



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

COUNTY OF ALAMEDA
OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

11/15

AUTHORIZATION NUMBER

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Alex Briscoe Signature [Signature]
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: 11-6-12

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

PLEASE TYPE / PRINT LEGIBLY <u>Health Care Service Agency</u> AGENCY / DEPARTMENT	Public Health - Emergency Medical Services DIVISION / UNIT
TRAVELER'S NAME *	JOB TITLE / CLASSIFICATION or VENDOR #
PLEASE TYPE / PRINT LEGIBLY 1.	EMS Medical Director <i>EM S: Emerg medical services</i>
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: 01 / 10 / 13 To: 01 12 /2013 /

POINT OF ORIGIN (City/State): Florida DESTINATION (City/State): Bonita Springs

PURPOSE OF TRIP: CONFERENCE MEETING SEMINAR TRAINING OTHER

NAME OR TITLE OF EVENT (no acronyms please): National Association of EMS Physicians

1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): \$1674.00 COST PER TRANS TICKET PER PERSON: \$: 400.00

TOTAL COST (Max Reimb/person x no. of travelers): \$ 1674.00 COUNTY TIME-OFF ONLY

ACCOUNTING INFORMATION / FUNDING SOURCE

BUSINESS UNIT	ACCOUNT No.	FUND No.	DEPT ID No.	PROGRAM No.	PROJECT/GRANT No.
PHSVC	610211	21901	450111	41330	

2. NAME OF FUNDING SOURCE (Please Specify): Emergency Medical Services, EMS Special District Fund

3. AMOUNT OF FUNDING \$1674.00 4. COUNTY COST AMOUNT (Noted on the Board Agenda) 1674.00

REQUESTED BY AND RETURN FORM TO:

Rosemary Gutierrez 42507 [Signature] 11/6/12
 (PRINT NAME) (QIC) (SIGNATURE) (DATE)

PHONE NUMBER: 510-618-2021 TIE LINE: 52021 FAX NUMBER: 510-618-1928

APPROVED BY: K Spoor [Signature] 11/9/12
 DEPT. (PRINT NAME) (SIGNATURE) (DATE)

CAO: Pauline Keogh [Signature] 11/15/12
 (PRINT NAME) (SIGNATURE) (DATE)

* Time Sensitive for conference Registration