

Completed only by the Clerk of the Board's Office
 Agenda Date: 2/15/22
 CBS Sign Off: [Signature]

**COUNTY OF ALAMEDA
 OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST**

AUTHORIZATION NUMBER _____

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Tim Dupuis Signature [Signature]
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: 02/07/2022

DocuSigned by:
Tim Dupuis
 CS04117C2A294A7...

I am requesting your approval of the following OOST request prior to the event taking place.

PLEASE TYPE / PRINT LEGIBLY Information Technology Department AGENCY / DEPARTMENT	DIVISION / UNIT
TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY	JOB TITLE / CLASSIFICATION or VENDOR #
1.	Chief Information Officer
2.	
3.	

* NOTE: The only eligible personal services contractors are those who are reimbursed travel/events as stated in his/her contractual agreement with the County. Must specify Vendor # above.

DETAILS OF TRAVEL

DATES (DURATION): From: 03/08/2022 To: 03/09/2022

POINT OF ORIGIN (City/State): Oakland, CA DESTINATION (City/State): Redmond, WA

PURPOSE OF TRIP: CONFERENCE MEETING SEMINAR TRAINING OTHER

NAME OR TITLE OF EVENT (no acronyms please): Microsoft Executive 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

ACCOUNTING INFORMATION / FUNDING SOURCE

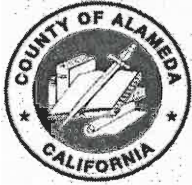
BUSINESS UNIT	ACCOUNT No.	FUND No.	DEPT ID No.	PROGRAM No.	PROJECT/GRANT No.
ITDPT	610201	31040	380100	00000	N/A

2. NAME OF FUNDING SOURCE (Please Specify): Internal Service Fund

3. AMOUNT OF FUNDING 950 4. COUNTY COST AMOUNT (Noted on the Board Agenda) 950

REQUESTED BY AND RETURN FORM TO:
Lisa Tran 20208 Tran, Lisa, ITD-ROV Digitally signed by Tran, Lisa, ITD-ROV Date: 2022.02.07 09:44:41 -0800 02/07/2022
 (PRINT NAME) (QIC) (SIGNATURE) (DATE)
 PHONE NUMBER: 5102726170 TIE LINE: 26170 FAX NUMBER: 5102723608

APPROVED BY:
 DEPT. Tim Dupuis [Signature] 02/07/2022
 (PRINT NAME) (SIGNATURE) (DATE)
 CAO: Laura Floyd [Signature] 2/7/22
 (PRINT NAME) (SIGNATURE) (DATE)



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TRAVELER'S NAME *	JOB TITLE / CLASSIFICATION or VENDOR #
1. _____	Assistant Chief Information Officer
2. _____	
3. _____	

* NOTE: The only eligible personal services contractors are those who are reimbursed travel/events as stated in his/her contractual agreement with the County. Must specify Vendor # above.

DETAILS OF TRAVEL	
DATES (DURATION): From: <u>03/08/2022</u> To: <u>03/09/2022</u>	
POINT OF ORIGIN (City/State): <u>Oakland, CA</u>	DESTINATION (City/State): <u>Redmond, WA</u>
PURPOSE OF TRIP: <input type="checkbox"/> CONFERENCE <input checked="" type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): <u>Microsoft Executive Briefing</u>	
1. AUDITOR'S MAXIMUM REIMBURSEMENT: \$ <u>950</u> (per person)	COST PER TRANS TICKET PER PERSON: \$: <u>400</u>
TOTAL COST (Max Reimb/person x no. of travelers): \$ <u>950</u>	<input type="checkbox"/> COUNTY TIME-OFF ONLY

