



CITY OF OAKLAND
DEPARTMENT OF INFORMATION TECHNOLOGY
TRAVEL AUTHORIZATION

Period	Batch #	Type	Item

1. Employee Name George Binda		2. Date 8/21/2015		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 Information Technology Dept		5. Position Title Information Systems Supervisor																		
6. Travel Destination Henderson, NV		7. Number of Work Days 3		8. Departure Date 10/04/2015																
				9. Return Date 10/08/2015																
10. Purpose of Travel To attend the 2015 Motorola Smart Public Safety Solutions User Conference																				
11. Funding Source <input checked="" type="checkbox"/> Budgeted <input checked="" type="checkbox"/> Other <input type="checkbox"/> Funds Available		12. Total Cost Estimate \$ 0.00		13. Name of Employee in Charge if Requestor is Department Head n/a																
14. Transportation <table><tr><td><input type="checkbox"/> Use of City vehicle requested: Estimated round-trip miles _____</td><td><input type="checkbox"/> Advance Payment Estimated out-of-pocket costs \$ _____</td><td><input type="checkbox"/> Reimbursement</td></tr><tr><td><input type="checkbox"/> Use of private vehicle requested: Estimated round-trip miles _____</td><td><input type="checkbox"/> Advance Payment Equivalent common carrier rate _____</td><td><input type="checkbox"/> Reimbursement Authorization Number _____</td></tr><tr><td colspan="3"><input type="checkbox"/> Use of rental vehicle requested</td></tr><tr><td colspan="3"><input type="checkbox"/> Upon invoice from travel agent or common carrier, prepare check in amount of _____</td></tr></table> Payable to: <u>n/a</u> For: _____						<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 _____					
<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 _____																				
15. Registration or Special Fees Fees for above event <table><tr><td><input type="checkbox"/> Fee will be paid by employee for later reimbursement</td><td>Fees include:</td><td>Dates: _____ to _____</td></tr><tr><td><input type="checkbox"/> City will be billed</td><td>Breakfast \$11.00</td><td>_____</td></tr><tr><td><input type="checkbox"/> Fee to be paid in advance \$ _____</td><td>Lunch \$16.00</td><td>_____</td></tr><tr><td>Make check payable to <u>n/a</u></td><td>Dinner \$29.00</td><td>_____</td></tr><tr><td>and Mail check to: <u>n/a</u></td><td>Lodging</td><td>_____</td></tr></table>						<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 <u>n/a</u>	Dinner \$29.00	_____	and Mail check to: <u>n/a</u>	Lodging	_____
<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 <u>n/a</u>	Dinner \$29.00	_____																		
and Mail check to: <u>n/a</u>	Lodging	_____																		
16. Subsistence <table><tr><td><input type="checkbox"/> Subsistence will be paid by employee for later reimbursement.</td><td>Estimated cost _____</td></tr><tr><td><input type="checkbox"/> Advance requested for itemized expenditures.</td><td>Estimated cost _____</td></tr><tr><td><input type="checkbox"/> Advance per diem requested - provided check to employee in amount of _____</td><td></td></tr><tr><td>Full per diem rate for _____ days @ _____ /day = _____</td><td></td></tr><tr><td>Travel per diem rates _____ days @ _____ /day = _____</td><td></td></tr><tr><td>Less: Expenses included in registration fee = _____</td><td></td></tr></table>						<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 = _____				
<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 <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <div>Signature <u>Ketan J. Karam</u> Date <u>8/26/15</u></div>		18. Department Remarks All costs covered by Motorola Maintenance contract.		FOR ACCOUNTING USE ONLY Check No _____ Date _____ Amount _____																
19. City Manager Review (If overnight accommodations required) <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved Signature _____ Date _____		20. City Manager Remarks																		
Sub Item	Amount	Fund/SF	Organization	Account	Proj/Grant/Co	Yr	Loc	Task	Dept Specific											
Entered By _____ Date _____						Accounts Payable _____ Date _____														

To see the full color version of this email and learn about our property, please visit:

<http://asp.data2gold.com/?1Q633B6C4D2M6S2A5D366R022Z6X5J5K4W6H3V3T696E1I573H3F5S6G2Q526746350L693U20>

RESERVATION CONFIRMATION

Dear George Binda,

It is our pleasure to confirm your hotel accommodations and we look forward to welcoming you to the M Resort Spa Casino. Please review your reservation information below and if you should require any changes, please contact our reservations department immediately at 877-673-7678.

Reservation Information

 Guest Name: George Binda
 Confirmation Number: CGCV4
 Arrival Date: Sunday, October 4, 2015
 Departure Date: Thursday, October 8, 2015
 Requested Room Type: Resort Strip View Guest Room
 No. of Guests: 2
 Nightly Rate: \$155.00 from October 4 - October 7
 City/State Tax: 13%

Cancel By: Thursday, October 1, 2015
 Check-in Time: 3:00 PM
 Check-out Time: 11:00 AM

Thank you for choosing the M Resort Spa Casino in Las Vegas.

To learn more about the all-new M Resort please visit
 our website www.theMresort.com

The above rate(s) may not reflect all possible fees, additional charges or taxes associated with this reservation. For clarification regarding these charges, please contact our reservations department.

