



Completed only by the Clerk of the Board's Office
 Agenda Date: 5/22/18
 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 - Colleen Chawla / Muntu Davis
 SUBJECT: Out-Of-State Travel (OOST) Authorization Request
 DATE SUBMITTED: 02/02/2018

Signature: [Signature]
 Date Signed: _____

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

PLEASE TYPE / PRINT LEGIBLY HCSA / Public Health AGENCY / DEPARTMENT	OOD/ OI And Accreditation DIVISION / UNIT
TRAVELER'S NAME / EMPLOYEE ID *	JOB TITLE / CLASSIFICATION or VENDOR #
1.	Division Director
2.	
3.	
4.	
5.	

* 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: 11/07/2018 To: 11/10/2018	
POINT OF ORIGIN (City/State): <u>Oakland, CA / FORNIA</u>	DESTINATION (City/State): <u>Detroit, MICHIGAN</u>
PURPOSE OF TRIP: <input checked="" type="checkbox"/> Conference <input type="checkbox"/> Meeting <input type="checkbox"/> Seminar <input type="checkbox"/> Training <input type="checkbox"/> Other:	
NAME OR TITLE OF EVENT (no acronyms please): <u>Race Forward: The Center For Racial Justice Innovation</u>	
1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): \$ 2200.00	COST PER TRANS TICKET PER PERSON: \$ 600.00
TOTAL COST (Max Reimb/person x no. of travelers): \$ 2200.00	<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.
	610201	10000	350205-90066		
	610201	10000			
	610201	10000			
2. NAME OF FUNDING SOURCE (Please Specify): _____					
3. AMOUNT OF FUNDING: <u>2200.00</u>			4. COUNTY COST AMOUNT (Noted on the Board Agenda): <u>2200.00</u>		
Finance Reviewer: _____					

REQUESTED BY AND RETURN FORM TO:			
<u>Excite Brandon</u> (PRINT NAME)	<u>21904</u> (QIC)	<u>Pending by Muntu Davis - (Muntu.davis@acgov.org)</u> (MGR APPROVAL / Email)	(DATE):
PHONE NUMBER <u>510-268-2450</u>	TIE LINE <u>22450</u>	FAX NUMBER	
APPROVED BY:			
DEPT HEAD <u>Muntu Davis</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>2/9/18</u> (DATE)	
CAO <u>Peter Coletto</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>5/8/18</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.