

**Texas Commission On Environmental Quality  
AGENDA ITEM REQUEST**

**AGENDA REQUESTED: October 17, 2012**

**DATE OF REQUEST: August 15, 2012**

**NAME & NUMBER OF PERSON TO CONTACT REGARDING CHANGES TO  
THIS REQUEST, IF NEEDED: Laura O'Brien at 239-6995**

**CAPTION: Docket No. 2012-1637-MIS.** Consideration of gifts and donations of \$500.00 or more in value given to the TCEQ, submitted for approval in accordance with Chapter 575 of the Government Code, concerning acceptance of gifts by certain state agencies. [Elizabeth West]

**Chief Clerk must send Notice of Application/Hearing:**

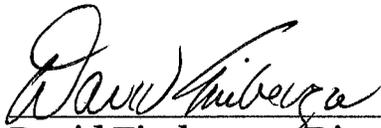
**Type of Matter:**

**County:**

**Uncontested:**

**Contested:**

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**David Timberger, Director  
General Law Division**

## CHAPTER 575. ACCEPTANCE OF GIFT BY STATE AGENCY

### § 575.001. Definitions

In this chapter:

(1) "Gift" means a donation of money or property.

(2) "State agency" means a board, commission, council, committee, department, office, agency, or other governmental entity in the executive or judicial branch of state government. The term does not include an institution of higher education as defined by Section 61.003, Education Code.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997.

### § 575.002. Gifts of \$500 or More

This chapter applies only to a gift that has a value of \$500 or more.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997.

### § 575.003. Acceptance of Gift by State Agency Governing Board

A state agency that has a governing board may accept a gift only if the agency has the authority to accept the gift and a majority of the board, in an open meeting, acknowledges the acceptance of the gift not later than the 90th day after the date the gift is accepted.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997. Amended by Acts 1999, 76th Leg., ch. 143, § 1, eff. Sept. 1, 1999.

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### § 575.004. Record of Gift

A state agency that accepts a gift must record the name of the donor, a description of the gift, and a statement of the purpose of the gift in:

- (1) the minutes of the governing board of the agency; or
- (2) appropriate agency records, if the agency does not have a governing board.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997.

### § 575.005. Acceptance of Gift From Party to Contested Case Prohibited

A state agency may not accept a gift from a person who is a party to a contested case before the agency until the 30th day after the date the decision in the case becomes final under Section 2001.144. In this section, "contested case" has the meaning assigned by Section 2001.003.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997.

# TCEQ Interoffice Memorandum

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**To:** Commissioners  
Zak Covar  
Executive Director

**From:** Elizabeth West, Senior Attorney   
Contracts, Employment Law and Ethics  
General Law Division

David Timberger, Director   
General Law Division

Caroline M. Sweeney, Deputy Director   
Office of Legal Services

**DATE:**

**Caption:** **Docket No. 2012-1637-MIS.** Consideration of gifts and donations of \$500.00 or more in value given to the TCEQ, submitted for approval in accordance with Chapter 575 of the Government Code, concerning acceptance of gifts and donations by certain agencies.

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Chapter 575 of the Government Code gives some specific direction to state agencies regarding the acceptance of gifts and donations. Chapter 575 of the Government Code provides that the Commission must acknowledge the acceptance of all gifts of money or property with a value of \$500 or more in an open meeting no later than the 90th day after the date the gift is accepted. Chapter 575 of the Government Code further states the name of the donor, a description of the gift or donation, and a statement of the purpose of the gift or donation must be recorded in the minutes. Chapter 575 of the Government Code is attached as Exhibit "A."

A list of gifts and donations is attached as Exhibit "B." A Declaration of Third Party Reimbursement form is submitted for each gift or donation listed in Exhibit "B." The Declaration of Third Party Reimbursement forms are attached as Exhibit "C." The Executive Director's approval memorandum is attached as Exhibit "D."

Attachments

**Exhibit "A"**

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**Chapter 575 of the Government Code**

## CHAPTER 575. ACCEPTANCE OF GIFT BY STATE AGENCY

### § 575.001. Definitions

In this chapter:

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A state agency that has a governing board may accept a gift only if the agency has the authority to accept the gift and a majority of the board, in an open meeting, acknowledges the acceptance of the gift not later than the 90th day after the date the gift is accepted.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997. Amended by Acts 1999, 76th Leg., ch. 143, § 1, eff. Sept. 1, 1999.

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A state agency may not accept a gift from a person who is a party to a contested case before the agency until the 30th day after the date the decision in the case becomes final under Section 2001.144. In this section, "contested case" has the meaning assigned by Section 2001.003.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997.

**Exhibit “B”**

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**List of Gifts and Donations**

**TEXAS NATURAL RESOURCE CONSERVATION COMMISSION  
DECLARATION OF THIRD PARTY REIMBURSEMENT**

June 2012 through September 2012

Over \$500.00

REIMBURSING ORGANIZATION	TRAVELERS NAME	DATES OF TRAVEL	DESTINATION	PURPOSE OF TRIP	REIMBURSED	REIMBURSED TOTAL
ASDWA	Johnson, Noble E.	08/03/2012	Baton Rouge, LA	Wide Optimization Program Training & Planning Meeting		\$585.89
					Meals:	\$145.73
					Lodging:	\$440.16
ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Cordell, Melissa	10/25-10/27/2011	Bethesda, MD	Represent the TCEQ and obtain information from other states and the EPA as to how their organizations are dealing with difficult situations		\$851.72
					Public Transport:	\$60.00
					Meals:	\$184.15
					Lodging:	\$510.76
					Parking:	\$21.00
					Personal Mileage:	\$25.81
					Baggage Fees:	\$50.00
ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Patton, Bob	10/25-10/27/2011	Bethesda, MD	2011 ASTSWMO Annual Meeting		\$854.53
					Public Transport:	\$40.00
					Meals:	\$205.83
					Lodging:	\$510.76
					Parking:	\$25.50
					Personal Mileage:	\$22.44
					Baggage Fees:	\$50.00

ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Patton, Bob	06/18-06/21/2012	Providence, RI	ASTSWMO State Superfund Managers Symposium			<b>\$1,417.99</b>
					Airfare:	\$797.20	
					Meals:	\$127.16	
					Lodging:	\$410.19	
					Parking:	\$36.00	
					Personal Mileage:	\$22.44	
					Baggage Fees:	\$25.00	
ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Peavler, Kelly B.	06/18-06/21/2012	Providence, RI	ASTSWMO State Superfund Managers Symposium			<b>\$1,445.55</b>
					Public Transport:	\$50.00	
					Airfare:	\$797.20	
					Meals:	\$143.16	
					Lodging:	\$410.19	
					Baggage Fees:	\$45.00	
ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Power, Abigail	02/27-02/28/2012	Washington D.C.	Attend Association of State & Territorial Solid Waste Management Officials (ASTSWMO) Emerging Issues Work Group			<b>\$616.61</b>
					Public Transport:	\$85.35	
					Meals:	\$112.18	
					Lodging:	\$419.08	
ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Whitney, Christine	4/26/2012	Montgomery, AL	ASTSWMO Mid-Year Meeting			<b>\$970.70</b>
					Public Transport:	\$28.00	
					Airfare:	\$493.20	
					Meals:	\$153.00	
					Lodging:	\$201.20	
					Parking:	\$30.00	
					Personal Mileage:	\$15.30	
					Baggage Fees:	\$50.00	

CRCPD- Conference on Radiation Control Program Directors	Evans, Kayla	5/6-5/11/2012 Orlando, FL	FL	CRCPD Annual Conference					\$1,412.40
						Public Transport:	\$38.00		
						Airfare:	\$266.90		
						Meals:	\$308.00		
						Lodging:	\$749.28		
						Parking:	\$42.00		
						Personal Mileage:	\$8.22		
ECOS-Environmental Council of States	Koch, Jurgen	05/29-06/01/2012	Philadelphia, PA	Exchange Network 2012 Conference					\$1,348.81
						Public Transport:	\$29.65		
						Airfare:	\$745.70		
						Meals:	\$100.00		
						Lodging:	\$473.46		
Energy Communities Alliance	Maguire, Charles	06/21-06/22/2012	Washington, DC	To attend the Energy Communities Alliance Meeting titled "Defining a Nuclear Energy Future Peer Exchange".					\$1,321.12
						Public Transport:	\$34.13		
						Airfare:	\$828.19		
						Lodging:	\$437.80		
						Parking:	\$21.00		
ITRC-Interstate Technology Regulatory Council	Wilkinson, Brad	06/05-06/07/2012	Denver, CO	Munitions Response Team					\$875.00
						Public Transport:	\$32.00		
						Airfare:	\$325.60		
						Meals:	\$159.50		
						Lodging:	\$311.40		
						Parking:	\$21.00		
						Personal Mileage:	\$25.50		





**Exhibit "C"**

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**Declaration of Third Party Reimbursement Forms  
for Supporting Documentation**

# DECLARATION OF EXPENSES REIMBURSEMENT

After the receipts taken, it is the responsibility of the member to submit the receipts to the sponsoring organization. The receipts should be prepared in the following manner, then placed in a separate envelope and forwarded to the Finance Unit, MC-100 or fax to 231-6768

1. Employee Name: Noble E. Johnson
2. Date of Expense: 8/3/2012
3. Location: Raton Rouge, La.
4. Expense for: Wide Optimization Program Training + Planning meeting
5. Sponsoring Organization: ASDWA
6. Itemized Expenses:

Expense Category	Amount	Additional Comments
Hotel		
Meal		
Registration	22.75	
Taxi Cab	12.00	
Gas	22.00	
Food	145.73	Meals + Gratuity
Lodging	440.16	Lodging
Gas	22.00	
Cellular		
Telephone Calls		
Vehicle Mileage	\$2.00	
Registration/Fees	22.75	
Expenses under \$100	22.00	
<b>Total</b>	<b>585.89</b>	

Approved Signatures:

7. [Signature] 8/3/2012

8. [Signature] 8/3/2012

The above (see) signatures certify that the above expenses were incurred for the (see) member and are eligible for reimbursement.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

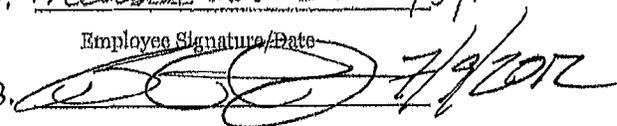
After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Melissa Cordell
2. Dates of Travel: ~~10/24/2012~~ October 25-27, 2012 <sup>MSC</sup> 7/5/12
3. Destination: Bethesda, Maryland
4. Purpose: Represent the TCEQ and obtain information from other states and the EPA as to how their organizations are dealing with difficult situations
5. Reimbursing Organization: ASTSWMO

**6. Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$60.00</u>	_____
Rental Car	_____	_____
Air	_____	_____
Meals	<u>\$184.15</u>	_____
Lodging	<u>\$510.76</u>	_____
Parking	<u>\$21.00</u>	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$25.81</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	<u>\$50.00</u>	<u>baggage fees</u>
<b>Grand Total</b>	<b><u>\$851.72</u></b>	

**Approval Signatures:**

7. Melissa Cordell 7/5/12  
Employee Signature/Date
8.  7/9/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

12 JUL 16 PM0426 TCEQ/FAD

## DECLARATION OF THIRD-PARTY REIMBURSEMENT

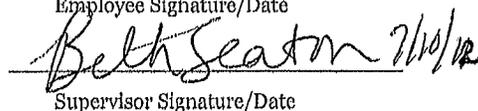
After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Bob Patton
2. Dates of Travel: 10/25-27/2011
3. Destination: Bethesda, MD
4. Purpose: 2011 ASTSWMO Annual Meeting
5. Reimbursing Organization: ASTSWMO
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$40.00</u>	_____
Rental Car	_____	_____
Air	_____	_____
Meals	<u>\$205.83</u>	_____
Lodging	<u>\$510.76</u>	_____
Parking	<u>\$25.50</u>	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$22.44</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	<u>\$50.00</u>	<u>Baggage Fees</u>
<b>Grand Total</b>	<b><u>\$854.53</u></b>	

**Approval Signatures:**

7.  10/27/11  
Employee Signature/Date

8.  11/10/11  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

\*12 JUL 16 PM 04:26 TCEQ.FRD

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

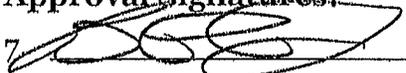
After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Bob Patton
2. Dates of Travel: 6/18-21/2012
3. Destination: Providence, RI
4. Purpose: ASTSWMO State Superfund Managers Symposium
5. Reimbursing Organization: ASTSWMO
6. **Itemized Expenses:**

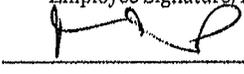
Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	_____	_____
Rental Car	_____	_____
Air	<u>\$797.20</u>	_____
Meals	<u>\$127.16</u>	_____
Lodging	<u>\$410.19</u>	_____
Parking	<u>\$36.00</u>	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$22.44</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	<u>\$25.00</u>	<u>Baggage Fees</u>
<b>Grand Total</b>	<u>\$1,417.99</u>	

RECEIVED FROM TCEQ

**Approval Signatures:**

7. 

