Until further notice, due to safety concerns regarding the nature of training and the types of training, the departments of the District Attorney and Sheriff's will only display a monthly total for travel.

Items that have been redacted relate to future travel so taxpayers may review the types of conferences planned by the various departments.

Sheriff's Office travel requests received in September, 2016: $9,970.55.

District Attorney's Office travel requests received in September, 2016: $944.07
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Department of Emergency Management 2. PS Speed Type 309010 664050

3. Narrative Description and Justification: (benefit to County, position, or licensing):
The Public Safety Training Center under the auspices of the NYS Criminal Justice Services will be conducting the Aerosol Subject Restraint Instructor Course at 1190 Scottsville Road, Rochester, NY. This course prepares certified instructors to teach numerous issues pertaining to aerosol training. This training will allow the Onondaga County Auxiliary Police members to train their own personnel

5. Location: Monroe Community College, Rochester NY

6. Out-of-State or Overnight Stay – Executive Approval: _____ Yes _____ No

7. Method of Travel: Personal vehicle

8. Dates: From: 9/1/2016 To: 9/2/2016 Number of Days: 2

9. Cost Estimate: $

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<th>Names &amp; Titles of Those Attending</th>
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<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
<th>Other</th>
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10. Available Balance $ 9581.90

11. Travel Agent: Yes _____ No

12. Total Requested: $253.75

13. Total Approved: 

14. Dept. Head Approval  9/1/16

15. County Executive Office Approval  9/1/16

16. Comptroller's Office Approval (for travel card use)  Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE  

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Transportation

2. PeopleSoft Speed Type (Index #): 534030
   Account Code (Sub-Object): 664040

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   22nd Annual Statewide Conference on Local Bridges is again being offered locally. The 3-day conference provides information on a multitude of topics including administering federal aid projects, preservation of bridges and NYS DOT requirements on bridges.

4. Objective to be Accomplished: This conference has always been an important teaching workshop and has benefited our bridge maintenance operation with keeping us up-to-date on the most cost effective and efficient methods. This is also an opportunity for our Engineers to obtain PDH’s at a minimal cost which is necessary to keep their PE license current.

5. Location: Holiday Inn North Syracuse, 441 Electronics Parkway, Liverpool, NY

6. Out-of-State or Overnight Stay - Executive Approval: Yes x No

7. Method of Travel: County Vehicle

8. Dates: From Oct. 25, 2016 To Oct. 27, 2016 Number of Days: 3 (three)

9. Cost Estimate:

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10. Available Balance: $28,297.94

11. Travel Agent: Yes x No

12. Total Requested: $605.00

14. Dept. Head Approval: 8/26/16

15. County Executive Office Approval: 8/31/16

16. Comptroller’s Office Approval (for travel card use): Date

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: 10-35-20
2. FAMIS Index Code:

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Onondaga County Community Development is a US Dept. of Housing & Urban Development’s Office of Healthy Homes and Lead Hazard Control (OHHLHC) grant recipient. As a condition of the grant, the OHHLHC requires key staff to attend 2016 OLHCHH New Grantee Orientation. OHHLHC indicates that County staff will receive technical assistance while at the conference to ensure successful grant implementation of the federal awards which are designed to eliminate childhood lead poisoning and create homes that are healthy and safe for families.

4. Objective to be Accomplished:
   The 2016 OLHCHH New Grantee Orientation provides an opportunity to learn best practices in implementing OHHLHC grant programs and drawing federal funding. County staff will benefit from training, peer to peer networking and hear about the national movement to create green and healthy homes. The general increase in knowledge related to the implementation of OHHLHC projects and monitoring of County subcontractors help ensure that public funding used to implement these initiatives are expended efficiently and effectively.

Location: Washington DC

6. Out-of-State or Overnight Stay - Executive Approval: X Yes No

7. Method of Travel: Airline plus ground transportation to/from airport/during stay

8. Dates: From Tues Sept 6, 2016 To Fri., Sept 9, 2016 Number of Days: 4 days/3 nights

9. Cost Estimate:

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10. Available Balance: $3,400,000
11. Travel Agent: X Yes No

12. Total Requested: $3,870
13. Total Approved: $

14. Dept. Head Approval Date
15. County Executive Office Approval Date

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: MCH/HEALTHY FAMILIES
   2. PeopleSoft speed type (index #): 321170
      Account code (sub-object): 664050
      Grant #: MICH 745109001
      100% GRANT FUNDED

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   The New York State Perinatal Quality Collaborative (NYSPQC) Safe Sleep Project aims to reduce infant sleep-related deaths by improving safe sleep practices in NYS. The project team is part of the national Infant Mortality Collaborative Improvement and Innovation Network (IM-CoIN), a platform designed to accelerate improvement in priority strategy areas through collaborative learning, quality improvement and innovation. The NYSPQC Safe Sleep Project aligns with NYS IM-CoIN team efforts. The MICH program is a participant in the NYS IM-CoIN team.

