



Completed only in the Office of the Board's Office
Agenda Date: 10/17/25
CRS 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
SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
DATE: 09/23/2025

DocuSigned by:

Yesenia Sanchez

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	Back rounds DIVISION / UNIT
TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY	JOB TITLE / CLASSIFICATION or VENDOR #
1. _____	Sergeant
2. _____	Deputy
3. 1 _____	Deputy

* 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: 11/17/2025 To: 11/20/2025	
POINT OF ORIGIN (City/State): Oakland, CA	DESTINATION (City/State): Reno, Nevada
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): Computer Voice Stress Analyzer Re-Certification	
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	<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 \$0 4. COUNTY COST AMOUNT (Noted on the Board Agenda) \$1,595.00 EA					

REQUESTED BY AND RETURN FORM TO:			
Nancy Agostino (PRINT NAME)	80502 (OIC)	<i>Nancy Agostino</i> (SIGNATURE)	09/23/2025 (DATE)
PHONE NUMBER: 925-803-7003	TIE LINE: 47003	DocuSigned by: _____ FAX NUMBER: _____	
APPROVED BY:			
DEPT. Alisa Martins (PRINT NAME)		<i>Alisa Martins</i> (SIGNATURE)	9/26/2025 (DATE)
CAO: <i>Adam Sze</i> (PRINT NAME)		<i>Adam Sze</i> (SIGNATURE)	9/30/25 (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