



CITY OF OAKLAND  
DEPARTMENT OF INFORMATION TECHNOLOGY  
TRAVEL AUTHORIZATION

Period	Batch #	Type	Item

1. Employee Name <b>Chung Phan</b>	2. Date <b>9/23/2011</b>	3. Vendor Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
4. Department <b>Dept of Information Technology</b>	5. Position Title <b>Micro Computer Specialist II</b>											
6. Travel Destination <b>Nashville, TN</b>	7. Number of Work Days <b>2</b>	8. Departure Date <b>09/29/2013</b>										
9. Return Date <b>10/02/2013</b>												

10. Purpose of Travel <b>Motorola Conference</b>		
11. Funding Source <input type="checkbox"/> Budgeted <input type="checkbox"/> Other <input type="checkbox"/> Funds Available	12. Total Cost Estimate \$	13. Name of Employee in Charge if Requestor is Department Head n/a

14. Transportation		
<input type="checkbox"/> Use of City vehicle requested: Estimated round-trip miles _____	<input type="checkbox"/> Advance Payment Estimated out-of-pocket costs \$ _____	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Use of private vehicle requested: Estimated round-trip miles _____	<input type="checkbox"/> Advance Payment Equivalent common carrier rate _____	<input type="checkbox"/> Reimbursement Authorization Number _____
<input type="checkbox"/> Use of rental vehicle requested		
<input type="checkbox"/> Upon invoice from travel agent or common carrier, prepare check in amount of _____		
Payable to:		For:

15. Registration or Special Fees		
Fees for above event		
<input type="checkbox"/> Fee will be paid by employee for later reimbursement	Fees include:	Dates: _____ to _____
<input type="checkbox"/> City will be billed	Breakfast \$11.00	_____
<input type="checkbox"/> Fee to be paid in advance \$	Lunch \$16.00	_____
Make check payable to	Dinner \$29.00	_____
and Mail check to:	Lodging	_____

16. Subsistence	
<input type="checkbox"/> Subsistence will be paid by employee for later reimbursement.	Estimated cost
<input type="checkbox"/> Advance requested for itemized expenditures.	Estimated cost
<input type="checkbox"/> Advance per diem requested - provided check to employee in amount of	
Full per diem rate for _____ days @ _____ /day	= _____
Travel per diem rates _____ days @ _____ /day	= _____
Less: Expenses included in registration fee = _____	

17. Department Head Review	18. Department Remarks	FOR ACCOUNTING USE ONLY Check No _____ Date _____ Amount _____
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<i>Cost (Paid by Motorola)</i>	
Signature <i>[Signature]</i> Date <i>09/23/13</i>		

19. City Manager Review (If overnight accommodations required)	20. City Manager Remarks																																								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved																																									
Signature <i>[Signature]</i> Date <i>9/27/13</i>																																									
<table border="1"><thead><tr><th>Sub Item</th><th>Amount</th><th>Fund/SF</th><th>Organization</th><th>Account</th><th>Proj/Grant/Co</th><th>Yr</th><th>Loc</th><th>Task</th><th>Dept Specific</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	Sub Item	Amount	Fund/SF	Organization	Account	Proj/Grant/Co	Yr	Loc	Task	Dept Specific																															
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Entered By _____	Date _____
Accounts Payable _____	Date _____

**Buenaflor, Rafaelita**

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**From:** Binda, George  
**Sent:** Monday, September 23, 2013 11:22 AM  
**To:** Buenaflor, Rafaelita  
**Subject:** FW: Motorola Training Conf. - Travel Authorization Form...  
**Importance:** High  
**Attachments:** City Travel Authorization Form.pdf  
FYI

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**From:** Baig, Ahsan  
**Sent:** Friday, September 20, 2013 12:39 PM  
**To:** Ware, Julian; Binda, George; Ali, Zeeshan; Wang, Andrew; Phan, Chung  
**Cc:** To, Annie  
**Subject:** Motorola Training Conf. - Travel Authorization Form...  
**Importance:** High

If you are planning to attend the Motorola User's Training Conference, please make sure that you fill the attached form and get back to Annie To, before Noon, Monday, 09/23/13.  
It should be no cost to you, and there shouldn't be any reimbursement request to the City, because the training conference registration and travel expenses including airfare are covered in the maintenance agreement.

Thanks,  
-ahsan

9/23/2013