4. Objective to be Accomplished:.
   To connect staff from organizations around the state with hospital-based staff, to improve communication and education to new moms and infant caregivers, to increase collaborative efforts to improve safe sleep for infants in NYS.

5. Location: University at Albany, Main Campus (uptown) 1400 Washington Avenue Albany, NY 12222

6. Out-of-State or Overnight Stay - Executive Approval: No

7. Method of Travel: Personal Car

8. Dates: From: 9/22/2016 To: 9/22/2016 Number of Days: 1

9. Cost Estimate: $78.04

   100% GRANT FUNDED

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   TOTAL | $63.04 | $0 | $15 | $0 | $78.04 |

10. Available Balance: $78.04 11. Travel Agent: NO

12. Total Requested: $78.04

13. Total Approved: $78.04

14. Dept. Head Approval 8/31/16 Date

15. County Executive Office Approval 9/1/16 Date

16. Comptroller's Office Approval (for travel card use) Date
OFFICE OF THE COUNTY EXECUTIVE  

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Bureau of Disease Control

2. PeopleSoft speed type (Index #): 321180
   Account code (sub-object): 740000014
   Grant #: 321180

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   - This certification will allow [redacted] outreach worker to draw blood for Tspots
   - Will help with our staffing needs
   - Skill development for our staff

4. Objective to be Accomplished:
   - This certification program is approved by the National Phlebotomy Association
   - Topics include the role of the phlebotomist, patient identification suitability of specimens, collection equipment, interfering substances, venipuncture and capillary puncture techniques, test requisitions, specimen transport, specimen processing and quality assurance in phlebotomy

5. Location: OCM BOCES 4500 crown Rd Liverpool, NY 13090

6. Out-of-State or Overnight Stay - Executive Approval: Yes X No

7. Method of Travel: personal vehicle

8. Dates: From 9/21/16 To 11/30/16 Number of Days: 10 sessions

9. Cost Estimate: $656.00

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10. Available Balance: $4,597.55

11. Travel Agent: Yes X No

12. Total Requested: $1,000.00

13. Total Approved: $1,000.00

14. Dept. Head Approval: 8/13/16

15. County Executive Office Approval: 9/1/16

16. Comptroller's Office Approval (for travel card use): Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: OCHD Lead Poisoning Control Program  
   PeopleSoft Speed Type: 321/35  
   Account Code: 664180  
   Grant Project #: NYSDOH TCPP 245108: CLPPP 745100

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Lead poisoning prevention strategies used successfully by the City of Rochester and Monroe County Health Department have stimulated local discussions on how to best utilize existing staffing and modify current processes used by the Onondaga County Health Department and City of Syracuse Code Enforcement Officials to increase compliance with correcting deteriorated paint conditions cited by each program. An information sharing meeting is planned for September 23, 2016 in Rochester.

4. Objective to be Accomplished:
   The OCHD Lead Program Coordinator has been invited to participate in this meeting. Agenda items will include: an overview of the Monroe County Health Department/City of Rochester data sharing practices, use of the Speigel Act in rent withholding for DSS funded properties, and the use of Public Health Law in Code Enforcement activities. Attendance at this meeting provides an opportunity for local city and county representatives to learn from successful practices implemented by programs of similar size and complexity. The anticipated outcome of the discussion is the identification of locally relevant administrative and policy strategies to improve compliance with violations of the NYS Public Health Law, NYS Building and Property Maintenance Code, Onondaga County Sanitary Code, and city of Syracuse Code of Ordinances.

5. Location: Rochester City Hall, 30 Church Street, Rochester, NY

6. Out-of-State or Overnight Stay - Executive Approval: Yes  
   No

7. Method of Travel: Carpool

8. Dates: From 9/23/16  
   To 9/23/16  
   Number of Days: 1

9. Cost Estimate: 100% Grant Funded  
   #45108 NYSDOH Lead Poisoning Prevention Program  
   #745108 NYSDOH Childhood Lead Poisoning Prevention Program

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10. Available Balance: $839.78

11. Travel Agent: Yes  
    No

12. Total Requested: $15.00

13. Total Approved: $15.00

14. Dept. Head Approval  
    Date: 8/30/16

15. County Executive Office Approval  
    Date: 9/1/16

16. Comptroller’s Office Approval (for travel card use)  
    Date: Aug 30, 2016
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Department of Emergency Management  2. PS Speed Type

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Assist in the development and implementation of a state wide training initiative to ensure compliance with nationally recognized standards for the response to hazardous materials incidents at the Technician level.

4. 

