110-25 (04/10)

Completed only by the Clerk of the Board's Office
Agenda Date: 5/14/24
CBS Sign Off

COUNTY OF ALAMEDA
OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

AUTHORIZATION NUMBER _____

DocuSigned by: Yesenia Sanchez D7A375C24584430...

TO: Susan S. Muranishi, County Administrator
FROM: Agency / Department Head - Print Yesenia Sanchez, Sheriff Signature
SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
DATE: April 19, 2024 4/26/2024

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	Law Enforcement Services/Eden Township Substation DIVISION / UNIT
TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY	JOB TITLE / CLASSIFICATION or VENDOR #
1.	Sergeant
2.	Sergeant
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 14

DATES (DURATION): From: 06 / 11 / 2024 To: 06 / ~~15~~ / 2024

POINT OF ORIGIN (City/State): Oakland, CA | DESTINATION (City/State): Atlanta, Georgia

PURPOSE OF TRIP: _X__CONFERENCE ___ MEETING ___ SEMINAR ___ TRAINING ___OTHER

NAME OR TITLE OF EVENT (no acronyms please): Flock Forward

1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): $ 0.00	COST PER TRANS TICKET PER PERSON: ~~$899.00~~ $600.00
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			
SHERF	610201	10000			

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

3. AMOUNT OF FUNDING ___$0___ 4. COUNTY COST AMOUNT (Noted on the Board Agenda) $ ~~1,900.00 EA~~ 1,582.10Ea

REQUESTED BY AND RETURN FORM TO:
Tina Moore-Walker (PRINT NAME) 26008 (QIC) (SIGNATURE) 04/19/24 (DATE)
PHONE NUMBER: 510 272-6867 TIE LINE: 26867 FAX NUMBER: 510 208-9818

APPROVED BY:
DEPT. Bonnie Wong (PRINT NAME) (SIGNATURE) 4/22/24 (DATE)
CAO: Mark Lipton (PRINT NAME) (SIGNATURE) 5/1/24 (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