



City of Oakland
TRAVEL AUTHORIZATION
ATHWH2014-183

FOR ACCOUNTING USE ONLY			
Period	Batch #	Type	Item

1. Employee Name Dave Burke		2. Date 2-Oct-13		3. Vendor Number meals only 78691																																																							
4. Department Police		5. Position Title Police Officer																																																									
6. Travel Destination Philadelphia, PA		7. Number of Work Days 4		8. Departure Date 19-Oct-13																																																							
				9. Return Date 22-Oct-13																																																							
10. Purpose of Travel IACP																																																											
11. Funding Source <input type="checkbox"/> Budgeted <input type="checkbox"/> Other <input type="checkbox"/> Funds Available		\$ 224.00		13. Total to Employee 224.00																																																							
14. Transportation <input type="checkbox"/> Use of City vehicle requested: <input type="checkbox"/> Advance Payment <input type="checkbox"/> Reimbursement Estimated round-trip miles <input type="checkbox"/> Estimated out-of-pocket costs <input type="checkbox"/> Use of private vehicle requested: <input type="checkbox"/> Advance Payment <input type="checkbox"/> Reimbursement Estimated round-trip miles Estimated out-of-pocket costs <input type="checkbox"/> Authorization Number <input type="checkbox"/> Use of air transportation requested																																																											
15. Registration or Special Fees Fees for above event <input type="checkbox"/> Fee will be paid by employee for later reimbursement <input type="checkbox"/> City will be billed <input type="checkbox"/> Fee to be paid in advance \$ make check payable to and Mail check to: Fees Include: Dates: Breakfast 44.00 Lunch 64.00 Dinner 116.00 Lodging																																																											
<input type="checkbox"/> Subsistence will be paid by employee for later reimbursement. Est. 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 checked="" type="checkbox"/> Approved <input type="checkbox"/> Not Approved Signature [Signature] Date 09/01/13		18. Department Remarks		FOR ACCOUNTING USE ONLY Check No. 80837 Date 10/15/13 Amount \$ 224.00																																																							
19. City Manager Review (If overnight accommodations required) <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Signature _____ Date _____		20. City Manager Remarks																																																									
<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/Obj</th><th>Program</th><th>Task</th><th>Dept Spec</th></tr></thead><tbody><tr><td></td><td></td><td>1010</td><td>103430</td><td>55112</td><td>0</td><td>PS09</td><td></td><td>Transportation</td></tr><tr><td>2</td><td>\$224.00</td><td></td><td></td><td>55113</td><td></td><td></td><td></td><td>Meals</td></tr><tr><td>3</td><td></td><td></td><td></td><td>55212</td><td></td><td></td><td></td><td>Registration</td></tr><tr><td>4</td><td></td><td></td><td></td><td>55114</td><td></td><td></td><td></td><td>Lodging</td></tr><tr><td>5</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/Obj	Program	Task	Dept Spec			1010	103430	55112	0	PS09		Transportation	2	\$224.00			55113				Meals	3				55212				Registration	4				55114				Lodging	5								
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Entered By _____ Date _____
Account Payable _____ Date _____



OAKLAND POLICE DEPARTMENT
Training and Conference Travel Request
TF-796 (Nov 10)

78691
183

To: Interim Chief of Police S. Whent
(Chief/Deputy Chief of Traveler)

From: Burke, Dave
Name (Last, First, M.I.) Police Officer (Position Title) 12745 (Employee #)

Date: 23 Sep 13 Traveler's Contact # (510) 238-7423

I request approval to attend:

Name: IACP City/State: Philadelphia, PA

Date Starting: 19 Oct 13 Ending: 22 Oct 13 Total Training/Conference Hours: 24

Account Code		Anticipated Cost	Account Code		Anticipated Cost
55112	Transportation:	0	55113	Meals**	\$224.00
	City Vehicle <input type="checkbox"/>	0		Registration/Tuition	
	Personal Vehicle <input type="checkbox"/> Est. Miles* _____		55212	<input type="checkbox"/> Check box if you wish payment sent to service provider.	
	Rental Vehicle	0	55114	Lodging	0
	Airfare (RT)	0	<input type="checkbox"/> No Cost to Department		
	Other:	0	TOTAL COST		\$224.00

* Mileage reimbursement consists of 50.5 cents per mile.

** Meal reimbursement consists of \$11.00 breakfast, \$16.00 lunch, \$29.00 dinner.

A brochure describing the training/conference is attached. I agree to submit to the Fiscal Services Division within five (5) days of my return: 1) a completed Expense Voucher with all dated original receipts; 2) all unexpended advance monies; 3) a completed After Action Report; and 4) such other information that may be required (i.e. Certificate of Completion).

All requests for advance funds must be submitted 30 calendar days before travel or training. Employees that have prior outstanding Expense Vouchers are not eligible for an advance payment. For further information review City AI-120 at <http://oaknetnews.oaklandnet.com> and General Order F-2 at <http://www.oaklandpolice.com/geninfo/geninfo.html>. If you have any questions contact the Fiscal Services Division at (510) 238-6973.