5. Location:  NYS Fire Academy, Montour Falls, NY

6. Out-of-State or Overnight Stay – Executive Approval:  Yes  No

7. Method of Travel:  County Vehicle

8. Dates:  From: 9/15/2016  To: 9/15/2016  Number of Days:  1

9. Cost Estimate: $  

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10. Available Balance: $  11. Travel Agent:  Yes  No

12. Total Requested: $0.00  13. Total Approved: $  0


16. Comptroller's Office Approval (for travel card use)  Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Correction

2. FAMIS Index Code: 290025-6404

3. Narrative Description and Justification: (benefit to County, position, or licensing): To purchase three K-9 Narcotic Detection Dogs for the facility.

4. Objective to be Accomplished: Once trained the K-9 will enhance the security for the inmates, staff and facility.

DATE REVISED

5. Location: Shallow Creek Kennels 6572 Seneca Road Sharpsville PA 16150

6. Out-of-State or Overnight Stay - Executive Approval: X Yes No

7. Method of Travel: Department Vehicles (EZ Pass for tolls)

8. Dates: From 09/12/16 To 09/12/16 Number of Days: 1

9. Cost Estimate:

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10. Available Balance: $ 736.67

11. Travel Agent: ______ Yes _____ No X

12. Total Requested: $ 379.20

13. Total Approved: $ 379.20

14. Dept. Head Approval Date

15. County Executive Office Approval Date

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 1/10
1. Admin. Unit: Rosamond Gifford Zoo

2. PeopleSoft Speed Type (Index #): N/A
   Account Code (Sub-Object): N/A
   Grant #: N/A

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   I am writing to you to request your support to attend the Elephant Manager’s Association Conference in Oklahoma City at the Oklahoma City Zoo. As one of the leading elephant programs of Restricted Contact (R.C.) management in the United States, the Oklahoma City Zoo is currently experiencing enormous success with their elephant program due to their elephant staff’s unique expertise and backgrounds. Their firsthand experience at developing a highly successful breeding program, introducing new elephants into an established herd, and working in R.C. management would provide an irreplaceable learning opportunity, which I could then share with the rest of our staff.

   Similarly, while there is much to be learned from simply observing the staff at work, this time would also be used to attend workshops and presentations from a variety of other professionals and programs around the world. This would in turn develop networking opportunities and a unique perspective from the experts in our field which can be directly utilized at the Rosamond Gifford Zoo. Below is a rough outline of the time needed for this professional development. Included are descriptions of the professional development that would be available at this conference. Thank you for your time and consideration; this is an immensely valuable opportunity.

   October 12th: Preconference workshop at Oklahoma City Zoo. This opportunity would allow for a more hands on experience observing and working with the elephant staff of the OKC Zoo.

   October 13-15th: Conference workshops and sessions. This opportunity would allow for extensive networking and professional development from the experts in the elephant management field. I would likewise have the opportunity to present about the fantastic new pool the Friends of the Zoo provided and its enhancement of the lives of our elephants here at the Rosamond Gifford Zoo.

   October 16th: Post conference observation at Sedgwick County Zoo. This opportunity is incredibly unique, as the Sedgwick County Zoo has recently opened a new pool and exhibit to incorporate wild elephants from Africa into their herd. As we at the Rosamond Gifford Zoo continue to grow our herd and exhibit, this will provide a unique insight into this process.

4. Objective to be accomplished:
   I believe that attending this conference will be greatly beneficial for me as an individual, professionally and for the Rosamond Gifford Zoo’s elephant program. The wealth of knowledge that I can gain from observing and learning from a successful program, attending and participating in workshops, attending presentations and networking is something that I wish to bring back and use to help advance our program. Presenting at a national conference in my field and about my passion is a great opportunity and a privilege, one that I have never experienced before. It is something that I believe is important in my own professional growth and is vital in a community working towards conservation and the improvement of elephant management.

5. Location: Oklahoma City Zoo, Oklahoma City, OK

6. Out-of-State or Overnight Stay - Executive Approval: X Yes ___ No

7. Method of Travel: Plane

8. Dates: From 10/12/16 to 10/16/16 Number of Days: 5

9. Cost Estimate: All expenses paid by Friends of the Rosamond Gifford Zoo

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Zoo Attendant</td>
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</table>
1. **Admin. Unit:** Parks Department / Beaver Lake Nature Center

2. **PeopleSoft Speed Type (Index #):** 510002
   **Account Code (Sub-Object):** 664050

3. **Narrative Description and Justification:** (benefit to County, position, or licensing): Ithaca Waterfalls Trip. A naturalist will lead the group to several waterfalls located in the Ithaca, NY area. Interpretation will be done on the area’s geological past and natural history. Participants will gain an appreciation of Central New York’s unique and important natural history. The user fees that are charged for this program cover this program’s cost.

4. **Objective to be Accomplished:**
   - Explore the natural history and geology of Tompkins County
   - Travel to several unique waterfalls near Ithaca
   - Further Beaver Lake’s mission.
   - Introduce programs and events.

