110-25 (06/21)

Completed only	by the Clerk of the Board's Office
Agenda Date:	2/15/22
CBS Sign Off	2 Mille
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COUNTY OF ALAMEDA OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

	AUTHO	RIZATION N	UMBER		a
	Susan S. Muranisl Agency / Departm OUT-OF-STATE TRA 02/07/2022	ent Head - Prir	nt Tim Dupuis	Signa QUEST	DocuSigned by: Im Dupus C504117C2A294A7
am requesting	your approval of the	ne following O	OST request prior	to the event taking	g place.
PLEASE TYPE / PI	formation Technolo	gy Department			DIVISION / UNIT
PLEASE TYPE / PI		R'S NAME *		JOB TITLE /	CLASSIFICATION or VENDOR #
1. 2.	MNI EEGIBLY			Chie	ef Information Officer
3.					
	only eligible persona her contractual agree	ement with the C	ounty. Must specif		vel/events as stated in
			S OF TRAVEL		
DATES (DURA		3/08/2022	To: 03/0		
	GIN (City/State): Oakl			TINATION (City/State	
PURPOSE OF T	RIP: CONFERE	NCE 🔽 MEET	ING SEMINA	R TRAINING	OTHER
NAME OR TIT	TLE OF EVENT (no	acronyms pleas	e): Microsoft Exec	utive Briefing	
	MAXIMUM REIMBU			COST PER TRAN PER PERSON: \$:	
TOTAL COST (Max Reimb/person x no. of travelers): \$ 950			☐ COUNTY TIME-OFF ONLY		
	ACCO	DUNTING INF	ORMATION / FU	NDING SOURCE	
BUSINESS UNIT	ACCOUNT No.	FUND No.	DEPT ID No.	PROGRAM No.	PROJECT/GRANT No.
ITDPT	610201	31040	380100	00000	N/A
	nding source (PI funding 950		ternal Service Fu	nd IOUNT (Noted on the	Board Agenda) 950
Lisa Tran	Y AND RETURN FOI NT NAME) : 5102726170	20208	QIC)	a, ITD-ROV. Digitally eigned by Tree (SIGNATURE)	m, Liss, 1TD-ROV 44-41-08300' 02/07/2022 (DATE) FAX NUMBER: 5102723608
APPROVED BY DEPT.	: ^		Jum	Dupus A117C2A294A7 SIGNATURE)	02/07/2022 (DATE)
CAO:	(PRINTNAME)	na_	<u>Utuvi</u> (s	IGNATURE)	2 422 (DATE)

110-25 (06/21)

Completed only b	y the	Clerk	of the	Board's	Office
Aganda Data:		1,01			

Agenda Date: CBS Sign Off

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COUNTY OF ALAMEDA OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

