FORT BEND COUNTY AUDITOR ACCOUNTS PAYABLE County Auditor Form 1016 (Rev. 11/07)

INVOICE TRANSMITTAL

Accounting Unit (9 digit)	Vendor #		
100543100	Vendor Name)	
Account (5 digit)	Michael Voorhies		
51290	Address		
Grants & Projects (If needed)	1769 County Road 291		
Activity	City Sargent		
Account Category	State	Zip Code	Date
	TX	77414	10.31.2024

Invoice #/Invoice Date/Desc	Amount
Wharton County Junior College 08.29.2024 TCFP test	
TCFP exam schedule fee paid 07.25.2024	
TCFP certification paid 08.29.2024	
See Attached	
	Total

County Auditor's Use Only					
	CC Approval Date				
	Check Type				
	Audited By				
	Received				
	Paid				

Authorized Department Approval

25.00

55.00

85.00

165.00

Treasurer's Register Stamp and Number

Galicia, Melissa

From:

Hartman, Amy

Sent:

Thursday, October 31, 2024 2:05 PM

To:

McNeely, Cindy; Galicia, Melissa

Subject:

RE: Michael Voorhies 10/31/24

Cindy & Melissa,

We do not reimburse convenience fees.

Thanks,

Amy

From: McNeely, Cindy <Cindy.McNeely@fortbendcountytx.gov>

Sent: Thursday, October 31, 2024 1:27 PM

To: Galicia, Melissa <Melissa.Galicia@fortbendcountytx.gov> **Cc:** Hartman, Amy <Amy.Hartman@fortbendcountytx.gov>

Subject: Michael Voorhies 10/31/24

Hi Melissa,

According to Monica, the reimbursement for Voorhies has been deemed to be testing related to certification and exams. It is not registration related to a conference exam. Therefore she has given it to me. With that being decided upon, please toss the travel reimbursement. Then put it on an invoice transmittal and attached all documentation. Last, but most importantly, it will have to go to court for approval. Since it was not paid on a PCard or PO, it will need their approval. I have asked Amy about reimbursement for fees. I will let you know her answer. Once you get their approval, please let me know so I can finish processing it. Thank You,

Cindy

Hi Amy,

There are two convenience fees totaling 3.66 on these receipts. See attached. Do we reimburse these? I know we do not reimburse the convenience fees for the payment of bar dues. Melissa will need to know before she sends it to court. Thanks,

Cindy

FORT BEND COUNTY Travel Expense Reimbursement Report/Transmittal

Name:	Michael Voorhies	SSN or Vendor #	1014176	Department:	5431A- Fire N	Marshal
unding	g Source #1:	100543100	63200			
		(Accounting Unit)	(Account Number)	(Activity) if applicable	(Reporting C	ategory) if applicable
Funding	g Source #2: (if applicable	(Accounting Unit)	(Account Number)	(Activity) if applicable	(Reporting C	ategory) if applicable
Purnose	e of Travel:	West of the control o	1. **	Destination:		
1 ui post				Date/Time		·
Date/Tir	me Departure of FBC					
Means	of Transportation 🔲 Pe	ersonal Vehicle County Veh	nicle Airline	Carpool Rental Car a	nt Destination	Yes No
Hotel P	repaid Yes No	Refund due from Hotel	I ☐ Yes ☐ No	Cash Receipt Deposit #	r an and an and an	
Any exp	penses reimbursed by and	other agency? (State)	Yes No	Agency:		
Any ext	penses charged on the PC	ARD?	✓ No If Yes, lis	t expenditures		
				rement Card (hotel, airfare,	rental car conf	registration etc.)
Proof	of payment must be atta		erchant/Location/Des		rentar car, com	registration etc.)
×	Date(s)	For Mileage Reimburse			Mileage	Misc. Expenses
***************************************	Per	Diem Total (if applicable)				-
08.29	9.2024 Tex	as Commission on Fire Prote	ection Test			25.00
07.2	5.2024 Fire	Marshal State Exam				56.49
08.29	9.2024 Bas	ic Fire Marshal Certification				87.17
	2 0					
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						-
						-
or and						
						· ·
-						
_						1
-					:	
(**************************************				Total Miles		
				x Mileage Rate	0.670	
	ut of State Approval Date bach copy of minutes with rein			Subtotals	\$0.00 63200	\$168.66
(Att	ach copy of minutes with rem	ioursement)		Total Reimbursement	\$168.66	
TI.	undonaloned handles and "C"	on that miles as and average	listed above ware inco	arred on official county busine		= eimhursement
	not been received for any p		poled above were first	irred on official county busine	oo omy, and mat i	· /
Emi	ployee Signature:		>	Date:	9/16/2	-4
N. .	artment Head/	//			///	- 1
	eted Official Signature			Date:	09/17/7	7074

