



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

COUNTY OF ALAMEDA
OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

11/7

AUTHORIZATION NUMBER _____

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Gregory J. Ahern, Sheriff Signature _____
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: October 31, 2012

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

PLEASE TYPE / PRINT LEGIBLY Alameda County Sheriff's Office AGENCY / DEPARTMENT	Glenn Dyer Jail DIVISION / UNIT
TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY	JOB TITLE / CLASSIFICATION or VENDOR #
1.	Sergeant
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 / 13 / 2013 To: 01 / 16 / 2013

POINT OF ORIGIN (City/State): Oakland, CA DESTINATION (City/State): Las Vegas, NV

PURPOSE OF TRIP: CONFERENCE MEETING SEMINAR TRAINING OTHER-Workshop

NAME OR TITLE OF EVENT (no acronyms please): Jail and Prisoner Legal Issues

1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): \$587.00 COST PER TRANS TICKET PER PERSON: \$: 200.00

TOTAL COST (Max Reimb/person x no. of travelers): \$ 587.00 COUNTY TIME-OFF ONLY

ACCOUNTING INFORMATION / FUNDING SOURCE

BUSINESS UNIT	ACCOUNT No.	FUND No.	DEPT ID No.	PROGRAM No.	PROJECT/GRANT No.
SHERF	610211	10000	290531	00000	
SHERF	610201	10000	290531	00000	

2. NAME OF FUNDING SOURCE (Please Specify): _____

3. AMOUNT OF FUNDING _____ 4. COUNTY COST AMOUNT (Noted on the Board Agenda) \$ 587.00

REQUESTED BY AND RETURN FORM TO:
 Tina Moore-Walker (PRINT NAME) 26008 (QC) Tina Moore-Walker (SIGNATURE) 10/31/12 (DATE)
 PHONE NUMBER: 510 272-6867 TIE LINE: 26867 FAX NUMBER: 510 208-9818

APPROVED BY: REYNALDO BONDUC (PRINT NAME) _____ (SIGNATURE) 10-31-2012 (DATE)
 CAO: Leah Wilson (PRINT NAME) _____ (SIGNATURE) 11/6/12 (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.