



Completed only by the Clerk of the Board's Office  
 Agenda Date: *10/24*  
 CBS Sign Off *Yesenia Sanchez*

**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

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

<b>DETAILS OF TRAVEL</b>					
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: <u>X CONFERENCE</u> <u>MEETING</u> <u>SEMINAR</u> <u>TRAINING</u> <u>OTHER</u>					
NAME OR TITLE OF EVENT (no acronyms please): <u>Second Chance Act Conference 2024</u>					
1. AUDITOR'S MAXIMUM REIMBURSEMENT (per person): <u>\$ 0.00</u>			COST PER TRANS TICKET PER PERSON: <u>\$500.00 Each</u>		
TOTAL COST (Max Reimb/person x no. of travelers): <u>\$0.00</u>			<input type="checkbox"/> COUNTY TIME-OFF ONLY		

<b>ACCOUNTING INFORMATION / FUNDING SOURCE</b>					
BUSINESS UNIT	ACCOUNT No.	FUND No.	DEPT ID No.	PROGRAM No.	PROJECT/GRANT No.
SHERF	<u>610211</u>	<u>10000</u>	<u>290905</u>	<u>00000</u>	<u>SHG23IRE022000</u>
SHERF	<u>610201</u>	<u>10000</u>	<u>290905</u>	<u>00000</u>	<u>SHG23IRE022000</u>
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:		Erica B. Alvarez <b>DocuSigned by:</b> (SIGNATURE)	10/23/24 (DATE)
Erica B. Alvarez (PRINT NAME)		26008 (QIC)	
PHONE NUMBER: <u>510 272-6867</u>		TIE LINE: <u>26007</u>	FAX NUMBER: <u>510 208-9818</u>
APPROVED BY:		10/31/2024 (DATE)	
DEPT.	Liza Alvarez (PRINT NAME)	<i>Liza Alvarez</i> 0E43C6BFFCC4C423... (SIGNATURE)	
CAO:	Peilin Chen (PRINT NAME)	<i>Peilin Chen</i> Rulic (SIGNATURE)	11/12/24 (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



Completed only by the Clerk of the Board's Office  
 Agenda Date: *11/20/24*  
 CBS Sign Off *Yesenia Sanchez*

**COUNTY OF ALAMEDA**  
**OUT-OF-STATE TRAVEL AUTHORIZATION REQUEST**

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

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SHERF	<u>610201</u>	<u>10000</u>	<u>290905</u>	<u>000008</u>	<u>SHG23IREEO22000</u>
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REQUESTED BY AND RETURN FORM TO:		Erica B. Alvarez	10/23/24
Erica B. Alvarez	26008	<i>Erica B. Alvarez</i>	(DATE)
(PRINT NAME)	(QIC)	(SIGNATURE)	
PHONE NUMBER: <u>510 272-6867</u>	TIE LINE: <u>6867</u>	FAX NUMBER: <u>510 208-9818</u>	
APPROVED BY:	10/31/2024		
DEPT. <u>Liza Alvarez</u>	(DATE)		
(PRINT NAME)			
CAO: <u>Rein Chen</u>	11/12/24		
(PRINT NAME)	(DATE)		

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