



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

11/13

AUTHORIZATION NUMBER _____

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Donna Linton 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>County Administrator Office</u> AGENCY / DEPARTMENT	<u>Risk Management Unit</u> DIVISION / UNIT
TRAVELER'S NAME *	JOB TITLE / CLASSIFICATION or VENDOR #
1.	Risk Analyst
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>12 / 03 / 2012</u> To: <u>12 / 07 / 2012</u>	
POINT OF ORIGIN (City/State): <u>Oakland, CA</u>	DESTINATION (City/State): <u>Las Vegas, NV</u>
PURPOSE OF TRIP: <input checked="" type="checkbox"/> CONFERENCE <input type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): <u>The National Ergonomics Conference and Exposition</u>	
1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): <u>\$2,618.12</u>	COST PER TRANS TICKET PER PERSON: <u>\$271.20</u>
TOTAL COST (Max Reimb/person x no. of travelers): <u>\$ 2,618.12</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.
CAOFF	610211	31060	430200	00000	
2. NAME OF FUNDING SOURCE (Please Specify): <u>Risk Management Budget</u>					
3. AMOUNT OF FUNDING <u>\$2,618.12</u>			4. COUNTY COST AMOUNT (Noted on the Board Agenda) <u>\$2,618.12</u>		

REQUESTED BY AND RETURN FORM TO:			
<u>Ulis Redic</u> (PRINT NAME)	<u>28505</u> (QIC)	<u>Ulis H. Redic</u> (SIGNATURE)	<u>11/07/2012</u> (DATE)
PHONE NUMBER: <u>510/271-5183</u>	TIE LINE: <u>2-5183</u>	FAX NUMBER: <u>510/272-6815</u>	
APPROVED BY: <u>B. Lubber</u> DEPT. <u>Barbara Lubber</u> (PRINT NAME)	<u>B. Lubber</u> (SIGNATURE)	<u>11/9/12</u> (DATE)	
CAO: <u>Alice Park-Renzi</u> (PRINT NAME)	<u>Alice Park-Renzi</u> (SIGNATURE)	<u>11/13/12</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.