



Completed only by the Clerk of the Board's Office
 Agenda Date: 7/24/09
 CBS Sign Off: [Signature]

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

7/9/09

AUTHORIZATION NUMBER _____

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Chris Bazar Signature [Signature]
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: July 7, 2008

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

PLEASE TYPE / PRINT LEGIBLY Community Dev. Agency/Housing & Community Dev. AGENCY / DEPARTMENT	_____ DIVISION / UNIT
TRAVELER'S NAME *	JOB TITLE / CLASSIFICATION or VENDOR #
PLEASE TYPE / PRINT LEGIBLY 1. [REDACTED]	CDA Manager
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>July /28 /2009</u> To: <u>July /31/2009</u>	
POINT OF ORIGIN (City/State): <u>Oakland California</u>	DESTINATION (City/State): <u>Washington, D.C.</u>
PURPOSE OF TRIP: <input checked="" 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>National Conference on Ending Homelessness. Will include meetings with Alameda County congressional delegation.</u>	
MAXIMUM REIMBURSEMENT REQUEST (per person): <u>\$1,500 for ticket hotel, meals, transfers & taxi fees</u>	COST PER TRANS TICKET: \$: <u>\$600</u>
TOTAL COST (Max Reimb/person x no. of travelers): <u>\$ 1,500</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.
CMDEV	610000	10000	260600	0000	
NON-COUNTY ENTITY FUNDING SOURCE (Please Specify): <u>National Alliance to End Homelessness (NAEH) will pay for conference registration, Corporation for Supportive Housing(CSH) will pay for hotel, airline and miscellaneous fees. No direct cost to Com</u>					
REQUESTED BY AND RETURN FORM TO:					
<u>Hazel Weiss</u> (PRINT NAME)	<u>50708</u> (QIC)	<u>[Signature]</u> (SIGNATURE)	<u>7/7/09</u> (DATE)		
PHONE NUMBER: <u>(510) 670-5941</u>	TIE LINE: <u>55941</u>	FAX NUMBER: <u>56378</u>			
APPROVED BY:					
DEPT. <u>Linda M. Gardner, Housing Director</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>7/7/09</u> (DATE)			
CAO: <u>Louie Martinez</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>7/8/09</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.