5. **Location:** Ithaca, NY Tompkins County

6. **Out-of-State or Overnight Stay - Executive Approval:** Yes X No

7. **Method of Travel:** County 15-passenger Van

8. **Dates:** From 9/30/16 To 9/30/16 **Number of Days:** 1

9. **Cost Estimate:**

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
<th>Other</th>
<th>Total</th>
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</thead>
<tbody>
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<td>$</td>
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</table>

10. **Available Balance:** $10,487.77

11. **Travel Agent:** Yes X No

12. **Total Requested:** $26.08

13. **Total Approved:** $26.08

14. **Dept. Head Approval**
   **Date:** 9/16/2016

15. **County Executive Office Approval**
   **Date:** 9/16/2016

16. **Comptroller’s Office Approval (for travel card use)**
   **Date**
OFFICE OF THE COUNTY EXECUTIVE

Authorization for Travel Expenses - CE Travel Form

1. Admin. Unit: Parks Department/Beaver Lake Nature Center
   2. PeopleSoft Speed Type (Index #): 510002
      Account Code (Sub-Object): 664050

3. Narrative Description and Justification: (benefit to County, position, or licensing): Ithaca Waterfalls Trip. A naturalist will lead the group to several waterfalls located in the Ithaca, NY area. Interpretation will be done on the area's geological past and natural history. Participants will gain an appreciation of Central New York's unique and important natural history. The user fees that are charged for this program cover this program's cost.

4. Objective to be Accomplished:
   Explore the natural history and geology of Tompkins County
   Travel to several unique waterfalls near Ithaca
   Further Beaver Lake's mission.
   Introduce programs and events.

5. Location: Ithaca, NY Tompkins County

6. Out-of-State or Overnight Stay - Executive Approval: Yes X No

7. Method of Travel: County 15-passenger Van

8. Dates: From 9/29/16 To 9/29/16 Number of Days: 1

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
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<th>Rooms</th>
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<th>Other</th>
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   Grand Total: $26.08

10. Available Balance: $10,487.77

11. Travel Agent: Yes X No

12. Total Requested: $26.08

13. Total Approved: $26.08

14. Dept. Head Approval: Date: 8/18/2016

15. County Executive Office Approval: Date: 9/1/16

16. Comptroller's Office Approval (for travel card use) Date: 

Rev. 12/12
AMENDMENT

3. Narrative Description and Justification: (benefit to County, position, or licensing):

2016 National Immunization Conference- NIC brings together a wide variety of local, state, federal, and private-sector immunization partners to explore science, policy, education, and planning issues related to immunization in general and vaccine-preventable disease. This three-day conference with 3 plenary sessions, 12 breakout sessions, workshops, 2 immunization Q&A sessions, posters, exhibits, and the Hilleman Lecture will highlight the following major topics:

- Adult Immunization
- Immunization Information Systems
- Programmatic Issues
- Health and Risk Communications
- Epidemiology and Surveillance
- Childhood and Adolescent Immunization

4. Objective to be Accomplished: Each participant will expand their knowledge in current immunization practices and vaccine preventable disease, thereby benefiting the OCHD immunization program as a whole.

5. Location: Hilton Atlanta 255 Courtland Street NE, Atlanta GA 30303

6. Out-of-State or Overnight Stay - Executive Approval: Yes

7. Method of Travel: Air


9. Cost Estimate: $6035. EST 100% GRANT FUNDED COLA - AMENDMENT - Change in OCHD traveler

<table>
<thead>
<tr>
<th>Names &amp; Titles of Participants</th>
<th>Transportation</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg.</th>
<th>Total</th>
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<td>3 nights @ $138 plus tax=$166x3= EST $500 Request OCHD credit card</td>
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<td>$1490 EST</td>
</tr>
<tr>
<td>Health Educator</td>
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10. Available Balance: $5326

11. Travel Agent: YES

Rev. 1/10

AUG 26 2016
1. Admin. Unit: Dept. of Children & Family Services  

2. PeopleSoft Speed Type (Index #):  
   CFS 440025 CF  
   MH Family Support  
   Account Code (Sub-Object):  
   Grant #:  

3. Narrative Description and Justification: (benefit to County, position, or licensing):  
   This is an annual Family Peer Advocate conference put on by OMH. It is a conference for all FPA's throughout the state. This conference will give FPA credits to credentialed advocates, which I am. I will learn about the Child Health Homes that start in Dec. 2016 and how this will affect the system and changes, what our program will need to be prepared for, and Medicaid billing. Our program will become billable in 2017. I will learn how to bill and write notes to bill Medicaid effectively. In addition, there are presentations on Art Therapy and Healing, and NARCAN training from the McPike Addiction Treatment Center.