Traveler's Signature: X SIGNATURE REQUIRED Date 23 Sep 13

Traveler's Unit Commander's Signature X <u>SIGNATURE REQUIRED</u>		Date 29 Sep 13	
Proposed Funding Source:			
<input type="checkbox"/> Training Section to fund	or	<input checked="" type="checkbox"/> Other	
(If other, provide funding codes)		Fund No. 0000	Org. No. 106410
		Project No. 0000	Program PS01

Approved by Deputy Chief of Traveler*** X <u>SIGNATURE REQUIRED</u>	Date 29 Sep 13	<input type="checkbox"/> Not approved
*** If approved, forward this form, training/conference brochure and any other pertinent information to the Fiscal Services Division.		
**** If denied, location where documentation may be returned to Traveler:		

Approved by Training Section Commander X <u>SIGNATURE REQUIRED</u>	Date 25 Sep 13	<input type="checkbox"/> Not approved Return to Fiscal Services Section
Approved by Chief of Police X <u>SIGNATURE REQUIRED</u>	Date 9-24-13	

CITY OF OAKLAND

Memorandum

TO: City Administrator
ATTN: Deanna J. Santana
FROM: Dave Burke
DATE: 23 Sep 13
RE: Justification for Travel

Name of Training Course or Event: International Chiefs of Police Conference

Reason for Training: The Oakland Police Department is seeking new Technology for future use and IACP is the largest Technology show for Public Safety.

Training Requirement (Select One): ☐ Mandatory; ☐ Essential; ☒ Discretionary

Cite Reference Source for Mandatory Training:

Total Cost: \$224.00

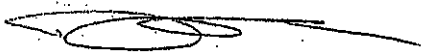
Anticipated Reimbursement of Cost: N/A

Funding Source (Select One): ☒ General Fund; ☐ Outside Funding Source

Explain Outside Funding Source:

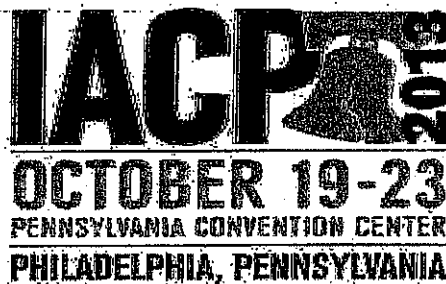
POST Funding Plan: (Check only one box if POST reimbursable)

- ☐ POST Plan I (Subsistence, Commuter Lunch, Travel, Tuition, Back-Fill Salary)
- ☐ POST Plan II (Subsistence, Commuter Lunch, Travel, Back-Fill Salary)
- ☐ POST Plan III (Subsistence, Commuter Lunch, Travel, Tuition)
- ☐ POST Plan IV (Subsistence, Commuter Lunch, Travel)
- ☐ POST Plan V (Subsistence, Commuter Lunch, Travel, Training Presentation)
- ☐ POST Letter of Agreement (LOA)


Dave G. Burke
Police Officer
Project Resource Management Unit

Burke, Dave

From: IACP 2013 <conf2013@theiacpconference.org>
Sent: Thursday, September 12, 2013 3:55 PM
To: Burke, Dave
Subject: 2013 Annual IACP Conference Confirmation



IACP 2013 CONFERENCE REGISTRATION CONFIRMATION



September 12, 2013
Registration Confirmation: 265812

DAVE BURKE
POLICE OFFICER
OAKLAND POLICE DEPARTMENT
455 7TH ST
OAKLAND, CA 94607

Dear DAVE BURKE:

This letter serves as a confirmation and receipt of your registration for IACP 2013 (The 120th Annual IACP Conference-Law Enforcement Education & Technology Exposition). The Conference will be held October 19-23, 2013 in Philadelphia, Pennsylvania, USA. The exhibit hall is open October 19-22, 2013.

ALL BADGES WILL BE PICKED UP ONSITE.

For your convenience, bring this confirmation email with you to the E-Badge pick-up desk on-site. Your bar code will be scanned and a badge will print instantly. Government issued ID is **REQUIRED** to obtain your badge.

Banquet Tickets will be available for pick-up on-site in the Registration area.

REGISTRATION DATES AND HOURS

All official conference events and delegate registration will take place at Pennsylvania Convention Center, 1101 Arch Street, Philadelphia, Pennsylvania. Pre-Registered delegates can check in beginning Friday, October 18, 2013 at 8:00am.

REGISTRATION INFORMATION

Badge Type: Expo-Hall Advance/Onsite/On-Line
Registration ID Number: 265812
First Name: DAVE
Last Name: BURKE
Job Title: POLICE OFFICER
Organization: OAKLAND POLICE DEPARTMENT
Address: 455 7TH ST
City: OAKLAND
State: CA
Postal Code: 94607
E-Mail: dburke@oaklandnet.com
Telephone: (238) 7423
Fax:

REGISTRATION SUMMARY INFORMATION

QTY	DESCRIPTION	PRICE	TOTAL
1	EXHIBIT HALL LAW ENFORCE HALL [DAVE BURKE]	\$0.00	\$0.00
	Total Amount:		\$0.00
	Total Paid:		\$0.00
	Balance Due:		\$0.00

REGISTRATION POLICIES

Registration Cancellation Policy:

All cancellations must be in writing and mailed, faxed (Fax 703.836.4543) or emailed. No telephone cancellations will be accepted. A cancellation fee is in effect through October 16, 2013. No refunds issued on or after October 17, 2013. Visit the website for full details.