Employee Signature/Date

8.  6/29/12

Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

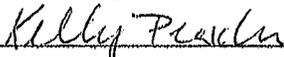
# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Kelly B. Peavler
2. Dates of Travel: 6/18 - 6/21
3. Destination: Providence, RI
4. Purpose: ASTSWMO State Superfund Managers Symposium
5. Reimbursing Organization: ASTSWMO
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$50.00</u>	_____
Rental Car	_____	_____
Air	<u>\$797.20</u>	_____
Meals	<u>\$143.16</u>	_____
Lodging	<u>\$410.19</u>	_____
Parking	_____	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	<u>\$45.00</u>	<u>baggage fees &amp; incid</u>
<b>Grand Total</b>	<b><u>\$ 1,445.55</u></b>	

**Approval Signatures:**

7.   
Employee Signature/Date
8.   
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

\*12 JUL 26 PM 03:17 TCEQ-PAD

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Abigail Power
2. Dates of Travel: ~~12/27/2012~~ 2/27-28/12 lgb
3. Destination: Washington, DC
4. Purpose: Attend Association of State & Territorial Solid Waste Management Officials (ASTSWMO) Emergining Issues Work Group
5. Reimbursing Organization: ASTSWMO
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	\$85.35	_____
Rental Car	_____	_____
Air	_____	_____
Meals	\$112.18	_____
Lodging	\$419.08	_____
Parking	_____	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	_____	_____
<b>Grand Total</b>	<b>\$616.61</b>	

GENERAL REGISTRATION

**Approval Signatures:**

7. Abigail Power 07/06/12  
Employee Signature/Date
8. [Signature] 7/10/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

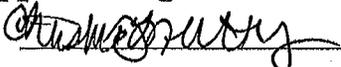
## DECLARATION OF THIRD-PARTY REIMBURSEMENT

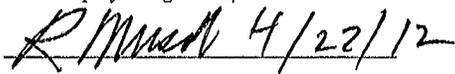
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1. Employee's Name: Christine Whitney
2. Dates of Travel: 4/26/2012
3. Destination: Montgomery, Alabama
4. Purpose: ASTSWMO Mid-Year Meeting
5. Reimbursing Organization: ASTSWMO
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$28.00</u>	_____
Rental Car	_____	_____
Air	<u>\$493.20</u>	<u>*Astswmo paid</u>
Meals	<u>\$153.00</u>	_____
Lodging	<u>\$201.20</u>	_____
Parking	<u>\$30.00</u>	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$15.30</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	<u>\$50.00</u>	<u>Baggage Fees</u>
<b>Grand Total</b>	<b><u>\$970.70</u></b>	

**Approval Signatures:**

7.  4/27/2012  
Employee Signature/Date

8.   
Supervisor Signature/Date

\*12 JUN 28 PM03:25 TCEQ:FAD

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

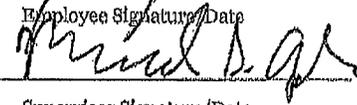
## DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Kayla Evans
2. Dates of Travel: 5/6/2012
3. Destination: Orlando, FL
4. Purpose: CRCPD Annual Conference
5. Reimbursing Organization: CRCPD
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$38.00</u>	_____
Rental Car	_____	_____
Air	<u>\$266.90</u>	_____
Meals	<u>\$308</u>	_____
Lodging	<u>\$749.28</u>	_____
Parking	<u>\$42</u>	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$8.22</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	_____	_____
<b>Grand Total</b>	<b><u>\$1412.40</u></b>	

**Approval Signatures:**

7.  9/25/12  
Employee Signature/Date
8.  9-26-12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: JURGEN KOCH
2. Dates of Travel: 29 MAY - 1 JUNE, 2012
3. Destination: PHILADELPHIA, PA
4. Purpose: EXCHANGE NETWORK 2012 CONFERENCE
5. Reimbursing Organization: ECOS
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>29.65</u>	_____
Rental Car	_____	_____
Air	<u>745.70</u>	_____
Meals	<u>100.00</u>	_____
Lodging	<u>473.46</u>	_____
Parking	_____	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	_____	_____
<b>Grand Total</b>	<b><u>1,348.81</u></b>	

**Approval Signatures:**

7. Jurgen Koch 30 JULY 2012  
Employee Signature/Date
8. [Signature] 7/3/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

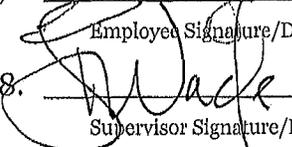
## DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Charles Maguire
2. Dates of Travel: 6/21/2022<sup>12-26</sup>
3. Destination: Washington, DC
4. Purpose: To attend the Energy Communities Alliance Meeting titled "Defining a Nuclear Energy Future Peer Exchange".
5. Reimbursing Organization: Energy Communities Alliance
6. **Itemized Expenses:**

Description	Total	\$1,321.12
Fares:		Additional Comments
Public Transportation	<u>\$34.13</u>	
Rental Car	_____	
Air	<u>\$828.19</u>	
Meals	_____	↙ Reimbursed to TCEQ
Lodging	<u>\$437.80</u>	
Parking	<u>\$21.00</u>	
<b>Other:</b>		
Business Telephone Calls	_____	
Personal Vehicle Mileage	_____	
Seminar Registration/Fees	_____	
Misc. (Describe under comments)	_____	
<b>Grand Total</b>	<b>1321.12</b>	

**Approval Signatures:**

7.  8/9/12  
Employee Signature/Date
8.  8/13/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Brad Wilkinson
2. Dates of Travel: 6/5 - 6/7
3. Destination: Denver
4. Purpose: Munitions Response Team
5. Reimbursing Organization: ITRC

**6. Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>32.<sup>00</sup></u>	_____
Rental Car	_____	_____
Air	<u>325.60</u>	_____
Meals	<u>159.50</u>	_____
Lodging	<u>311.40</u>	_____
Parking	<u>21.<sup>00</sup></u>	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>25.50</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	_____	_____
<b>Grand Total</b>	<u>875.<sup>00</sup></u>	

10311 8085 108 20

**Approval Signatures:**

7. Brad Wilkinson 7/9/12  
Employee Signature/Date
8. [Signature] 7/9/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Brad Broussard
2. Dates of Travel: 7/16/2020 2012
3. Destination: Washingiton, D.C.
4. Purpose: Meetings
5. Reimbursing Organization: Los Alamos National Labs
6. **Itemized Expenses:**

Description	Total	
<b>Fares:</b>		★\$2,316.24
Public Transportation	\$85.00	Additional Comments
Rental Car	_____	
Air	\$1,089.	_____
Meals	60	_____
Lodging	\$309.5	_____
Parking	0	_____
	\$774.04	_____
<b>Other:</b>		
Business Telephone Calls	\$35.00	_____
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	\$23.10	_____
Misc. (Describe under comments)	_____	_____
	_____	_____
<b>Grand Total</b>	★	_____

**Approval Signatures:**

7. B Broussard 8/28/12  
Employee Signature/Date

8. [Signature] 8/28/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

## DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third-Party, this form is to be completed and forwarded to the Travel Unit, MC 181 or Fax to 239-6768.

