



Completed only by the Clerk of the Board's Office
Agenda Date: 7/21/09
CBS Sign Off: [Signature]

COUNTY OF ALAMEDA OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

7/15/09

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: 07/13/2009

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

PLEASE TYPE / PRINT LEGIBLY <u>Alameda County Sheriff's Office</u> AGENCY / DEPARTMENT	<u>Crime Laboratory</u> DIVISION / UNIT
TRAVELER'S NAME *	JOB TITLE / CLASSIFICATION or VENDOR #
1. <u>[Redacted]</u>	Criminalist

* 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>08 / 03 / 2009</u> To: <u>08 / 07 / 2009</u>	
POINT OF ORIGIN (City/State): <u>Oakland, CA</u>	DESTINATION (City/State): <u>Clearwater Beach, FL</u>
PURPOSE OF TRIP: <input type="checkbox"/> CONFERENCE <input type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input type="checkbox"/> TRAINING <input checked="" type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): <u>Trace Evidence Symposium.</u>	
MAXIMUM REIMBURSEMENT REQUEST (per person): \$ <u>200.00</u>	COST PER TRANS TICKET: \$: <u>0.00</u>
TOTAL COST (Max Reimb/person x no. of travelers): \$ <u>200.00</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.
SHERF	610201	10000	<u>290356</u>	<u>---</u>	<u>---</u>
SHERF	610211	10000	<u>290356</u>	<u>---</u>	<u>---</u>
NON-COUNTY ENTITY FUNDING SOURCE (Please Specify): <u>\$200 incidental, trip covered by sponsors</u>					

REQUESTED BY AND RETURN FORM TO:					
<u>Kwama Thompson</u> (PRINT NAME)	<u>26008</u> (QIC)	<u>[Signature]</u> (SIGNATURE)	<u>07/13/09</u> (DATE)		
PHONE NUMBER: <u>510-208-9748</u>	TIE LINE: <u>X29748</u>	FAX NUMBER: <u>x29818</u>			
APPROVED BY: <u>HATTON, Steven J</u> DEPT. (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>07/13/2009</u> (DATE)			
CAO: <u>Scam & Ku</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>7/15/09</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.