



Completed only by the Clerk of the Board's Office
 Agenda Date: 11/22/12
 CBS Sign Off: [Signature]

COUNTY OF ALAMEDA
OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

117

AUTHORIZATION NUMBER

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Gregory J. Ahern, Sheriff Signature R.T. Aguilar
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: October 25, 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	Santa Rita Jail/Transportation DIVISION / UNIT
TRAVELER'S NAME *	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: <u>10 / 16 / 2012</u> To: <u>10 / 19 / 2012</u>	
POINT OF ORIGIN (City/State): Oakland, CA	DESTINATION (City/State): Sanford, FL
PURPOSE OF TRIP: <input type="checkbox"/> CONFERENCE <input type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input type="checkbox"/> TRAINING <input checked="" type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): Mobile Branch Facilities Industries, Final Inspection of Inmate Transport Vehicles	
1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): \$1698.79	COST PER TRANS TICKET PER PERSON: \$: <u>1098.50</u>
TOTAL COST (Max Reimb/person x no. of travelers): \$ 1698.79	<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.
SHERF	610211	10000			
SHERF	610201	10000	090541	00000	
2. NAME OF FUNDING SOURCE (Please Specify):					
3. AMOUNT OF FUNDING			4. COUNTY COST AMOUNT (Noted on the Board Agenda) <u>\$1698.79</u>		

REQUESTED BY AND RETURN FORM TO:					
Tina Moore-Walker (PRINT NAME)	26008 (QIC)	<u>[Signature]</u> (SIGNATURE)	10/25/12 (DATE)		
PHONE NUMBER: 510 272-6867	TIE LINE: 26867	FAX NUMBER: 510 208-9818			
APPROVED BY: DEPT. <u>REINALDO BONDUC</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	10-25-12 (DATE)			
CAO: <u>Leatt Wilson</u> (PRINT NAME)	<u>[Signature]</u> (SIGNATURE)	11/6/12 (DATE)			