



Completed only by the Clerk of the Board's Office
 Agenda Date: 11/20/12
 CBS Sign Off: CP

**COUNTY OF ALAMEDA
 OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST**

11/7

AUTHORIZATION NUMBER _____

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Demetrious Shaffer Signature _____
 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>Alameda County Fire Department</u> AGENCY / DEPARTMENT	DIVISION / UNIT
TRAVELER'S NAME *	JOB TITLE / CLASSIFICATION or VENDOR #
1. _____	Fire Dispatch Manager
2. _____	Fire Mechanic
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>11 / 15 / 12</u> To: <u>11 / 16 / 12</u>	
POINT OF ORIGIN (City/State): <u>Sacramento, CA</u>	DESTINATION (City/State): <u>Burlington, WI</u>
PURPOSE OF TRIP: <input type="checkbox"/> CONFERENCE <input checked="" type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): <u>Pre-Construction meeting with LDV on the Mobile Communications Van</u> <i>(LDV) Lynch Diversified Services</i> <i>LDV -</i>	
MAXIMUM REIMBURSEMENT REQUEST (per person): \$ 1000.00	COST PER TRANS TICKET: \$: <u>\$ 0.00</u>
ITEMS COVERED: <u>\$0</u> Transportation <u>\$1000.00</u> Food & Lodging <u>\$0</u> Event Fees	<input type="checkbox"/> COUNTY TIME-OFF ONLY
TOTAL COST (Max Reimb/person x no. of travelers): \$1000.00	

ACCOUNTING INFORMATION / FUNDING SOURCE					
BUSINESS UNIT	ACCOUNT No.	FUND No.	ORGANIZATION No.	PROGRAM No.	PROJECT/GRANT No.
ACOFD		21651	280151	50	
NON-COUNTY ENTITY FUNDING SOURCE (Please Specify): <u>AC Regional Dispatch Fund, 100% reimbursable</u> LDV will be covering the cost of airfare. 1000					

REQUESTED BY AND RETURN FORM TO:			
<u>Sue Beville</u> (PRINT NAME)	<u>41401</u> (QIC)	_____ (SIGNATURE)	_____ (DATE)
PHONE NUMBER: <u>618-3475</u>	TIE LINE: <u>x5-3475</u>	FAX NUMBER: <u>618-3445</u>	
APPROVED BY:			
DEPT. <u>Deputy Chief David Lord</u> (PRINT NAME)	<i>[Signature]</i> (SIGNATURE)	<u>10/30/12</u> (DATE)	
CAO: <i>[Signature]</i> (PRINT NAME)	<i>[Signature]</i> (SIGNATURE)	<u>11/5/12</u> (DATE)	