



Completed only by the Clerk of the Board's Office
 Agenda Date: 11/30/12
 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 _____ Signature [Signature]
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: 9/21/12

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

PLEASE TYPE / PRINT LEGIBLY Social Services Agency/Dept. of Children & Family Services AGENCY / DEPARTMENT	Gateways To Permanence Division/320136 DIVISION / UNIT
PLEASE TYPE / PRINT LEGIBLY TRAVELER'S NAME *	JOB TITLE / CLASSIFICATION or VENDOR #
1.	SSA/DCFS Division Director
2.	SSA/DCFS Program Manager
3.	SSA/DCFS Child Welfare Supervisor
4.	SSA/DCFS Child Welfare Worker
5.	SSA/DCFS Assistant Agency Director

* 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: 11/27/12 To: 11/29/12

POINT OF ORIGIN (City/State): Oakland, CA DESTINATION (City/State): Orlando, Florida

PURPOSE OF TRIP: CONFERENCE MEETING SEMINAR TRAINING OTHER Reimbursement request for incidentals only.

NAME OR TITLE OF EVENT (no acronyms please): Shared Learning Collaborative in Orlando, Florida

1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): \$ 200.00 For incidentals	COST PER TRANS TICKET PER PERSON: \$: <u>-0-</u>
TOTAL COST (Max Reimb/person x no. of travelers): \$ 800.00	<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.
SOCSA	610201	10000	320100	36000	

2. NAME OF FUNDING SOURCE (Please Specify): Federal/State/County Revenue

3. AMOUNT OF FUNDING _____ 4. COUNTY COST AMOUNT (Noted on the Board Agenda) \$800.-

REQUESTED BY AND RETURN FORM TO:

Kathy Denning, K020 _____ 23501 _____ 11/6/12
 (PRINT NAME) (QIC) (SIGNATURE) (DATE)

PHONE NUMBER: 268-2690 TIE LINE: 22690 FAX NUMBER: 208-1014

APPROVED BY:

DEPT. Lori A. Cox, Agency Director _____ 11/6/12
 (PRINT NAME) (SIGNATURE) (DATE)

CAO: Theresa Rude _____ 11/7/12
 (PRINT NAME) (SIGNATURE) (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.