4. Objective to be Accomplished:  
   By attending this conference I will collaborate with the other FPA's and OMH staff. I will share and receive information about programs in all of the NYS's regions. I will be able to learn how to bill effectively and appropriate note writing for Medicaid. All of this information I can bring back to our program to share with my coworkers. This is essential to know since I has done this and our program has not been a billable service.

5. Location: White Eagle Conference Center-2798 Lake Moraine RD, W. Lake rd PO Box 679, Hamilton NY 13346

6. Out-of-State or Overnight Stay - Executive Approval:  
   Yes  
   No

7. Method of Travel: personal car

8. Dates: From 9/19/16 To 9/20/16 Number of Days: 2

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
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<th>Other</th>
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<td>6.</td>
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<td>$</td>
<td>$</td>
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<td>$</td>
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</tbody>
</table>

   Grand Total: $52.92 $1.50 $80.00 $ $65.00 $ $199.42

10. Available Balance: $  
    11. Travel Agent: Yes  No
    12. Total Requested: $ 199.42
    13. Total Approved: $ 199.42

Rev. 12/12 9/21/16
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit:  Parks- Admin

2. PeopleSoft Speed Type (Index #):  510001
   Account Code (Sub-Object):  664050
   Grant #:  

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   National Recreation and Parks Association Annual Conference – to attend educational sessions at the national conference in order to promote staff development and continuing education, professional networking, and check out new products and trends.

4. Objective to be Accomplished:
   National Recreation and Parks Association Annual Conference – to attend educational sessions at the national conference in order to promote staff development and continuing education, professional networking, and check out new products and trends.

5. Location:  America’s Center Convention Complex - 701 Convention Plaza, St. Louis, MO 63101

6. Out-of-State or Overnight Stay - Executive Approval:  X Yes  No

7. Method of Travel:  Air

8. Dates:  From 10/4/2016  To 10/7/2016  Number of Days:  4

9. Cost Estimate:

<table>
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<tr>
<th>Names &amp; Titles of Those Attending</th>
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<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
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10. Available Balance: $ 10,000

11. Travel Agent:  X Yes  No

12. Total Requested: $ 3,998

13. Total Approved: $ 3,998

14. Dept. Head Approval  08/23/16  Date  08/23/16

15. County Executive Office Approval  9/1/16  Date  9/1/16

16. Comptroller’s Office Approval (for travel card use)  Date  

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE  

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Correction  
2. FAMIS Index Code: 290025-6404

3. Narrative Description and Justification: (benefit to County, position, or licensing): To attend the annual NYS Sheriff’s Association Conference September 26-29, 2016. This yearly meeting convenes jail administrators from all correctional facilities/regions throughout New York State. These conferences are designed for top-level administrators and designed to provide forum for those who work in these areas.

4. Objective to be Accomplished:  
   - County Jail Vivitrol Program
   - Commission of Correction Review
   - Federal Review of Jails
   - NYS DOH Review of HIV/AIDS/Hepatitis Jail Policies

5. Location: Gideon Putnam Resort, 24 Gideon Putnam Rd, Saratoga NY 12866

6. Out-of-State or Overnight Stay - Executive Approval: X Yes  No

7. Method of Travel: Department Vehicles (EZ Pass for tolls)

8. Dates: From 9/26/16 To 9/29/16 Number of Days: 4

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
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<th>Tolls</th>
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10. Available Balance: $ 10,678.47

11. Travel Agent: X Yes  No

12. Total Requested: $ 5441.90

13. Total Approved: $ 441.90

14. Dept. Head Approval Date

15. County Executive Office Approval Date 9/1/16

16. Controller’s Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Correction
2. FAMIS Index Code: 290023-6404

3. Narrative Description and Justification: (benefit to County, position, or licensing): To attend the 2016 National Police Canine Association Training Seminar.

4. Objective to be Accomplished:
   - Supervisors Course
   - Keys to becoming a successful K9 detector team
   - K9 Record Keeping for Detection
   - Establishing the K9 handler as an expert and courtroom preparation

5. Location: Sheraton Pittsburgh Hotel at Station Square, 300 West Station Square Drive, Pittsburgh PA 15219

6. Out-of-State or Overnight Stay - Executive Approval: Yes X No

7. Method of Travel: Department Vehicle (EZ Pass)

8. Dates: From 10/09/16 To 10/13/16 Number of Days: 5

9. Cost Estimate:

<table>
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<th>Names &amp; Titles of Those Attending</th>
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10. Available Balance: $ 5236.57

11. Travel Agent: Yes X No

12. Total Requested: $ 1253.44

13. Total Approved: $ 1253.44

14. Dept. Head Approval Date

15. County Executive Office Approval Date 9/1/16

16. Comptroller's Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Water Environment Protection
2. PeopleSoft Speed Type (Index #): 480300
   Account Code (Sub-Object): 664040
   Grant #: N/A

3. Narrative Description and Justification: (benefit to County, position, or licensing): Siewert Equipment is hosting a seminar on Tank Mixing Applications. Topics to be discussed include: tank mixing applications and mixer design & tank cleaning processes and equipment.

