

110-25 (04/10)



Completed only by the Clerk of the Board's Office
 Agenda Date: 10/14/25
 CBS Sign Off: CPI

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
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: 09/23/2025

DocuSigned by:

Yesenia Sanchez

07A375C724884430

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 TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY 1. _____ 2. _____ 3. _____	Backgrounds DIVISION / UNIT JOB TITLE / CLASSIFICATION or VENDOR # Deputy
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* 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>11/17/2025</u>	To: <u>11/20/2025</u>
POINT OF ORIGIN (City/State): <u>Oakland, CA</u>	DESTINATION (City/State): <u>Reno, Nevada</u>
PURPOSE OF TRIP: <input type="checkbox"/> CONFERENCE <input type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input checked="" type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): <u>Computer Voice Stress Analyzer Re-Certification</u>	
1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): \$ <u>0.00</u>	COST PER TRANS TICKET PER PERSON: \$ <u>0.00</u>
TOTAL COST (Max Reimb/person x no. of travelers): \$ <u>0.00</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	610211	10000	290131	80015	
SHERF	610201	10000	290131	80015	
2. NAME OF FUNDING SOURCE (Please Specify): _____					
3. AMOUNT OF FUNDING \$ <u>0</u> 4. COUNTY COST AMOUNT (Noted on the Board Agenda) \$ <u>1,595.00</u>					

REQUESTED BY AND RETURN FORM TO:			
Name: <u>Nancy Avostino</u>	80502	Signature: <u>Nancy Avostino</u>	09/23/2025
(PRINT NAME)	(QIC)	(SIGNATURE)	(DATE)
PHONE NUMBER: <u>925-803-7003</u>	TIE LINE: <u>47003</u>	DocuSigned by: _____	NUMBER: _____
APPROVED BY: <u>Alisa Martins</u>			9/26/2025
(PRINT NAME)			(DATE)
CAO: <u>Adam Sze</u>	Signature: <u>Adam Sze</u>		9/30/25
(PRINT NAME)	(SIGNATURE)		(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