FORT BEND COUNTY
Travel Expense Reimbursement Report/Transmittal

Name: _	Lida Zabala	SSN or Vendor#	21e133	Department:	District At	torney
Funding S	Source #1:	100480100	63200		·	
		(Accounting Unit)	(Account Number)	(Activity) if applicabl	e (Reporting	Category) if applicable
Funding S	Source #2: (if applicable)	(Accounting Unit)	(Account Number)	(Activity) if applicabl	e (Reporting	Category) if applicable
Purpose of Travel: TDCAA 1				Destination:		
rurpose of	TTravei: TDCAA F	cey rersonner and v	AC Conterence	Date/Time	Kenvine	, 1A
Date/Time	Departure of FBC	11/10/2021	7:03	Arrival at FBC	11/12/2021	17:15
Means of T	Transportation Persor	nal Vehicle	/ehicle	Carpool Rental	Car at Destination	Yes I No
Hotel Prep	oaid 🗌 Yes 🗾 No	Refund due from Ho	tel 🗹 Yes 🗌 No	Cash Receipt Deposit	:#	
Any expen	ses reimbursed by another	agency? (State)	Yes Vo	Agency:		
Any expen	ses charged on the PCARD	? □ Υ	es 🗹 No 🏻 If Yes, list	t expenditures		
Proof	f of payment must be attach	ed for items prepaid l	y check or on the Proci	urement Card (hotel, air	fare, rental car, conf.	registration etc.)
	Date(s)		Merchant/Location/Des rsement list starting and	-	Mileage	Misc. Expenses
11/10/2		n Total (if applicable)	isoment ust starting and	chaing acomation		27.00
11/11/2		ii Totai (ii appiicaole)				36.00
11/12/2				···· -		27.00
11/12/2		he Hills Hotel		,		268.94

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				Total M		
0	10			x Mileage F		- \$358.94
	of State Approval Date by Co copy of minutes with reimbursem			Subto	otals \$0.00 63200	63200
•				Total Reimburseme	ent \$358.94	<u>—</u>
	dersigned hereby certifies that been received for any part the		listed above were incurred	d on official county busine		
	yee Signature:	do- 0 . 8 .	1.	п	Date: 11 15/20	22
	ment Head/	17 1	A	-	- ما ا	100
	ment rieau/ l Official Signature	1/2_IU\	Assessments	I	Date: 11 15	120

FYRA-Never submitted.



Lida Zabala Room No. : 204 24835 providence hgt. way Arrival : 11-10-21 Richmond TX 77406 Departure : 11-12-21 Page No. : 1 of 1 A/R Number Conf. No. : 272687 Cashier No. : 67

: 10918TDCAA21 **Group Code** Company Name : TX District & County Attorneys Assn (TDC

Thank You For Staying With Us

Date	Description	Charges	Credits
11-10-21	Room Charge	119.00	
11-10-21	State Occupancy Tax 6%	7.14	
11-10-21	City Occupancy Tax 7%	8.33	
11-11-21	Room Charge	119.00	
11-11-21	State Occupancy Tax 6%	7.14	
11-11-21	City Occupancy Tax 7%	8.33	
11-12-21	Discover		268.94
	XXXXXXXXXXX4655 XX/XX		
	Total	268.94	268.94
	Balance		0.00

Signature:

I agree that my liability for this bill is not waived and 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.

INVOICE #

196925

Registered By: Lida Zabala (lida.zabala@fbctx.gov)

Registration Date 11/15/2021 12:29:46 PM

Registration Amount

\$350.00

Invoice Date 11/15/2021

Amount Paid

\$0.00

Amount Due

\$350.00

Paid Date



505 W. 12th St., Ste 100 · Austin, TX 78701 · 512-474-2436

Registration Invoice

	eceive credit <u>PLEASE ENTER</u> ER and or PID NUMBER.	2021 Key Personnel & VAC Conference		
Contact Information	: If any pre-populated information e contact Kaylene Braden at	Event Date: 11/10/2021 1:00 PM End Date: 11/12/2021 12:30 PM Location: Inn of the Hills 1001 Junction Hwy. Kerrville, TX 78028		
Title: Ms.		-Full Registration \$350.00		
Badge Name:	Lida	· ·		
First Name:	Lida	Payment Method:	Payment by Check	
Last Name:	Zabala			
Suffix:				
Position:	District Attorney's VAC			
BAR Number:				
PID Number:	, <u>":</u> "			
Employer:	Fort Bend County - DA			
Office Address 1:	301 Jackson St.			
Office Address 2:				
Office City:	Richmond			

lida.zabala@fbctx.gov