



Completed only by the Clerk of the Board's Office

Agenda Date: 8/16/24CBS Sign Off [Signature]

## 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 <u>District Attorney's Office</u> AGENCY / DEPARTMENT	<u>Consumer Justice Bureau</u> DIVISION / UNIT
TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY 1. _____ 2. _____ 3. _____	JOB TITLE / CLASSIFICATION or VENDOR # <u>Senior Assistant District Attorney</u>

\* 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: \$ 3,155.47 (per person)	COST PER TRANS TICKET PER PERSON: \$: 1,450
TOTAL COST (Max Reimb/person x no. of travelers): \$ 3,155.47	<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): _____					
3. AMOUNT OF FUNDING \$0			4. COUNTY COST AMOUNT (Noted on the Board Agenda) \$5,480.47		

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