110-25 (04/10)

Completed only by the Clerk of the Board's Office
Agenda Date: 5/13/25
CBS Sign Off ___/CP/___

COUNTY OF ALAMEDA
OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

AUTHORIZATION NUMBER

TO: Susan S. Muranishi, County Administrator
FROM: Agency / Department Head - Print Yesenia Sanchez, Sheriff Signature DocuSigned by: Yesenia Sanchez DZA375C24694430
SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
DATE: 04/30/2025

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	Backgrounds DIVISION / UNIT
TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY	JOB TITLE / CLASSIFICATION or VENDOR #
1.	Deputy Sheriff
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: 06/22/2025	To: 06/27/2025
POINT OF ORIGIN (City/State): Oakland, CA	DESTINATION (City/State): Reno, Nevada
PURPOSE OF TRIP: ___CONFERENCE ___ MEETING ___ SEMINAR __X__ TRAINING ___OTHER	
NAME OR TITLE OF EVENT (no acronyms please): Computer Voice Stress Analysis (CVSA)	
1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): $ 0.00	COST PER TRANS TICKET PER PERSON: $0.00
TOTAL COST (Max Reimb/person x no. of travelers): $0.00	☐ 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	290131	80015	
SHERF	610201	10000	290131	80015	

2. NAME OF FUNDING SOURCE (Please Specify):
3. AMOUNT OF FUNDING ___$0___ 4. COUNTY COST AMOUNT (Noted on the Board Agenda) $2,828.00

REQUESTED BY AND RETURN FORM TO:
Melissa Tolero (PRINT NAME) 80502 (QIC) Melissa Tolero (SIGNATURE) 04/30/2025 (DATE)
PHONE NUMBER: 925-551-6971 TIE LINE: 46971 DocuSign FAX NUMBER: 925-551-6985

APPROVED BY:
DEPT. Alisa Martins (PRINT NAME) Alisa Martins C20F3DD789CE4B4... (SIGNATURE) 4/30/2025 (DATE)
CAO: Adam Sey (PRINT NAME) (SIGNATURE) 5/1/25 (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.

ALAMEDA COUNTY - APPROVAL REQUEST