- (1) Employee's Name: Paul Gorman
- (2) Date of Travel: 07/07/2012 to 07/13/2012
- (3) Destination: Austin, TX
- (4) Purpose: NATIA National Conference      *NATIA National Conference*
- (5) Reimbursing Organization: Southern Environmental Enforcement Network  
*Southern Environmental Enforcement Network*

(6) Itemized Expenses:

Description	Total	Additional Comments
Fares:	\$	
Public Transportation	\$	
Rental Car	\$	
Air	\$	
Meals	\$ 260	<i>260.00</i>
Lodging	\$ 745.20	<i>745.20</i>
Parking	\$ 120.15	<i>120.15</i>
Other:		
Business Telephone Calls	\$	
Personal Vehicle Mileage	\$	
Seminar Registration/Fees	\$	
Misc. (Describe under comments)	\$	
<b>Grand Total</b>	<b>\$ 1125.35</b>	<b><i>1125.35</i></b>

Approval Signatures:

- (7) *[Signature]*      *7-25-12*  
 Employee Signature/Date
- (8) *[Signature]*      *July 25, 2012*  
 Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct. The amount shown on the form is the total amount received from the reimbursing source.

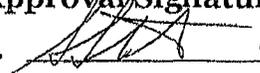
# DECLARATION OF THIRD-PARTY REIMBURSEMENT

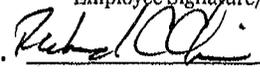
After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Steve Stubbs
2. Dates of Travel: 8/5/2012
3. Destination: Wash DC
4. Purpose: TNI Conference
5. Reimbursing Organization: The NELAC Institute
6. **Itemized Expenses:**

Description	Total	<u>\$2,043.78</u>	Additional Comments
<b>Fares:</b>			
Public Transportation	<u>\$20.00</u>		
Rental Car	_____		
Air	> <u>\$1,045.</u>		
Meals	<u>60</u>		
Lodging	<u>\$169.62</u>		
Parking	<u>\$774.04</u>		
<hr/>			
<b>Other:</b>			
Business Telephone Calls	_____		
Personal Vehicle Mileage	_____		
Seminar Registration/Fees	→ <u>\$31.52</u>		
Misc. (Describe under comments)	_____		
	→ <u>\$3.00</u>		<u>Portage</u>
<b>Grand Total</b>			

### Approval Signatures:

7.  8/29/12  
Employee Signature/Date

8.  8/27/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Muhammadali Abbaszadeh
2. Dates of Travel: 6-24-30-12
3. Destination: oak Ridge, TN
4. Purpose: Training
5. Reimbursing Organization: Nuclear Regulatory Commission

**6. Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	\$0.00	_____
Rental Car	\$0.00	_____
Air	\$0.00	_____
Meals	\$253.00	_____
Lodging	\$626.60	_____
Parking	\$0.00	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	\$0.00	_____
Personal Vehicle Mileage	1,061.60	_____
Seminar Registration/Fees	\$0.00	_____
Misc. (Describe under comments)	\$0.00	_____
<b>Grand Total</b>	<u>1,941.20</u>	

**Approval Signatures:**

7. m. abbaszadeh 9/11/12

Employee Signature/Date

8. David R Ender 9/11/12

Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

## DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Bryan Shaw
2. Dates of Travel: 2/6/12 - 2/7/12
3. Destination: Pheonix, AZ
4. Purpose: attend the USDA Agricultural Air Quality Task Force Meeting
5. Reimbursing Organization: USDA

6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	_____	_____
Rental Car	_____	_____
Air	<u>\$742.59</u>	_____
Meals	<u>\$106.50</u>	_____
Lodging	<u>\$147.55</u>	_____
Parking	<u>\$20.00</u>	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$27.29</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	_____	_____
<b>Grand Total</b>	<u>\$1,043.93</u>	

**Approval Signatures:**

7. \_\_\_\_\_  
Employee Signature/Date

8. Bryan W Shaw 8/9/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Bryan Shaw
2. Dates of Travel: 8/2/2012
3. Destination: Syracuse, NY
4. Purpose: To attend the AAQTF meeting
5. Reimbursing Organization: USDA

6. **Itemized Expenses:**

Description	Total	<u>\$1,131.20</u>	Additional Comments
<b>Fares:</b>			
Public Transportation	<u>\$20.00</u>		
Rental Car	_____	_____	
Air	<u>\$557.20</u>	_____	
Meals	<u>\$196.00</u>	_____	
Lodging	<u>\$282.0</u>	_____	
Parking	_____	_____	
<hr/>			
<b>Other:</b>	<u>\$44.00</u>	_____	
Business Telephone Calls	_____	_____	
Personal Vehicle Mileage	<u>\$32.00</u>	_____	
Seminar Registration/Fees	_____	_____	
Misc. (Describe under comments)	_____	_____	
	_____	_____	
<b>Grand Total :</b>	<u>\$1,131.20</u>		

**Approval Signatures:**

7. Bryan W. Shaw  
Employee Signature/Date
8. 8/8/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

12 AUG 30 09:29 TCEQFAD

## DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768

1. Employee's Name: Richard Scharles
2. Dates of Travel: 5/3/2012
3. Destination: Oklahoma City, OK
4. Purpose: Attend Annual Meeting of the State Coalition for the Remediation of Dry Cleaners (SCRD)
5. Reimbursing Organization: US EPA through Environmental Management Support Inc.
6. Itemized Expenses:

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	_____	_____
Rental Car	_____	_____
Air	<u>383.20</u>	_____
Meals	<u>231.00</u>	_____
Lodging	<u>225.72</u>	_____
Parking	<u>30.00</u>	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	_____	_____
Misc. Describe under comments	_____	_____
<b>Grand Total</b>	<b><u>\$920.92</u></b>	