ACCOUNTING INFORMATION / FUNDING SOURCE					
BUSINESS UNIT	ACCOUNT No.	FUND No.	DEPT ID No.	PROGRAM No.	PROJECT/GRANT No.
ITDPT	610201	31040	380100	00000	N/A
2. NAME OF FUNDING SOURCE (Please Specify): <u>Internal Service Fund</u>					
3. AMOUNT OF FUNDING <u>950</u>			4. COUNTY COST AMOUNT (Noted on the Board Agenda) <u>950</u>		

REQUESTED BY AND RETURN FORM TO:			
<u>Lisa Tran</u> (PRINT NAME)	<u>20208</u> (QIC)	<u>Tran, Lisa, ITD-ROV</u> (SIGNATURE) <small>Digitally signed by Tran, Lisa, ITD-ROV Date: 2022.02.07 09:29:14 -08'00'</small>	<u>02/07/2022</u> (DATE)
PHONE NUMBER: <u>5102726170</u>	TIE LINE: <u>26170</u>	FAX NUMBER: <u>5102723608</u>	
APPROVED BY:			
DEPT. <u>Tim Dupuis</u> (PRINT NAME)	<u>Tim Dupuis</u> (SIGNATURE) <small>CS04117C2A294A7...</small>	<u>02/07/2022</u> (DATE)	
CAO: <u>Laura Lloyd</u> (PRINT NAME)	<u>Laura Lloyd</u> (SIGNATURE)	<u>2/7/22</u> (DATE)	



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Tim Dupuis
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TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY	JOB TITLE / CLASSIFICATION or VENDOR #
1	Chief Technology Officer
2.	
3.	

* NOTE: The only eligible personal services contractors are those who are reimbursed travel/events as stated in his/her contractual agreement with the County. Must specify Vendor # above.

DETAILS OF TRAVEL	
DATES (DURATION): From: <u>03/08/2022</u>	To: <u>03/09/2022</u>
POINT OF ORIGIN (City/State): <u>Burlingame, CA</u>	DESTINATION (City/State): <u>Redmond, WA</u>
PURPOSE OF TRIP: <input type="checkbox"/> CONFERENCE <input checked="" type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): <u>Microsoft Executive Briefing</u>	
1. AUDITOR'S MAXIMUM REIMBURSEMENT: \$ <u>950</u> (per person)	COST PER TRANS TICKET PER PERSON: \$: <u>400</u>
TOTAL COST (Max Reimb/person x no. of travelers): \$ <u>950</u>	<input type="checkbox"/> COUNTY TIME-OFF ONLY

ACCOUNTING INFORMATION / FUNDING SOURCE					
BUSINESS UNIT	ACCOUNT No.	FUND No.	DEPT ID No.	PROGRAM No.	PROJECT/GRANT No.
ITDPT	610201	31040	380100	00000	N/A
2. NAME OF FUNDING SOURCE (Please Specify): <u>Internal Service Fund</u>					
3. AMOUNT OF FUNDING <u>950</u>			4. COUNTY COST AMOUNT (Noted on the Board Agenda) <u>950</u>		

REQUESTED BY AND RETURN FORM TO:					
<u>Lisa Tran</u> (PRINT NAME)	<u>20208</u> (QIC)	<u>Tran, Lisa, ITD-ROV</u> (SIGNATURE)	<small>Digitally signed by Tran, Lisa, ITD-ROV Date: 2022.02.07 09:34:46 -0800'</small>	<u>02/07/2022</u> (DATE)	
PHONE NUMBER: <u>5102726170</u>	TIE LINE: <u>26170</u>	DocuSigned by:		FAX NUMBER: <u>5102723608</u>	
APPROVED BY:					
DEPT. <u>Tim Dupuis</u> (PRINT NAME)	<u>Tim Dupuis</u> (SIGNATURE)	<u>Tim Dupuis</u> (SIGNATURE)		<u>02/07/2022</u> (DATE)	
CAO: <u>Laura Lloyd</u> (PRINT NAME)	<u>Laura Lloyd</u> (SIGNATURE)	<u>Laura Lloyd</u> (SIGNATURE)		<u>2/7/22</u> (DATE)	