



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

COUNTY OF ALAMEDA
OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

11/7

AUTHORIZATION NUMBER _____

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Alex Bozcoe Signature [Signature]
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: 11/5/12

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

PLEASE TYPE / PRINT LEGIBLY <u>Health Care Services Agency</u> AGENCY / DEPARTMENT	<u>Administration</u> DIVISION / UNIT
TRAVELER'S NAME *	JOB TITLE / CLASSIFICATION or VENDOR #
1. _____	<u>Health Care Services Agency Director</u>
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>11/28/12</u> To: <u>11/29/12</u>	
POINT OF ORIGIN (City/State): <u>San Francisco</u>	DESTINATION (City/State): <u>Washington D. C.</u>
PURPOSE OF TRIP: CONFERENCE <input type="checkbox"/> MEETING <input checked="" type="checkbox"/> SEMINAR <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER <input type="checkbox"/>	
NAME OR TITLE OF EVENT (no acronyms please): <u>Kaiser Commission on Medicaid and the Uninsured</u>	
1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): \$ <u>0</u>	COST PER TRANS TICKET PER PERSON: \$: <u>1000.00</u>
TOTAL COST (Max Reimb/person x no. of travelers): \$ <u>0</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.
2. NAME OF FUNDING SOURCE (Please Specify): <u>Kaiser Commission on Medicaid and the Uninsured</u>					
3. AMOUNT OF FUNDING <u>1000.00</u>			4. COUNTY COST AMOUNT (Noted on the Board Agenda) <u>0</u>		

REQUESTED BY AND RETURN FORM TO: <u>Sarah Linder</u> (PRINT NAME)	<u>Sarah Linder</u> (SIGNATURE)	<u>11/5/12</u> (DATE)
PHONE NUMBER: _____	TIE LINE: <u>5-3453</u>	FAX NUMBER: <u>351-1367</u>
APPROVED BY: DEPT. <u>Alex Bozcoe</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>11/5/12</u> (DATE)
CAO: <u>Pauline Keogh</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	<u>11/7/12</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.