**Approved Signatures:**

7. [Signature] 7/9/12  
Employee Signature/Date
8. [Signature] 7/9/12  
Supervisor Signature/Date

**Exhibit "D"**

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**Executive Director's Approval Memorandum**

# TCEQ Interoffice Memorandum

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**To:** Zak Covar  
Executive Director

**From:** Elizabeth West, Senior Attorney   
Contracts, Employment Law and Ethics  
General Law Division

David Timberger, Director   
General Law Division

Caroline M. Sweeney, Deputy Director   
Office of Legal Services

**Date:**

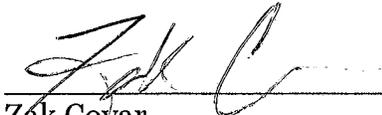
**Caption:** **Docket No. 2012-1637-MIS.** Consideration of gifts and donations of \$500.00 or more in value given to the TCEQ, submitted for approval in accordance with Chapter 575 of the Government Code, concerning acceptance of gifts and donations by certain agencies.

Chapter 575 of the Government Code gives some specific direction to state agencies regarding the acceptance of gifts and donations. Chapter 575 provides that the Commission must acknowledge the acceptance of all gifts of money or property with a value of \$500 or more in an open meeting no later than the 90<sup>th</sup> day after the date the gift is accepted. Chapter 575 further states the name of the donor, a description of the gift or donation, and a statement of the purpose of the gift or donation must be recorded in the minutes. Chapter 575 of the Government Code is attached as Exhibit "A."

Before the Commission can acknowledge the acceptance of gifts and donations with a value of \$500 or more listed in Exhibit "B," the gifts must be accepted by the agency.

A list of gifts and donations is attached as Exhibit "B." A Declaration of Third Party Reimbursement form is submitted for each gift or donation listed in Exhibit "B." The Declaration of Third Party Reimbursement forms are attached as Exhibit "C." Your signature below is needed to "accept" the aforementioned and referenced exhibits. We recommend you sign this form and accept the gifts.

I acknowledge and accept the gifts listed in Exhibit "B," on behalf of the Texas Commission on Environmental Quality.

  
\_\_\_\_\_  
Zak Covar  
Executive Director

Date: 9/28/12

**Exhibit "A"**

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**Chapter 575 of the Government Code**

## CHAPTER 575. ACCEPTANCE OF GIFT BY STATE AGENCY

### § 575.001. Definitions

In this chapter:

(1) "Gift" means a donation of money or property.

(2) "State agency" means a board, commission, council, committee, department, office, agency, or other governmental entity in the executive or judicial branch of state government. The term does not include an institution of higher education as defined by Section 61.003, Education Code.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997.

### § 575.002. Gifts of \$500 or More

This chapter applies only to a gift that has a value of \$500 or more.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997.

### § 575.003. Acceptance of Gift by State Agency Governing Board

A state agency that has a governing board may accept a gift only if the agency has the authority to accept the gift and a majority of the board, in an open meeting, acknowledges the acceptance of the gift not later than the 90th day after the date the gift is accepted.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997. Amended by Acts 1999, 76th Leg., ch. 143, § 1, eff. Sept. 1, 1999.

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### § 575.004. Record of Gift

A state agency that accepts a gift must record the name of the donor, a description of the gift, and a statement of the purpose of the gift in:

(1) the minutes of the governing board of the agency; or

(2) appropriate agency records, if the agency does not have a governing board.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997.

### § 575.005. Acceptance of Gift From Party to Contested Case Prohibited

A state agency may not accept a gift from a person who is a party to a contested case before the agency until the 30th day after the date the decision in the case becomes final under Section 2001.144. In this section, "contested case" has the meaning assigned by Section 2001.003.

Added by Acts 1997, 75th Leg., ch. 336, § 1, eff. Sept. 1, 1997.

**Exhibit "B"**

**List of Gifts and Donations**

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**TEXAS NATURAL RESOURCE CONSERVATION COMMISSION  
DECLARATION OF THIRD PARTY REIMBURSEMENT**

June 2012 through September 2012

Over \$500.00

<b>REIMBURSING ORGANIZATION</b>	<b>TRAVELERS NAME</b>	<b>DATES OF TRAVEL</b>	<b>DESTINATION</b>	<b>PURPOSE OF TRIP</b>	<b>REIMBURSED</b>	<b>REIMBURSED TOTAL</b>
ASDWA	Johnson, Noble E.	08/03/2012	Baton Rouge, LA	Wide Optimization Program Training & Planning Meeting		<b>\$585.89</b>
					Meals:	\$145.73
					Lodging:	\$440.16
ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Cordell, Melissa	10/25-10/27/2011	Bethesda, MD	Represent the TCEQ and obtain information from other states and the EPA as to how their organizations are dealing with difficult situations		<b>\$851.72</b>
					Public Transport:	\$60.00
					Meals:	\$184.15
					Lodging:	\$510.76
					Parking:	\$21.00
					Personal Mileage:	\$25.81
					Baggage Fees:	\$50.00
ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Patton, Bob	10/25-10/27/2011	Bethesda, MD	2011 ASTSWMO Annual Meeting		<b>\$854.53</b>
					Public Transport:	\$40.00
					Meals:	\$205.83
					Lodging:	\$510.76
					Parking:	\$25.50
					Personal Mileage:	\$22.44
					Baggage Fees:	\$50.00

ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Patton, Bob	06/18-06/21/2012	Providence, RI	ASTSWMO State Superfund Managers Symposium			<b>\$1,417.99</b>
					Airfare:	\$797.20	
					Meals:	\$127.16	
					Lodging:	\$410.19	
					Parking:	\$36.00	
					Personal Mileage:	\$22.44	
					Baggage Fees:	\$25.00	
ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Peavler, Kelly B.	06/18-06/21/2012	Providence, RI	ASTSWMO State Superfund Managers Symposium			<b>\$1,445.55</b>
					Public Transport:	\$50.00	
					Airfare:	\$797.20	
					Meals:	\$143.16	
					Lodging:	\$410.19	
					Baggage Fees:	\$45.00	
ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Power, Abigail	02/27-02/28/2012	Washington D.C.	Attend Association of State & Territorial Solid Waste Management Officials (ASTSWMO) Emerging Issues Work Group			<b>\$616.61</b>
					Public Transport:	\$85.35	
					Meals:	\$112.18	
					Lodging:	\$419.08	
ASTSWMO-Association of State & Territorial Solid Waste Management Officials	Whitney, Christine	4/26/2012	Montgomery, AL	ASTSWMO Mid-Year Meeting			<b>\$970.70</b>
					Public Transport:	\$28.00	
					Airfare:	\$493.20	
					Meals:	\$153.00	
					Lodging:	\$201.20	
					Parking:	\$30.00	
					Personal Mileage:	\$15.30	
					Baggage Fees:	\$50.00	