No Banquet Ticket Refunds after September 11, 2013.

EVENT POLICIES

For up to date conference information, including workshop details, exhibitor information, special events, and social media visit the IACP 2013 web page below

www.theiacpconference.org

SOCIAL MEDIA

[CLICK HERE](#) to access your personal dashboard where you can download the IACP App, view "my exhibitors", link to the conference Facebook event and update your profile.

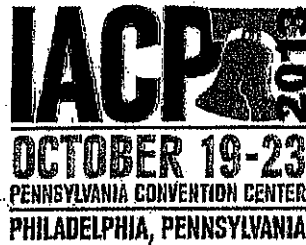
HOUSING INFORMATION

To make hotel reservations [click here](#) or call Toll Free: +1-800/221-3531 or +1-212/532-1660.



Questions? Concerns? Call 800-THE IACP and ask for Christian Faulkner or Mara Johnston.





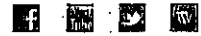
Event Information

Polls

Contact Us

Registration Progress:

Countdown to IACP 2013: 35 DAYS

**Registration Confirmation**[Return To Dashboard](#)

Thank you for registering for IACP 2013 to be held October 19 through October 23 at the Pennsylvania Convention Center, Philadelphia, Pennsylvania USA.

ALL BADGES WILL BE PICKED UP ONSITE

For your convenience bring this confirmation with you to the E-Badge pickup desk on-site. Your barcode will be scanned and a badge will print instantly. Government issued ID is REQUIRED to obtain your badge.

For more information on the show, please go to www.theiacpconference.org.

Please print this confirmation page for your records.

	Name	Company	Address	Rate
265812	DAVE BURKE	OAKLAND POLICE DEPARTMENT	455 7TH ST OAKLAND, CA 94607	\$0.00

**Housing Information**

Would you like to make your hotel reservation now? IACP 2013 encourages you to book now, as hotel room availability may later be limited. Note that you may return and book hotel reservations until September 27, 2013.

TOP 5 REASONS TO BOOK WITHIN THE OFFICIAL IACP HOUSING BLOCK

1. You save the most money. We use our clout to negotiate the lowest hotel rates. We promise you savings over the rates you can get from discounters or directly from the hotel.
2. You support IACP. Your reservation helps IACP accurately report the Conference's Impact on the city and helps IACP negotiate lower hotel rates and more convention space for future Conferences.
3. You avoid unexpected fees. We never charge booking or service fees like online discounters do. The hotel rate we quote you is the rate you get.
4. You are safe from scam artists. Booking within the official hotel program guarantees that you'll have a real room and no nasty surprises at check-in.
5. You get personal service from real people. We're here for you before, during and after the show to make sure you have a comfortable, hassle-free hotel experience.

Travel Planners Contact Info



Book Online



877-IACP-123 (877-422-7123) or 212-532-1660



Email

Blue, Annette

From: Blue, Annette
Sent: Thursday, July 03, 2014 12:37 PM
To: Burke, Dave
Cc: Vazquez, Erica; Quaintance, Linda
Subject: Your travel and training to Philadelphia, PA on October 19 to 22, 2013 for IACP
Attachments: Travel Expense Voucher 6.19.14.xlsx; TF-3269 Non-Dept Training After-Action Report-
Oct06.doc

Good Afternoon Officer Burke-

Please complete and sign the attached Travel Expense Voucher and After Action Report.
Please submit forms and all receipts to Fiscal Services Division – Travel and Training, PAB – 7th floor between 0800 and 1600 or put them in the drop box next to the door.

If you have any questions, do give me a call or email me.

Thank you for your attention to this outstanding matter:

Have a Great Day & Be Safe!

Annette Blue, PST II - 4816
Fiscal Services - Travel and Training
Ablue2@oaklandnet.com
510-238-6973

Supplier **DAVE G. BURKE**Site **455 7TH STREET**Supplier Num **78691**Invoice Num **2014-183**Type **Standard**Date **15-OCT-2013**Batch Name **H10P042-14-20131015 01**Currency **USD**Amount **224.00**

Voucher

Unpaid **0.00**

PO Number

Release

Unapplied

Receipt Num

Settlement Date

Invoice Status

Paid **Yes**Accounted **Yes**Status **Validated**Approval **Manually Approved**Description **H10P042-14 OPD(WH) POL OFCR TRA**

Active Hold

Reason

Scheduled Payments

Curr	Amount	Remaining	Due Date
<input checked="" type="checkbox"/> USD	224.00	0.00	16-OCT-2013
<input type="checkbox"/>			
<input type="checkbox"/>			

Actual Payments

Held	Paid By	Paid On
<input checked="" type="checkbox"/>	808271 - Check	15-OCT-2013
<input type="checkbox"/>		
<input type="checkbox"/>		

Payment Overview

View Receipt

Supplier

Invoices