



Completed only by the Clerk of the Board's Office
 Agenda Date: 11/16/24
 CBS Sign Off: [Signature]

COUNTY OF ALAMEDA OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

AUTHORIZATION NUMBER _____

DocuSigned by:

Yesenia Sanchez

D7A375C24694430...

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Yesenia Sanchez, Sheriff Signature
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: 10/23/24

10/31/2024

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	ETS-CORE DIVISION / UNIT
TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY 1. _____ 2. _____ 3. _____	JOB TITLE / CLASSIFICATION or VENDOR # Financial Services Officer

* 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>12/15/24</u> To: <u>12/18/24</u>	
POINT OF ORIGIN (City/State): <u>Oakland, CA</u>	DESTINATION (City/State): <u>Philadelphia, Pennsylvania</u>
PURPOSE OF TRIP: <input checked="" type="checkbox"/> CONFERENCE <input type="checkbox"/> MEETING <input type="checkbox"/> SEMINAR <input type="checkbox"/> TRAINING <input type="checkbox"/> OTHER	
NAME OR TITLE OF EVENT (no acronyms please): <u>Second Chance Act Conference 2024</u>	
1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): \$ 0.00	COST PER TRANS TICKET PER PERSON: <u>\$500.00 Each</u>
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	290905	00000	SHG23IREEO22000
SHERF	610201	10000	290905	00000	SHG23IREEO22000
2. NAME OF FUNDING SOURCE (Please Specify): _____					
3. AMOUNT OF FUNDING <u>\$0</u> 4. COUNTY COST AMOUNT (Noted on the Board Agenda) <u>\$1,822.00 Each</u>					

REQUESTED BY AND RETURN FORM TO: <u>Erica B. Alvarez</u> (PRINT NAME)		<u>26008</u> (QIC)	DocuSigned by: <u>[Signature]</u> (SIGNATURE)	<u>10/23/24</u> (DATE)
PHONE NUMBER: <u>510 272-6867</u>		TIE LINE: <u>26007</u>	FAX NUMBER: <u>510 208-9818</u>	
APPROVED BY: DEPT. <u>Liza Alvarez</u> (PRINT NAME)		<u>0E43C6BECC4C423...</u> (SIGNATURE)		<u>10/31/2024</u> (DATE)
CAO: <u>Perlin Chen</u> (PRINT NAME)		<u>[Signature]</u> (SIGNATURE)		<u>11/12/24</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.

ALAMEDA COUNTY - APPROVAL REQUEST



Completed only by the Clerk of the Board's Office
 Agenda Date: 11/26/24
 CBS Sign Off: [Signature]

COUNTY OF ALAMEDA OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST

AUTHORIZATION NUMBER _____

DocuSigned by:

Yesenia Sanchez

TO: Susan S. Muranishi, County Administrator
 FROM: Agency / Department Head - Print Yesenia Sanchez, Sheriff Signature
 SUBJECT: OUT-OF-STATE TRAVEL (OOST) AUTHORIZATION REQUEST
 DATE: 10/23/24

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10/31/2024

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TRAVELER'S NAME * PLEASE TYPE / PRINT LEGIBLY 1. _____ 2. _____ 3. _____	JOB TITLE / CLASSIFICATION or VENDOR # <u>Youth & Family Financial Services Officer</u>

* 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.

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ACCOUNTING INFORMATION / FUNDING SOURCE					
BUSINESS UNIT	ACCOUNT No.	FUND No.	DEPT ID No.	PROGRAM No.	PROJECT/GRANT No.
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SHERF	610201	10000	290905	000008	SHG23IREEO22000
2. NAME OF FUNDING SOURCE (Please Specify): _____					
3. AMOUNT OF FUNDING <u>\$0</u> 4. COUNTY COST AMOUNT (Noted on the Board Agenda) <u>\$1,822.00 Each</u>					

REQUESTED BY AND RETURN FORM TO: <u>Erica B. Alvarez</u> <u>26008</u> (PRINT NAME) (QIC)		Erica B. Alvarez DocuSigned by: _____ (SIGNATURE)		<u>10/23/24</u> (DATE)
PHONE NUMBER: <u>510 272-6867</u>		TIE LINE: <u>6867</u>		FAX NUMBER: <u>510 208-9818</u>
APPROVED BY: <u>Liza Alvarez</u> (PRINT NAME)		<u>[Signature]</u> (SIGNATURE)		<u>10/31/2024</u> (DATE)
CAO: <u>Perlin Chen</u> (PRINT NAME)		<u>[Signature]</u> (SIGNATURE)		<u>11/12/24</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.

ALAMEDA COUNTY - APPROVAL REQUEST