

Completed only	by the Clerk of the Board's Office
Agenda Date:	10/24/23
CBS Sign Off	Ta Cakh

COUNTY OF ALAMEDA OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

		AUTHO	RIZATION N	UMBER				
TO: FROM: SUBJECT: DATE:	Agency OUT-OF-	/ Departme	VEL (OOST) A	ministrator nt GSA, Kimberly UTHORIZATION RE		ature bocusigned by: Limbury Gasaway SB4CA151AA0B4C2		
I am requesting	your app	roval of th	e following C	OOST request prior	to the event takin	g place.		
PLEASE TYPE / PRINT LEGIBLY General Services Agency AGENCY / DEPARTMENT					Logisti	Logistics DIVISION / UNIT		
PLEASE TYPE / P	TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY				JOB TITLE /	JOB TITLE / CLASSIFICATION or VENDOR #		
1.					Adm	Administrative Specialist II		
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.								
				LS OF TRAVEL				
DATES (DURA			1/05/2023	To: 11/0	THE CONTRACTOR OF THE CONTRACT			
POINT OF ORI	POINT OF ORIGIN (City/State): Sacramento, CA DESTINATION (City/State): Houston, Texas							
PURPOSE OF 7	PURPOSE OF TRIP: CONFERENCE MEETING SEMINAR TRAINING OTHER							
NAME OR TI	NAME OR TITLE OF EVENT (no acronyms please): Transit Mobility Alliance User Conference							
1. AUDITOR'S (per person)	1. AUDITOR'S MAXIMUM REIMBURSEMENT: \$ 714.24 (per person)					COST PER TRANS TICKET PER PERSON: \$: 2,000		
TOTAL COST	TOTAL COST (Max Reimb/person x no. of travelers): \$ 714.24				☐ COUNTY	☐ COUNTY TIME-OFF ONLY		
		A CCCC	ALINITINICI INII		INDING COLID GE			
BUSINESS	A	CCOUNT	FUND	FORMATION / FU	PROGRAM	PROJECT/GRANT		
UNIT		No.	No.	No.	No.	No.		
GENSA		610211	31020	400100	00000			
			,,,					
2. NAME OF FUNDING SOURCE (Please Specify): MV ISF								
3. AMOUNT OF FUNDING 3709.24 4. COUNTY COST AMOUNT (Noted on the Board Agenda) 3709.24								
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REQUESTED BY AND RETURN FORM TO: Ashwin Swenson 20119 Swenson, Ashwin GSA - Logistics								
(PRINT NAME) (QIC) PHONE NUMBER: 510.224-7326 TIE UNE: 26021					(SIGNATURE)	(DATE) FAX NUMBER:		
APPROVED B						9/26/2023		
	DEPT. Scott Transou							
(PRINT NAME) CAO: Peilin Chen (PRINT NAME) (DATE) 10/3/23						10/3/23		
	(PKI	VT NAME)			SIGNATURE)	(DATE)		