



Completed only by the Clerk of the Board's Office

Agenda Date: 3/25/08CBS Sign Off [Signature]

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

3/19/08

AUTHORIZATION NUMBER \_\_\_\_\_

TO: Susan S. Muranishi, County Administrator

FROM: Agency / Department Head - Print: \_\_\_\_\_

Gregory J. Ahern, Sheriff

Signature [Signature]

SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST

DATE: 03/14/08

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

PLEASE TYPE / PRINT LEGIBLY Alameda County Sheriff's Office AGENCY / DEPARTMENT	EOD/Eden Township Substation DIVISION / UNIT
TRAVELER'S NAME *	JOB TITLE / CLASSIFICATION or VENDOR #
PLEASE TYPE / PRINT LEGIBLY	
1. Darren Skoldqvist	Deputy Sheriff
2. Paul Liskey	Deputy Sheriff
3. Gena Livenspargar	Deputy Sheriff

\* 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>04 / 21 / 2008</u> To: <u>04 / 25 / 2008</u>	
POINT OF ORIGIN (City/State): <u>Oakland, CA</u>	DESTINATION (City/State): <u>Boston, MA</u>
PURPOSE OF TRIP: <input type="checkbox"/> CONFERENCE <input type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input checked="" type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): <u>Talon Robot Operations and Maintenance</u>	
MAXIMUM REIMBURSEMENT REQUEST (per person): \$ 1,207.16	COST PER TRANS TICKET: \$: 478.50
TOTAL COST (Max Reimb/person x no. of travelers): \$ 3,621.50	<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.
SHERF	610201	10000	290101	20730	
SHERF	610211	10000	290101	20730	
NON-COUNTY ENTITY FUNDING SOURCE (Please Specify): _____					

REQUESTED BY AND RETURN FORM TO:			
<u>Lorena Mora</u> (PRINT NAME)	<u>26008</u> (QIC)	<u>[Signature]</u> (SIGNATURE)	<u>03/14/08</u> (DATE)
PHONE NUMBER: <u>510-208-9753</u>	TIE LINE: <u>X29753</u>	FAX NUMBER: <u>x29818</u>	
APPROVED BY: <u>Kirsten Veizaga</u> DEPT. <u>[Signature]</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>3/14/08</u> (DATE)	
CAO: <u>Kari Mangel</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>3/19/08</u> (DATE)	

Note: Travel agency should FAX the completed form to Auditor-Controller Agency to the attention of Travel Approver. FAX # (510) 272-6502. The Auditor-Controller's Office will notify the travel agency of the Authorization Number by phone or FAX.