Los Alamos National Labs	Broussard, Brad	07/16-07/20/2012	Washington, DC	Meetings			<b>\$2,316.24</b>
					Public Transport:	\$85.00	
					Airfare:	\$1,089.60	
					Meals:	\$309.50	
					Lodging:	\$774.04	
					Parking:	\$35.00	
					Personal Mileage:	\$23.10	
Southern Environmental Enforcement Network	Gorman, Paul	07/07-07/13/2012	Austin, TX	NATIA National Conference			<b>\$1,125.35</b>
					Meals:	\$260.00	
					Lodging:	\$745.20	
					Parking:	\$120.15	
The NELAC Institute	Stubbs, Steve	08/05-08/10/12	Washington, DC	TNI Conference			<b>\$2,043.78</b>
					Public Transport:	\$20.00	
					Airfare:	\$1,045.60	
					Meals:	\$169.62	
					Lodging:	\$774.04	
					Personal Mileage:	\$31.52	
					Misc. Portage:	\$3.00	
Nuclear Regulatory Commission	Abbaszadeh, Muhammadali	06/24-06/30/2012	Oak Ridge, TN	Training			<b>\$1,941.20</b>
					Meals:	\$253.00	
					Lodging:	\$626.60	
					Personal Mileage:	\$1,061.60	
USDA	Shaw, Bryan	02/06-02/07/2012	Phoenix, AZ	Attend the USDA Agricultural Air Quality Task Force Meeting			<b>\$1,043.93</b>
					Airfare:	\$742.59	
					Meals:	\$106.50	
					Lodging:	\$147.55	
					Parking:	\$20.00	
					Personal Mileage:	\$27.29	

USDA	Shaw, Bryan	07/30-08/02/2012	Syracuse, NY	To attend the AAQTF meeting			<b>\$1,131.20</b>
					Public Transport:	\$20.00	
					Airfare:	\$557.20	
					Meals:	\$196.00	
					Lodging:	\$282.00	
					Other:	\$44.00	
					Business Calls:	\$32.00	
USEPA through Environmental Management Support	Scharlach, Richard	04/30-05/03/2012	Oklahoma City, OK	Attend Annual Meeting of the State Coalition for the Remediation Of Dry Cleaners (SCRD)			<b>\$920.92</b>
					Airfare:	\$383.20	
					Meals:	\$231.00	
					Lodging:	\$276.72	
					Parking:	\$30.00	
					<b>Totals:</b>	<b>\$22,222.94</b>	<b>\$22,222.94</b>

**Exhibit “C”**

**Declaration of Third Party Reimbursement Forms for  
Supporting Documentation**

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# DECLARATION OF THIRD-PARTY REIMBURSEMENT

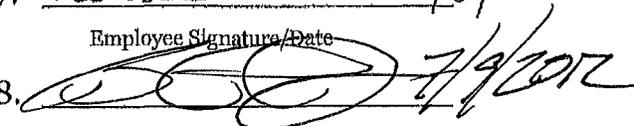
After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Melissa Cordell
2. Dates of Travel: ~~10/24/2027~~ October 25-27, 2012 <sup>MSC</sup> 7/5/12
3. Destination: Bethesda, Maryland
4. Purpose: Represent the TCEQ and obtain information from other states and the EPA as to how their organizations are dealing with difficult situations
5. Reimbursing Organization: ASTSWMO

**6. Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$60.00</u>	_____
Rental Car	_____	_____
Air	_____	_____
Meals	<u>\$184.15</u>	_____
Lodging	<u>\$510.76</u>	_____
Parking	<u>\$21.00</u>	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$25.81</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	<u>\$50.00</u>	<u>baggage fees</u>
<b>Grand Total</b>	<b><u>\$851.72</u></b>	

**Approval Signatures:**

7. Melissa Cordell 7/5/12  
Employee Signature/Date
8.  7/9/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

\*12 JUL 16 PM04:26 TCEQ:FRD



# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

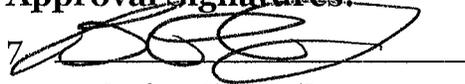
1. Employee's Name: Bob Patton
2. Dates of Travel: 6/18-21/2012
3. Destination: Providence, RI
4. Purpose: ASTSWMO State Superfund Managers Symposium
5. Reimbursing Organization: ASTSWMO

**6. Itemized Expenses:**

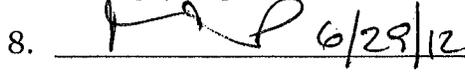
Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	_____	_____
Rental Car	_____	_____
Air	<u>\$797.20</u>	_____
Meals	<u>\$127.16</u>	_____
Lodging	<u>\$410.19</u>	_____
Parking	<u>\$36.00</u>	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$22.44</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	<u>\$25.00</u>	<u>Baggage Fees</u>
<b>Grand Total</b>	<u>\$1,417.99</u>	

RECEIVED MONTH TCEQ-FAD

**Approval Signatures:**

7. 

Employee Signature/Date

8.  6/29/12

Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

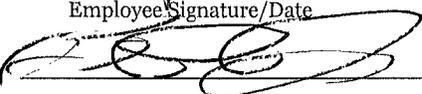
# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Kelly B. Peavler
2. Dates of Travel: 6/18 - 6/21
3. Destination: Providence, RI
4. Purpose: ASTSWMO State Superfund Managers Symposium
5. Reimbursing Organization: ASTSWMO
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$50.00</u>	_____
Rental Car	_____	_____
Air	<u>\$797.20</u>	_____
Meals	<u>\$143.16</u>	_____
Lodging	<u>\$410.19</u>	_____
Parking	_____	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	<u>\$45.00</u>	<u>baggage fees &amp; incid</u>
<b>Grand Total</b>	<b>\$ <u>1,445.55</u></b>	

**Approval Signatures:**

7. Kelly Peavler  
Employee Signature/Date
8.   
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

\*12 JUN 26 PM 03:17 TCEQ:FD

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Abigail Power
2. Dates of Travel: ~~12/27/2012~~ 2/27-28/12 *lgp*
3. Destination: Washington, DC
4. Purpose: Attend Association of State & Territorial Solid Waste Management Officials (ASTSWMO) Emerging Issues Work Group
5. Reimbursing Organization: ASTSWMO