CASHIER: LAMENSKYC

DEBIT CREDIT CODE CODE

DESCRIPTION

DEBIT AMT

CREDIT AMT

CODE COD

2CCR

2CCR 8.29.24 VOORHIES_MICHAEL

\$25.00

\$25.00

TESF TCFP 8.29.24 VOORHIES_MICHAEL

\$25.00

\$25.00

* * DUPLICATE RECEIPT * *

WHARTON COUNTY JR. COLLEG

5333 FM 1640

RICHMOND TX 77469

2812391500

08/29/2024

10:03:46

DEBIT CARD

DEBIT SALE

Card #

XXXXXXXXXXXXX1339

Debit Card Type:

013

Network:

*STAR

Chip Card:

US DEBIT

AID: SEQ #: A0000000980840

Batch #:

9

Trans #:

995

Approval Code:

000844

Entry Method: Mode: Contactless Issuer - PIN Verified

SALE AMOUNT

\$25.00

THANK YOU

CLICTUMED CUDY



4800 N. Lamar Blvd., Suite 370, Austin, TX 78756 512-936-3838 • Fax: 512-936-3808 • www.tcfp.texas.gov

Send mail to this mailing address: PO Box 2286, Austin, TX 78768-2286

TEXAS COMMISSION ON FIRE PROTECTION

BILL TO

MICHAEL D VOORHIES 1769 County Road 291 Sargent Tx 77414 (817) 312-3177 mltzcrs@gmail.com



INVOICE 256165

INVOICE DATE PAYMENT DUE DATE

07/25/2024 07/25/2024

PIN 42916111

ONLINE PAYMENTS

1 Exam paid by Michael Voorhies on 7/25/2024 02:25:42 PM CDT | \$55.00 VISA: Credit \$1.49

MAILED PAYMENTS

No mailed payments \$0.00

TOTAL PAID \$56.49

BALANCE \$0.00

Charges 1 Exam \$55.00

TCFP Fees \$0.00

TCFP Credits \$0.00

Thank you for your payment.



1701 N. Congress Avenue, Suite 1-105, Austin, TX 78701 512-936-3838 • Fax: 512-936-3808 • www.tcfp.texas.gov

> Send mail to this mailing address: PO Box 2286, Austin, TX 78768-2286

TEXAS COMMISSION ON FIRE PROTECTION

Online Exam Eligibility Form

This eligibility form EXPIRES on 8/31/2024

Student Information

Name:

Michael D Voorhies

Date Of Birth:

11/26/1968

PIN:

42916111

Exam Information

Eligibility Form Generated on:

7/25/2024

Exam Name:

Fire Marshal

Exam Time Allotted:

90 minutes

Login Information

User Name:

mike.v.1@att.net

Exam Code:

1690

Additional Information

- You may not have any electronic devices on your person while testing.
- Be sure to make and confirm preparations with your intended Test Site, additional site fees may apply. You can find a list of the approved TCFP online testing facilities on the TCFP website (https://www.tcfp.texas.gov/services/sites/online).
- After testing is complete, you may view your results through your FIDO account (please allow 24 hours for results to be posted).
- First time testing? Viewing the tutorial does not impact your allotted test time.



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> Send mail to this mailing address: PO Box 2286, Austin, TX 78768-2286

TEXAS COMMISSION ON FIRE PROTECTION

BILL TO

MICHAEL D VOORHIES 1769 County Road 291 Sargent Tx 77414 (817) 312-3177 mltzcrs@gmail.com



INVOICE 260607

INVOICE DATE 08/29/2024
PAYMENT DUE DATE 09/28/2024

PIN 42916111

ONLINE PAYMENTS Credit Announcement, Debit Announcement, and ACH

1 Certification paid by Mike Voorhies on 8/29/2024 10:57:12 AM CDT | VISA: Credit \$85.00

Texas.Gov convenience fee \$2.17

MAILED PAYMENTS Check, Money Order, Cashier Check, and Cash

No mailed payments \$0.00

TOTAL PAID \$87.17

BALANCE \$0.00

Charges 1 Certification (See details below [or on next page].) \$85.00

TCFP Fees \$0.00

TCFP Credits \$0.00

Thank you for your payment.

===== ===== DETAILS ======= =====

CHARGES (Total Charges: \$85.00)

Basic Fire Marshal Certification application for Michael D Voorhies, PIN 42916111 \$85.00

CREDITS (Total Credits: \$0.00)

No credits \$0.00

FEES (Total Fees: \$0.00)

No TCFP fees \$0.00