



Completed only by the Clerk of the Board's Office

Agenda Date:

CBS Sign Off

8/6/24
2-8a.m.

COUNTY OF ALAMEDA OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

AUTHORIZATION NUMBER

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Pamela Y. Price Signature Pamela Y. Price
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE:

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

PLEASE TYPE / PRINT LEGIBLY	
District Attorney's Office AGENCY / DEPARTMENT	
TRAVELER'S NAME *	
PLEASE TYPE / PRINT LEGIBLY	
1	
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>08 / 04 / 2024</u>			To: <u>08 / 10 / 2024</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>National Black Prosecutors Association Annual Conference</u>					
1. AUDITOR'S MAXIMUM REIMBURSEMENT: \$ <u>3,155.47</u> (per person)			COST PER TRANS TICKET PER PERSON: \$: <u>1,450</u>		
TOTAL COST (Max Reimb/person x no. of travelers): \$ <u>3,155.47</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.
DAOFF	610201	1000	230100	00000	
2. NAME OF FUNDING SOURCE (Please Specify): <u></u>					
3. AMOUNT OF FUNDING <u>\$0</u>		4. COUNTY COST AMOUNT (Noted on the Board Agenda) <u>\$5,480.47</u>			

REQUESTED BY AND RETURN FORM TO:		21001		7/17/2024	
Simona Farrise Best (PRINT NAME)		(QIC)		(DATE)	
PHONE NUMBER: <u>510-272-6310</u>		TIE LINE:		(SIGNATURE)	
APPROVED BY: DEPT. <u>Pamela Y. Price</u> (PRINT NAME)		(SIGNATURE)		FAX NUMBER:	
CAO: <u>Mark Lipton</u> (PRINT NAME)		(SIGNATURE)		7/19/24 (DATE)	
				7/22/24 (DATE)	