**6. Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$85.35</u>	_____
Rental Car	_____	_____
Air	_____	_____
Meals	<u>\$112.18</u>	_____
Lodging	<u>\$419.08</u>	_____
Parking	_____	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	_____	_____
<b>Grand Total</b>	<u>\$616.61</u>	

06 JUL 11 09:55:10 EDT '12

**Approval Signatures:**

7. *Abigail Power* 07/06/12  
Employee Signature/Date
8. *[Signature]* 7/10/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

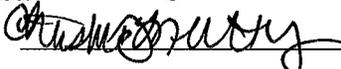
# DECLARATION OF THIRD-PARTY REIMBURSEMENT

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1. Employee's Name: Christine Whitney
2. Dates of Travel: 4/26/2012
3. Destination: Montgomery, Alabama
4. Purpose: ASTSWMO Mid-Year Meeting
5. Reimbursing Organization: ASTSWMO
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$28.00</u>	_____
Rental Car	_____	_____
Air	<u>\$493.20</u>	<u>*Astswmo paid</u>
Meals	<u>\$153.00</u>	_____
Lodging	<u>\$201.20</u>	_____
Parking	<u>\$30.00</u>	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$15.30</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	<u>\$50.00</u>	<u>Baggage Fees</u>
<b>Grand Total</b>	<u>\$970.70</u>	

**Approval Signatures:**

7.  4/27/2012  
Employee Signature/Date

8.   
Supervisor Signature/Date

\*12 JUN 28 PM03:25 TCEQ-FAD

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

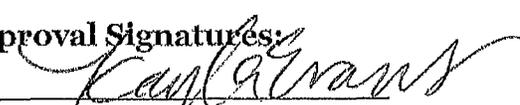
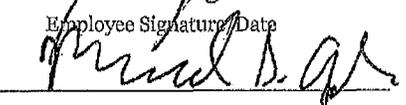
## DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Kayla Evans
2. Dates of Travel: 5/6/2012
3. Destination: Orlando, FL
4. Purpose: CRCPD Annual Conference
5. Reimbursing Organization: CRCPD
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$38.00</u>	_____
Rental Car	_____	_____
Air	<u>\$266.90</u>	_____
Meals	<u>\$308</u>	_____
Lodging	<u>\$749.28</u>	_____
Parking	<u>\$42</u>	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$8.22</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	_____	_____
<b>Grand Total</b>	<b><u>\$1412.40</u></b>	

**Approval Signatures:**

7.  9/25/12  
Employee Signature/Date
8.  9-26-12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: JURGEN KOCH
2. Dates of Travel: 29 MAY - 1 JUNE, 2012
3. Destination: PHILADELPHIA, PA
4. Purpose: EXCHANGE NETWORK 2012 CONFERENCE
5. Reimbursing Organization: ECOS
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>29.65</u>	_____
Rental Car	_____	_____
Air	<u>745.70</u>	_____
Meals	<u>100.00</u>	_____
Lodging	<u>473.46</u>	_____
Parking	_____	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	_____	_____
<b>Grand Total</b>	<u>1,348.81</u>	

**Approval Signatures:**

7. Jurgen Koch 30 JULY 2012  
Employee Signature/Date
8. [Signature] 7/3/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

## DECLARATION OF THIRD-PARTY REIMBURSEMENT

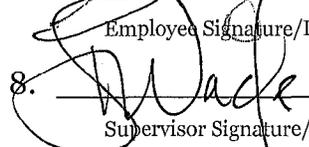
After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Charles Maguire
2. Dates of Travel: 6/21/2022<sup>17th</sup>
3. Destination: Washington, DC
4. Purpose: To attend the Energy Communities Alliance Meeting titled "Defining a Nuclear Energy Future Peer Exchange".
5. Reimbursing Organization: Energy Communities Alliance

**6. Itemized Expenses:**

Description	Total	\$1,321.12
Fares:		Additional Comments
Public Transportation	\$34.13	
Rental Car	_____	
Air	\$828.19	
Meals	_____	↙ Reimbursed to TCEQ
Lodging	\$437.80	
Parking	\$21.00	
<b>Other:</b>		
Business Telephone Calls	_____	
Personal Vehicle Mileage	_____	
Seminar Registration/Fees	_____	
Misc. (Describe under comments)	_____	
<b>Grand Total</b>	<b>1321.12</b>	

**Approval Signatures:**

7.  8/9/12  
Employee Signature/Date
8.  8/13/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Brad Wilkinson
2. Dates of Travel: 6/5 - 6/7
3. Destination: Denver
4. Purpose: Munitions Response Team
5. Reimbursing Organization: JTRC
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>32.<sup>00</sup></u>	_____
Rental Car	_____	_____
Air	<u>325.60</u>	_____
Meals	<u>159.50</u>	_____
Lodging	<u>311.40</u>	_____
Parking	<u>21.<sup>00</sup></u>	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>25.50</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	_____	_____
<b>Grand Total</b>	<u>875.<sup>00</sup></u>	

12 JUL 11 8:05:55 TCEQ-PAD

**Approval Signatures:**

7. Brad Wilkinson 7/9/12  
Employee Signature/Date
8. [Signature] 7/9/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Brad Broussard
2. Dates of Travel: 7/16/2020 2012
3. Destination: Washington, D.C.
4. Purpose: Meetings
5. Reimbursing Organization: Los Alamos National Labs
6. **Itemized Expenses:**

Description	Total	
<b>Fares:</b>		★ \$2,316.24
Public Transportation	<u>\$85.00</u>	<b>Additional Comments</b>
Rental Car	_____	
Air	<u>\$1,089.</u>	_____
Meals	<u>60</u>	_____
Lodging	<u>\$309.5</u>	_____
Parking	<u>0</u>	_____
	<u>\$774.04</u>	_____
<b>Other:</b>		
Business Telephone Calls	<u>\$35.00</u>	_____
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	<u>\$23.10</u>	_____
Misc. (Describe under comments)	_____	_____
	_____	_____
<b>Grand Total</b>	_____	_____

**Approval Signatures:**

7. B Broussard 8/28/12  
Employee Signature/Date

8. [Signature] 8/28/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

## DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third-Party, this form is to be completed and forwarded to the Director, ACIS, at 239-6768.