4. Objective to be Accomplished: By attending this seminar, the employees will learn about the latest technology in tank cleaning and mixing design. Attendees will also earn 4.0 CE credit hours.

5. Location: Lightin 135 Mt. Read Blvd. Rochester, NY 14611
   7:30 a.m. – 1:00 p.m.

6. Out-of-State or Overnight Stay - Executive Approval: Yes X No

7. Method of Travel: Personal or County Vehicle

   Number of Days: 1

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
<th>Other</th>
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10. Available Balance: $ 6,420.00
11. Travel Agent: Yes X No

12. Total Requested: $ 235.00
13. Total Approved: $ 235.00

14. Dept. Head Approval
    Date 9/16
15. County Executive Office Approval
    Date 9/16

16. Comptroller’s Office Approval (for travel card use)
    Date

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Health – Forensic Laboratories

2. PeopleSoft speed type (index #): Criminalistics 330512
   Account code (sub-object): Travel Expense 6404
   Grant #: Choose an item.

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   DMETWG is a technical working group for Digital & Multimedia analysis in New York State. The purpose of
   this group is to promote uniformity in test methods and procedures, encourage consistency in laboratory reports
   and reporting procedures, identify technical and policy issues affecting the discipline and identify training and
   developmental needs of the discipline’s personnel. DCJS requires the laboratory to have representation at the
   technical working group meetings to continue to receive grant funding.

4. Objective to be Accomplished:
   To participate in the NY DMETWG. The primary purpose of this meeting will be to discuss accreditation,
   specific emerging computer technologies, software, and software tools

5. Location: Utica College, 1900 Burrstone Road Utica, NY 13502

6. Out-of-State or Overnight Stay - Executive Approval:
   ☑ Yes   ☐ No

7. Method of Travel:
   Auto

8. Dates: From – 09/15/2016   To – 09/16/2016   Number of Days: 2

9. Cost Estimate: Travel, Hotel, and meals will be arranged and paid for by NYS Division of Criminal Justice Services.

<table>
<thead>
<tr>
<th>Names &amp; Titles of Attendees</th>
<th>Transportation</th>
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10. Available Balance: $____________________

11. Travel Agent:
   ☑ Yes   ☐ No

12. Total Requested: $00.00

13. Total Approved: $____________________

14. 5:04 3 M 9:7:16

   Dept. Head Approval   Date

15. 9/9/16

   County Executive Office Approval   Date

16. Comptroller’s Office Approval (for travel card use)   Date

Return to R Mounce

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE
AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Social Services
2. Index Code: A664070

3. Narrative Description and Justification: (benefit to County, position, or licensing):
Participants in the original workshop learn the warning signs and symptoms of the most common adult mental health problems, including depression, anxiety disorders, schizophrenia, and substance use disorders.

4. Objective to be Accomplished:
This 6-hour workshop will familiarize participants with the trauma-informed principles of Universal Precautions, types of trauma, PTSD symptoms, ACE's study, screening tools, re-traumatization, resiliency, vicarious trauma, empathy overload, and self-care.

5. Location: Syracuse, N.Y. – 11/9/16

6. Out-of-State or Overnight Stay - Executive Approval: Yes X No

7. Method of Travel: Personal Vehicle

8. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
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10. Available Balance: $

12. Total Requested: $60.00

14. [Signature]  9/9/16
Dept. Head Approval  Date

11. Travel Agent: Yes X No

13. Total Approved: $60.00

15. [Signature]  9/9/16
County Executive Office Approval  Date

16. Comptroller's Office Approval (for travel card use)  Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE
*****************************************************************************
AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: CHILDREN'S DIVISION
2. FAMIS Index Code: 6401

2. Narrative Description and Justification (benefit to County, position, or licensing):
   Adoption for legally freed child

3. Objective to be accomplished: casework contact, case planning, school advocacy

4. Location: Watertown, New York

5. Out-of-State or Overnight Stay - Executive Approval: Yes No

6. Method of Travel: car rental

7. Dates: From 9/7/16 Number of Days: 1

8. Cost Estimate:

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   Grand Total $65.00

10. Travel Agent: Yes No
11. Total Requested: $65.00
12. Total Approved: $65.00
13. Dept. Head Approval Date
14. County Executive Office Approval Date
15. Comptroller's Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Children and Family Services
2. SpeedType: CFS 440007 Child Welfare Services F62
   Grant Number: 
   Account Code: 

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Service Plan Review Meeting for youth at Glove House

