



Completed only by the Clerk of the Board's Office
 Agenda Date: 7/21/07
 CBS Sign Off: CH-G...

COUNTY OF ALAMEDA
OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

7/13/09

AUTHORIZATION NUMBER

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print: Gregory J. Ahern, Sheriff Signature: *Gregory J. Ahern*
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: 07/10/2009

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>Airport Police Services</u> DIVISION / UNIT
TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY 1. [REDACTED]	JOB TITLE / CLASSIFICATION or VENDOR # Deputy Sheriff II

* 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>07 / 27 / 2009</u> To: <u>07 / 29 / 2009</u>	POINT OF ORIGIN (City/State): <u>Oakland, CA</u> DESTINATION (City/State): <u>Lake Buena Vista, 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>Annual Transportation Security Administration Canine Review</u>	
MAXIMUM REIMBURSEMENT REQUEST (per person): \$ 1,050.00	COST PER TRANS TICKET: \$: 1,050.00
TOTAL COST (Max Reimb/person x no. of travelers): <u>\$ 1,050.00</u> ^{\$1,622} <i>AW</i>	<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>290651</u>	<u>80070</u>	
SHERF	610211	10000	<u>290651</u>	<u>80070</u>	
NON-COUNTY ENTITY FUNDING SOURCE (Please Specify):					

REQUESTED BY AND RETURN FORM TO: <u>Kwama Thompson</u> <u>26008</u> (PRINT NAME) (QIC)			<u><i>[Signature]</i></u> (SIGNATURE)	<u>07/10/09</u> (DATE)
PHONE NUMBER: <u>510-208-9748</u>	TIE LINE: <u>X29748</u>	FAX NUMBER: <u>x29818</u>		
APPROVED BY: <u>Kirsten B Veizaga</u> DEPT. (PRINT NAME)	<u><i>Kirsten B Veizaga</i></u> (SIGNATURE)	<u>7/10/09</u> (DATE)		
CAO: <u>Scarlett Ku</u> (PRINT NAME)	<u><i>Scarlett Ku</i></u> (SIGNATURE)	<u>7/13/09</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.