- (1) Employee's Name: Paul German
- (2) Date of Travel: 07/07/2012 to 07/13/2012
- (3) Destination: Austin, TX
- (4) Purpose: NATIA National Conference      *NATIA National Conference*
- (5) Reimbursing Organization: Southern Environmental Enforcement Network  
*Southern Environmental Enforcement Networks*
- (6) Itemized Expenses:

Description	Total	Additional Comments
Fares	\$	
Public Transportation	\$	
Rental Car	\$	
Air	\$	
Meals	\$ 260	<i>260.00</i>
Lodging	\$ 745.20	<i>745.20</i>
Parking	\$ 120.15	<i>120.15</i>
Other		
Business Telephone Calls	\$	
Personal Vehicle Mileage	\$	
Seminar Registration/Fees	\$	
Misc. (Describe under comments)	\$	
<b>Grand Total</b>	<b>\$ 1125.35</b>	<b><i>1125.35</i></b>

**Approval Signatures:**

- (7) *[Signature]*      *7-25-12*  
 Employee Signature/Date
- (8) *[Signature]*      *July 27, 2012*  
 Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on this form is the total amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Steve Stubbs
2. Dates of Travel: 8/5/2012
3. Destination: Wash DC
4. Purpose: TNI Conference
5. Reimbursing Organization: The NELAC Institute
6. **Itemized Expenses:**

Description	Total	<u>\$2,043.78</u>
Fares:		<b>Additional Comments</b>
Public Transportation	<u>\$20.00</u>	
Rental Car	_____	_____
Air	> <u>\$1,045.</u>	_____
Meals	<u>60</u>	_____
Lodging	<u>\$169.62</u>	_____
Parking	<u>\$774.04</u>	_____
<hr/>		
<b>Other:</b>	_____	_____
Business Telephone Calls		
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	→ <u>\$31.52</u>	_____
Misc. (Describe under comments)	→ <u>\$3.00</u>	_____
		<u>Portage</u>
<b>Grand Total</b>		

**Approval Signatures:**

7.  8/29/12  
Employee Signature/Date
8.  8/27/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Muhammadali Abbaszadeh
2. Dates of Travel: 6-24-30-12
3. Destination: oak Ridge, TN
4. Purpose: Training
5. Reimbursing Organization: Nuclear Regulatory Commission
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	<u>\$0.00</u>	_____
Rental Car	<u>\$0.00</u>	_____
Air	<u>\$0.00</u>	_____
Meals	<u>\$253.00</u>	_____
Lodging	<u>\$626.60</u>	_____
Parking	<u>\$0.00</u>	_____
<b>Other:</b>		
Business Telephone Calls	<u>\$0.00</u>	_____
Personal Vehicle Mileage	<u>1,061.60</u>	_____
Seminar Registration/Fees	<u>\$0.00</u>	_____
Misc. (Describe under comments)	<u>\$0.00</u>	_____
<b>Grand Total</b>	<u>1,941.20</u>	

## Approval Signatures:

7. m. abbaszadeh 9/11/12

Employee Signature/Date

8. Deirdre Ender 9/11/12

Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Bryan Shaw
2. Dates of Travel: 2/6/12 - 2/7/12
3. Destination: Phoenix, AZ
4. Purpose: attend the USDA Agricultural Air Quality Task Force Meeting
5. Reimbursing Organization: USDA
6. **Itemized Expenses:**

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	_____	_____
Rental Car	_____	_____
Air	<u>\$742.59</u>	_____
Meals	<u>\$106.50</u>	_____
Lodging	<u>\$147.55</u>	_____
Parking	<u>\$20.00</u>	_____
<hr/>		
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	<u>\$27.29</u>	_____
Seminar Registration/Fees	_____	_____
Misc. (Describe under comments)	_____	_____
<b>Grand Total</b>	<u>\$1,043.93</u>	

**Approval Signatures:**

7. \_\_\_\_\_

Employee Signature/Date

8. Bryan W Shaw 8/9/12

Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

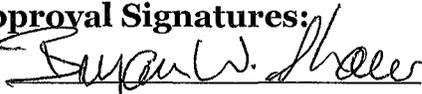
# DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768.

1. Employee's Name: Bryan Shaw
2. Dates of Travel: 8/2/2012
3. Destination: Syracuse, NY
4. Purpose: To attend the AAQTF meeting
5. Reimbursing Organization: USDA
6. **Itemized Expenses:**

Description	Total	<u>\$1,131.20</u>
<b>Fares:</b>		<b>Additional Comments</b>
Public Transportation	<u>\$20.00</u>	
Rental Car	_____	
Air	<u>\$557.20</u>	
Meals	<u>\$196.00</u>	
Lodging	<u>\$282.0</u>	
Parking	_____	
<b>Other:</b>	<u>\$44.00</u>	
Business Telephone Calls	_____	
Personal Vehicle Mileage	<u>\$32.00</u>	
Seminar Registration/Fees	_____	
Misc. (Describe under comments)	_____	
	_____	
<b>Grand Total :</b>	<u>\$1,131.20</u>	

**Approval Signatures:**

7.   
Employee Signature/Date

8. 8/8/12  
Supervisor Signature/Date

The employee/supervisor signatures certify that the information provided is true and correct and the amount shown on the form is the (total) amount received from the reimbursing source.

\*12 AUG 30 AM 09:29 TCEQFAD

## DECLARATION OF THIRD-PARTY REIMBURSEMENT

After the trip is taken, it is the employee's responsibility to file for reimbursement from the reimbursing organization. Upon receipt of payment from the Third Party, this form is to be completed and forwarded to the Travel Unit, MC-181 or fax to 239-6768

1. Employee's Name: Richard Scharle
2. Dates of Travel: 5/3/2012
3. Destination: Oklahoma City, OK
4. Purpose: Attend Annual Meeting of the State Coalition for the Remediation of Dry Cleaners (SCRD)
5. Reimbursing Organization: US EPA through Environmental Management Support Inc.

### 6. Itemized Expenses:

Description	Total	Additional Comments
<b>Fares:</b>		
Public Transportation	_____	_____
Rental Car	_____	_____
Air	<u>383.20</u>	_____
Meals	<u>251.00</u>	_____
Lodging	<u>276.72</u>	_____
Parking	<u>30.00</u>	_____
<b>Other:</b>		
Business Telephone Calls	_____	_____
Personal Vehicle Mileage	_____	_____
Seminar Registration/Fees	_____	_____
Misc. Describe under comment	_____	_____
<b>Grand Total</b>	<u>\$920.92</u>	

### Approval Signatures:

7. [Signature] 7/9/12  
Employee Signature/Date
8. [Signature] 7/9/12  
Supervisor Signature/Date