4. Objective to be Accomplished:
   Review goals and progress made. Meet with youth in person.

5. Location:
   Glove House Elmira, NY

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel:
   Personal Vehicle

8. Dates: From 9/6/16 To 9/6/16 Number of Days: 1

9. Cost Estimate:

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10. Available Balance: $ 189,986

11. Travel Agent: No

12. Total Requested: $ 59.10

13. Total Approved: $ 59.10

14. Dept. Head Approval Date 9/6/16

15. County Executive Office Approval Date 9/9/16

16. Comptroller’s Office Approval (for travel card use) Date

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OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Children and Family Services  
2. SpeedType: CFS 440029 Juvenile Detention Center  
   Grant Number:  
   Account Code: 66400 - Training

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Collaborative Problem Solving Training - Tier 1

4. Objective to be Accomplished:
   Collaborative Problem Solving Training - Tier 1

5. Location:
   Local

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel:

8. Dates: From 7/8/16  
   To 7/10/16  
   Number of Days: 3

9. Cost Estimate:

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10. Available Balance: $ 500.00  
11. Travel Agent: No

12. Total Requested: $ 300.00  
13. Total Approved: $ 300.00

14.  Dept. Head Approval:  
     Date: 5/23/16

15.  County Executive Office Approval:  
     Date: 9/9/16

16.  Comptroller's Office Approval (for travel card use):  
     Date:  

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OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: SOCPA

FAMIS Index Code: 260158, 260166, 260162 / 664050

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Annual APA Upstate New York Planning Conference 2016 – "Rust Belt Reborn". SOCPA Planners need to keep up-to-date with emerging issues and anticipate new planning trends. SOCPA is essential to supporting local municipalities, including Onondaga County and the City of Syracuse, on a day-to-day basis.

4. Objective to be Accomplished:
   Planner knowledge will be broadened, which will allow other staff to do the same. Dealing with future planning issues and adjusting to the changes in the field is critical for the SOCPA staff at all levels.

5. Location: Hyatt Regency Hotel & Conference Center, Two Fountain Plaza, Buffalo, NY

6. Out-of-State or Overnight Stay - Executive Approval: X Yes No

7. Method of Travel: personal vehicle

8. Dates: From 9/29/16 To 9/30/16 Number of Days: 2 days / 1 night

9. Cost Estimate:

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10. Available Balance: $__________

11. Travel Agent: X Yes No

12. Total Requested: $1084.00

13. Total Approved: $1084.00


15. County Executive Office Approval 9/9/16

16. Controller's Office Approval (for travel card use) 9/12/16

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: SOCPA
   FAMIS Index Code: 260162

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   New York Power Authority Five Cities Program Team Meeting: Planner has been invited to a meeting of representatives from Syracuse, Rochester, Albany, Buffalo and Yonkers with NYSPA staff to discuss the status of our grant projects to date, program direction, and NYPA’s plans for upcoming grant cycle.

4. Objective to be Accomplished:
   Staff member will have broader knowledge of several areas discussed, and showcase progress made in the City of Syracuse.

5. Location: Gideon Putnam Hotel, 24 Gideon Putnam Rd., Saratoga Springs, NY

6. Out-of-State or Overnight Stay - Executive Approval: X Yes ___ No

7. Method of Travel: personal vehicle

8. Dates: From 10/4/16 To 10/5/16 Number of Days: 2

9. Cost Estimate:

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10. Available Balance: $ ___
11. Travel Agent: X Yes ___ No
12. Total Requested: $315.00
13. Total Approved: $315.00

14. Dept. Head Approval: 9/30/16
15. County Executive Office Approval: 9/19/16
16. Comptroller’s Office Approval (for travel card use): 9/12/16

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Adult and Long Term Care  2. SpeedType: ALTC 435003 Adult Protective F2
   Grant Number:  
   Account Code:  

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Escort client and personal belongings for guardianship case from a facility in Rochester, NY to a facility in Auburn, NY. Client will be traveling by medical transport company, who will not allow personal possession in their vehicle.

4. Objective to be Accomplished:
   Client feels safe with guardian. Guardian's presence is necessary for the discharge and admission process at both facilities. This travel is Case Based; case #57261.

5. Location:
   New Roc Nursing & Rehab Center in Rochester and Loretto the Commons at St. Anthony, Auburn, NY

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel:
   Rental Car

8. Dates: From 9/12/16  
   To 9/12/16  
   Number of Days: 1

9. Cost Estimate:

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10. Available Balance: $ 17,647

11. Travel Agent: No

12. Total Requested: $ 73.84

13. Total Approved: $ 73.84

14. Dept. Head Approval  
   Date 9-9-16

15. County Executive Office Approval  
   Date 9/14/16

16. Comptroller's Office Approval (for travel card use)  
   Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Adult and Long Term Care  
   SpeedType: 435003
   Grant Number:  
   Account Code:  

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Emergency travel for Guardianship case - escort client from St. Joe's Hospital to inpatient placement out of state.