AUTHORIZATION NUMBER

FROM: A SUBJECT: O	usan S. Muranish gency / Departm UT-OF-STATE TRA 2/07/2022	ent Head - Pri		Signat	Tim Dupius C504117C2A294A7	
I am requesting yo	our approval of th	e following C	OST request prior to	o the event taking	place.	
PLEASE TYPE / PRI						
Info	rmation Technolo		t		DIVISION / UNIT	
	TRAVELER					
PLEASE TYPE / PRIM	NT LEGIBLY			JOB TITLE / CLASSIFICATION or VENDOR #		
1				Assistant	Chief Information Officer	
2.						
3.		*				
* NOTE: The or his/he	nly eligible persona er contractual agree	ment with the (actors are those who a County. Must specify	are reimbursed trave Vendor # above.	el/events as stated in	
		······································	LS OF TRAVEL			
DATES (DURATI		3/08/2022	To: 03/09/		- Marie Carlos C	
POINT OF ORIGI	N (City/State): Oakla	and, CA	DESTI	NATION (City/State)	:Redmond, WA	
PURPOSE OF TR	IP: CONFERE	NCE MEE	ΓING SEMINAR	TRAINING	OTHER	
NAME OR TITL	LE OF EVENT (no	acronyms pleas	se): Microsoft Execut	ive Briefing		
1. AUDITOR'S MAXIMUM REIMBURSEMENT: \$ 950 (per person)			COST PER TRANS TICKET PER PERSON: \$: 400			
TOTAL COST (Max Reimb/person x no. of travelers): \$ 950			☐ COUNTY TIME-OFF ONLY			
	ACCC	HINTING INE	ORMATION / FUN	DINC SOUDCE		
BUSINESS	ACCOUNT	FUND	DEPT ID	PROGRAM	PROJECT/GRANT	
UNIT	No.	No.	No.	No.	No.	
ITDPT	610201	31040	380100	00000	N/A	
			starral Carrias Fun			
2. NAME OF FUN	DING SOURCE (Ple	ease Specify): If	nternal Service Fun	a		
3. AMOUNT OF F	UNDING 950	4.	COUNTY COST AMO	OUNT (Noted on the E	Board Agenda) 950	
			Section 1997			
Lisa Tran	AND RETURN FOR	20208		ITD-ROV Digitally signed by Tran, I Date: 2022.02.07 09:29:1		
(PRINT PHONE NUMBER:	`NAME) 5102726170		QIC) IE LINE: 26170	(SIGNATURE)	(DATE) FAX NUMBER: 5102723608	
APPROVED BY:			Tim	Dupus	02/07/2022	
DEPT. Tim Dup				4117C2A294A7 GNATURE) / /	02/07/2022	
CAO: A	(PRINT NAME)		May	in Hoya	(DATE)	
	(PRINT NAME)		(SIG	NATURĖ) ((DATE)	

110-25 (06/21)

Completed only by the Clerk of the Board's Office Agenda Date:
CBS Sign Off

COUNTY OF ALAMEDA OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

	AUTHO	RIZATION N	UMBER			
OM: A: OUBJECT: OU		ent Head - Prin		Signat	Docusigned by: Tim Dupus C504117C2A294A7	
	2/07/2022	- C-11	0000	. 41 4 . 1	1	
	**	e following O	OST request prior to	o the event taking	place,	
PLEASE TYPE / PRIN Infor	т LEGIBLY mation Technolog	av Department				
	AGENCY / DI	EPARTMENT		DIVISION / UNIT		
PLEASE TYPE / PRIN	TRAVELER T LEGIBLY	'S NAME *		JOB TITLE / C	LASSIFICATION or VENDOR #	
1				Chief	f Technology Officer	
2.						
3.						
			actors are those who county. Must specify		el/events as stated in	
		DETAII	LS OF TRAVEL			
DATES (DURATIO	ON): From: <u>0</u> 3	3/08/2022	To: <u>03/09/</u>	2022		
OINT OF ORIGIN	N (City/State): Burlin	igame, CA	DESTI	NATION (City/State)	Redmond, WA	
PURPOSE OF TRI	P: CONFEREN	ICE V MEET	TING SEMINAR	TRAINING	OTHER	
NAME OR TITL	E OF EVENT (no	acronyms pleas	e): Microsoft Execut	ive Briefing		
AUDITOR'S MAXIMUM REIMBURSEMENT: \$ 950 (per person) TOTAL COST (Max Reimb/person x no. of travelers): \$ 950			COST PER TRANS TICKET PER PERSON: \$: 400 COUNTY TIME-OFF ONLY			
BUSINESS	ACCOUNT	FUND	DEPT ID	PROGRAM	PROJECT/GRANT	
UNIT	No.	No.	No.	No.	No.	
ITDPT	610201	31040	380100	00000	N/A	
. NAME OF FUNI	DING SOURCE (Ple		nternal Service Fun		Board Agenda) 950	
REQUESTED BY A	AND RETURN FOR	M TO: 20208	Tran Lisa	ITD-ROV Digitally signed by Tran,	Lisa, ITD-ROV 48-08'00' 02/07/2022	
·	NAME) 5102726170	((QIC)	(SIGNATURE)	(DATE) FAX NUMBER: 5102723608	
PPROVED BY:			Doc	Δ	TIME HOMBER.	
DEPT. Tim Dup	uis		fim	Dupus 1	02/07/2022	
cao: <u>tau</u>	(PRINT NAME)	1	Kai	GNATURE) Wa	2 7 27	
	(PRINT NAME) 🔱		(SIG	(NATURE)	(DATE)	