887309 RA: 030-769610-7

94 86 (P) - 54 #005 1

I AGREE TO ALL TERMS ON THE FRONT AND BACK OF THIS AGREEMENT. I ACKNOWLEDGE RECEIPT OF ALAMO RENTAL AGREEMENT PACKET.

RENTER'S SIGNATURE X

FORM NO. 80018 (7/00)

RECORDERS MEMORANDUM

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ALBERTSON
 INTERNATIONAL AIRPORT
 PARKING RECEIPT
 *** I got you ***
 Entrance: 12:20 3/28/01 Left: 12:21
 Exit: 18:00 3/01/01 Left: 18:40
 Length of stay: 6 h. 19 min
 License plate: XLJ67D
 Vehicle: 170-500-0001 SE01 2A
 Amount paid: 30.00 Cash



Hyatt Regency Tampa
At Tampa City Center
Two Tampa City Center
Tampa, FL 33602 USA
813.225.1234
FAX 813.273.0234

Last Name BRADFORD		First Name THOMAS	
Street 10601 INDIGO BROOM			
City AUSTIN			
State TX		Zip Code 78733	
(512) 263-7084		1/0	

Folio	1	Page	1
Room	534		
Rate	130.00		
Arrival	03/28/01 WED		
Departure	04/01/01 SUN		
Bonuses	CCARD		
Account	XXXXXXXXXXXX2717 02/03		

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
03/28	AVANZARE DINNER	67.86	03/31	813-277-9634 L	1.16
03/28	GUEST MOVIES	11.36	03/31	813-277-9634 L	1.16
03/28	GROUP ROOM	130.00	03/31	IN ROOM DINNER	30.66
03/28	*OCCUPANCY TAX	6.50	03/31	813-277-9634 L	1.16
03/28	*SALES TAX	8.78	03/31	813-277-9634 L	1.16
03/29	IN ROOM BRKFST	12.94	03/31	GROUP ROOM	130.00
03/29	CTY CTR CAFE-BK	23.24	03/31	*OCCUPANCY TAX	6.50
03/29	CTY CTR CAFE-LN	10.50	03/31	*SALES TAX	8.78
03/29	813-277-9634 L	1.16	04/01	IN ROOM BRKFST	19.38
03/29	813-277-9634 L	1.16	04/01	XXXXXXXXXX2717 Ex02/03	-803.26
03/29	GROUP ROOM	130.00		Total Due	.00
03/29	*OCCUPANCY TAX	6.50		MASTERCARD	040440018
03/29	*SALES TAX	8.78		No frequent traveler account has been credited for this stay.	
03/30	CTY CTR CAFE-BK	23.24		To enroll in Gold Passport, call 1-800-51-HYATT.	
03/30	813-277-9634 L	1.16		HOW WAS YOUR STAY?	
03/30	GUEST MOVIES	11.36		Please let us know what you think...	
03/30	813-277-9634 L	1.16		Simply contact me at TSMITH@TPARTPO.HYATT.COM	
03/30	GROUP ROOM	130.00			
03/30	*OCCUPANCY TAX	6.50			
03/30	*SALES TAX	8.78			
03/31	813-828-1110 L	1.16			
03/31	813-277-9634 L	1.16			

Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

*Quinn
w/ min memo are @?

RECORDERS MEMORANDUM
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#

From : BRADFORD

PHONE No. : 512 253 7894

Oct. 10 2001 2:31PM

WILLIAMSON COUNTY EXPENSE REIMBURSEMENT

Pay reimbursement to: Richard Byle Department: EMSDate submitted: 10/12/01

Date	Destination	Purpose	Miles
3-25-01	Tampa, Florida	Disaster Conference	
4-01-01	Return to Austin		

Mileage Reimbursement.....Miles X rate.....

Line Item.....
Line Item.....

Meals.....Day trips only

Line Item.....
Line Item.....

Meals.....Overnight trips

Line Item.....
Line Item.....

Lodging.....(receipts required)

Line Item.....Room
Line Item.....Sales Taxes

Conference/Seminar fees.....(receipts required)

Line Item.....
Line Item.....

Other travel expenses.....(receipts required)

Line Item.....
Line Item.....

Other expenses.....(receipts required)

Line Item.....
Line Item.....
Line Item.....Total Reimbursement.....\$ 721.¹²

Certification: "I certify that the expenses as shown above are true and correct as incurred while traveling on Williamson County business."

Richard Byle

FX 5127591082

Lp ryle

approved 10-30-01
John C. Daerfler
Oct 11 01 8:51

RECORDERS MEMORANDUM
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clearly legible for satisfactory recordation.



Hyatt Regency Tampa
At Tampa City Center
Two Tampa City Center
Tampa, FL 33602 USA
813.225.1234
FAX 813.273.0234

Last Name RYLE		First Name RICHARD	
Street 10601 INDIGO BROOM			
City AUSTIN			
State TX		Zip Code 78733	
(512) 263-7084		1/0	

Folio	1	Page	1
Room	912		
Rate	130.00		
Arrival	03/28/01 WED		
Departure	04/01/01 SUN		
Bonuses	CCARD		
Account	XXXXXXXXXXXX1000 08/01		

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
03/28	GROUP ROOM	130.00	No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.		
03/28	*OCCUPANCY TAX	6.50			
03/28	*SALES TAX	8.78			
03/29	CTY CTR CAFE-LN	11.00			
03/29	GUEST MOVIES	11.36	HOW WAS YOUR STAY? Please let us know what you think... Simply contact me at TSMITH@TPARTPO.HYATT.COM or by telephone at 813-225-1234 ext. 4900.		
03/29	GROUP ROOM	130.00			
03/29	*OCCUPANCY TAX	6.50			
03/29	*SALES TAX	8.78			
03/30	GUEST MOVIES	11.36	Thank you for staying with us. Tom Smith General Manager		
03/30	IN ROOM LUNCH	14.30			
03/30	GROUP ROOM	130.00			
03/30	*OCCUPANCY TAX	6.50			
03/30	*SALES TAX	8.78			
03/31	GROUP ROOM	130.00			
03/31	*OCCUPANCY TAX	6.50			
03/31	*SALES TAX	8.78			
04/01	XXXXXXXXXXXX1000 Ex08/01	-629.14			
	Total Due	.00			
AMERICAN EXPRESS 4090178187					

Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

RECORDERS MEMORANDUM

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AGENDA ITEM 23

Discuss and take any appropriate action regarding issuance of certificates of obligation.

No action was taken on this agenda item.

AGENDA ITEM 24

Discuss and take any appropriate action on road bond program.

Mike Weaver addressed the court concerning road bond issues.

No action was taken on this agenda item.

AGENDA ITEM 25

Consider approving supplemental Work Authorization #1 to Work Authorization #1 with Carter & Burgess, Inc. regarding US 79.

Moved: **Commissioner Heiligenstein**

Seconded: **Judge Doerfler**

Motion: To approve supplemental Work Authorization #1 to Work Authorization #1 with Carter & Burgess, Inc. regarding US 79.

Vote: **4 - 0** with Commissioner Limmer absent from the meeting.

< Attachment >