



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

COUNTY OF ALAMEDA
OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

11/16

AUTHORIZATION NUMBER _____

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print: Gregory J. Ahern-Sheriff Signature: *Gregory J. Ahern*
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: November 7, 2012

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

PLEASE TYPE / PRINT LEGIBLY <u>Alameda County Sheriff's Office</u> AGENCY / DEPARTMENT	<u>Headquarters</u> DIVISION / UNIT
PLEASE TYPE / PRINT LEGIBLY <u>1.</u> TRAVELER'S NAME *	<u>Undersheriff</u> JOB TITLE / CLASSIFICATION or VENDOR #

* 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>12 /09 /2012</u> To: <u>12 /13 /2012</u>	
POINT OF ORIGIN (City/State): <u>SFO</u>	DESTINATION (City/State): <u>Washington, D.C.</u>
PURPOSE OF TRIP: <input type="checkbox"/> CONFERENCE <input checked="" type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): <u>First Net Board Meeting; Congressional Meeting; Public Broadband Systems Meeting.</u>	
1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): <u>\$2750.44</u>	COST PER TRANS TICKET PER PERSON: \$: <u>470.60</u>
TOTAL COST (Max Reimb/person x no. of travelers): <u>\$2750.44</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.
SHERF	610201	10000	290101	50400	
SHERF	610211	10000	290101	50400	
2. NAME OF FUNDING SOURCE (Please Specify): <u>Bay Area Regional Interoperable Communications System (BayRICS)</u>					
3. AMOUNT OF FUNDING <u>\$2750.44</u>			4. COUNTY COST AMOUNT (Noted on the Board Agenda) <u>\$1375.22</u>		

REQUESTED BY AND RETURN FORM TO:					
<u>Kvama Thompson</u> (PRINT NAME)	<u>26008</u> (QIC)	<i>[Signature]</i> (SIGNATURE)	<u>11/07/12</u> (DATE)		
PHONE NUMBER: <u>510) 208-9748</u>	TIE LINE: <u>X29748</u>	FAX NUMBER: <u>X29818</u>			
APPROVED BY:					
DEPT. <u>Simon Webster</u> (PRINT NAME)	<i>Simon Webster</i> (SIGNATURE)	<u>11/7/12</u> (DATE)			
CAO: <u>Leah T. Wilson</u> (PRINT NAME)	<i>Leah T. Wilson</i> (SIGNATURE)	<u>11/13/12</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.