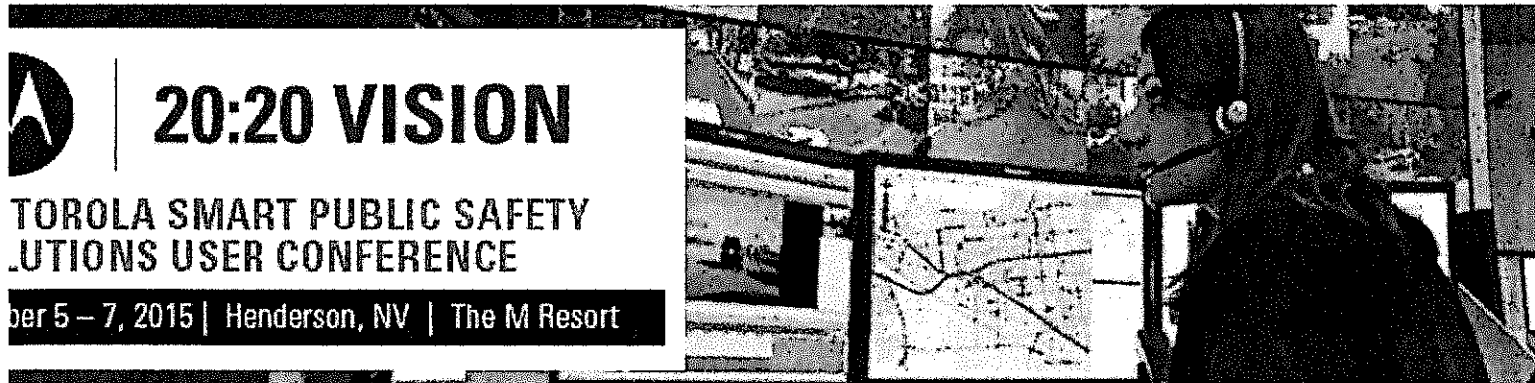
 M Resort Spa and Casino
 12300 Las Vegas Boulevard S
 Henderson, NV 89044
 Phone: 702.797.1000
 Toll-Free: 877.673.7678

Hotel Internet Marketing by
 Digital Alchemy
<http://www.Data2Gold.com>

%DA%-F00418-P0000456243-R0000456253-K185431062-ARC-Egbinda@oaklandnet.com%DAEND%

Binda, George

From: ICC Users' Conference <valerie.damolaris@motorolasolutions.com>
Sent: Friday, July 17, 2015 8:52 AM
To: Binda, George
Subject: 2015 SPSS User Group Conference Registration Confirmed - 2015 MOTOROLA SMART PUBLIC SAFETY SOLUTION USER CONFERENCE



George Binda,

Registration has been confirmed. Please save this email for future reference.

2015 MOTOROLA SMART PUBLIC SAFETY SOLUTION USER CONFERENCE

2

Registration number: VSNBDSWJ9K4

Complete your Registration: [Click here](#)

Registration Information:

Registration Items

Event Registration

Event Registration

Advanced Provisioning of Fire, EMS and Law Recommendations

04-Oct-2015 8:30 AM

Customer Reporting with SSRS, CAD, RDW, Records

04-Oct-2015 1:00 PM

Welcome & Opening Presentation & Keynote Speaker	05-Oct-2015 8:30 AM
PremierOne Solution Update (Needs to include Virtualization topic and R4.0 implications also)	05-Oct-2015 10:15 AM
The Vision of FirstNet and Private LTE Technology: How Can It Fit Your Agency	05-Oct-2015 10:15 AM
Virtual Desktops	05-Oct-2015 11:30 AM
What's going on with Text to 9-1-1 and how it impacts the PSAP, Call Takers, Dispatchers and the Pub	05-Oct-2015 11:30 AM
Leadership and Change Management: Keys to a Successful Project	05-Oct-2015 2:00 PM
PMDC 2015 Feature Highlights	05-Oct-2015 4:30 PM
Improving Officer Out of Vehicle Vision - Advanced Messaging & Responder Location	06-Oct-2015 8:30 AM
PremierOne CAD Product Lab - Advanced - Session One	06-Oct-2015 8:30 AM
Optimal PSAP architecture and Cyber security	06-Oct-2015 9:45 AM
Instructor Development	06-Oct-2015 11:00 AM
Technology Showcase - Lunchtime on Tuesday	06-Oct-2015 12:00 PM
Electronic Collaboration - CAD to CAD and Alarm Interfaces	06-Oct-2015 2:45 PM
Use of SCOM for System Monitoring - Monitoring & Logging Deep Dive	06-Oct-2015 2:45 PM
Planning for Successful Integration of Disparate Systems	06-Oct-2015 4:00 PM
Technology Showcase - Tuesday Cocktail Hour	06-Oct-2015 5:30 PM

Stress Management	07-Oct-2015 8:30 AM
Use of SharePoint in your Command Center	07-Oct-2015 11:00 AM
SaaS - What could it mean for your Agency?	07-Oct-2015 1:00 PM
Helping Staff Address the Challenges when Handling Multiple Data Sources, Multiple Media Formats, No	07-Oct-2015 2:45 PM
Cloud, Hosted and Managed Solutions Overview & Roundtable	07-Oct-2015 4:00 PM
Customer Appreciation Event	07-Oct-2015 6:30 PM

For online registration confirmation, click the link below. You will be asked to enter the confirmation number shown above.

[to view the event summary](#)

Reservations

For your hotel please click on the corresponding rate below, or you can call the hotel:

Reservations Toll Free: 1-877-673-7678

Reservations Local Phone: 1-702-797-1000

Please, if you leave this registration site to make your hotel reservation you must return to complete the conference registration

RETURN TO FOR GENERAL ROOM RATE RESERVATION

(\$15 per night + \$10 resort fee)

(% tax rate)

Thank you for seeing you!

Conference

Having trouble with the link? Simply copy and paste the entire address listed below into your web browser:
<http://www.cvent.com/d/lvto7xh2xkml6AcBQmwPw/1jdv/P1/0R?>

If you no longer want to receive emails from ICC Users' Conference please click the link below.
[Opt-Out](#)