4. Objective to be Accomplished:
   Accompany client to ensure safety and admittance to long-term locked down placement facility.

5. Location:
   Braintree, MA

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel:
   Medicaid Cab, billed under client's case (left personal car in St. Joe's parking lot)

8. Dates:  
   From 8/25/16  
   To 8/25/16  
   Number of Days: 1

9. Cost Estimate:

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10. Available Balance: $ 17,647.00

11. Travel Agent: No

12. Total Requested: $ 42.00

13. Total Approved: $ 42.00

14. Dept. Head Approval:  
   Date: 9/7/16

15. County Executive Office Approval:  
   Date: 9/7/16

16. Comptroller’s Office Approval (for travel card use)  
   Date:  

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Children and Family Services

2. SpeedType: CPS 440007 Child Welfare Services F62

   Grant Number:

   Account Code:

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Court Ordered supervised visit

4. Objective to be Accomplished:
   Transport child to her mother who is inpatient for a supervised visit.

5. Location:
   Hanock at 407 E. Union St. Newark, NY

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel: rental car

8. Dates: From 9/13/16 To 9/13/16 Number of Days: 1

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Name &amp; Title of Person Attending</th>
<th>Transportation</th>
<th>Toll</th>
<th>Room</th>
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<th>Rev. Ref.</th>
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10. Available Balance: $160,678

11. Travel Agent: No

12. Total Requested: $39.00

   [Signature] 9/16/16 Dept. Head Approval Date

13. Total Approved: $39.00

   [Signature] 9/14/16 County Executive Office Approval Date

14. Comptroller’s Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Children and Family Services
2. SpeedType: CFS 440007 Child Welfare Services F62

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Transporting youth and her belongings back to Syracuse from Glove House.

4. Objective to be Accomplished:
   Youth is going to be on Trial Discharge and moving back home.

5. Location:
   Glove House Elmira, NY

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel: Personal Vehicle

8. Dates: From 9/8/16 To 9/8/16 Number of Days: 1

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
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10. Available Balance: $ 160,678

11. Travel Agent: No

12. Total Requested: $ 73.98

13. Total Approved: $ 73.98

14. Dept. Head Approval: 9/8/16

15. County Executive Office Approval: 9/8/16

16. Comptroller's Office Approval (for travel card use): Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE
AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Social Services

2. Index Code: A664070

3. Narrative Description and Justification: (benefit to County, position, or licensing):

Participate in NYPWA Western Regional Commissioner’s Meetings. This meeting includes discussion of pertinent topics affecting DSS with Commissioners from around the State.

4. Objective to be Accomplished:

Discuss best practices, issues and solutions of programs and day to day activities.

5. Location: Geneva, NY – 9/1/16

6. Out-of-State or Overnight Stay - Executive Approval: Yes X No

7. Method of Travel: Personal Vehicle

8. Dates – 9/1/16

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
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10. Available Balance: $

11. Travel Agent: Yes X No

12. Total Requested: $63.42

13. Total Approved: $63.42

14. Dept. Head Approval 9/7/16

15. County Executive Office Approval 9/14/16

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Emergency Communications (E911)  2. PeopleSoft Speed Type (Index #): 305010
   Account Code (Sub-Object): 664040
   Grant #:

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Attend meeting of the New York State Interoperable and Emergency Communications (SIEC) Board. Travel expenses to be reimbursed by the New York State Department of Homeland Security and Emergency Services (DHSES).

4. Objective to be Accomplished:
   Participate as an appointed member of the State Interoperable and Emergency Communications (SIEC) Board.

5. Location: NYS Department of Homeland Security; State Campus Bldg 7A; 1222 Washington Ave; Albany, NY

6. Out-of-State or Overnight Stay - Executive Approval:  Yes  X No

7. Method of Travel: Personal Automobile

8. Dates: From 09/13/16 To 09/13/16  Number of Days: 1

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
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10. Available Balance: $11,505.76

11. Travel Agent:  Yes  X No

12. Total Requested: $0.00

13. Total Approved: $0

14. Dept. Head Approval: 09/06/16

15. County Executive Office Approval: 9/4/16

16. Comptroller's Office Approval (for travel card use) Date

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE
******************************************************************************
AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

September 8, 2016

1. Admin. Unit: ENVIRONMENTAL HEALTH

2. PeopleSoft (speed type #): 321140
   Account code (sub-object): 664040
   Grant #: 745104-001

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Attend NYS/EPA Region 2 Central New York Coalition Radon Meeting October 27, 2016.

4. Objective to be Accomplished: Meeting is opportunity to meet and discuss Radon topics to include Radon related lung cancer, test methods and Certification Program requirements and other related Radon information and education.

5. Location: Traditions at the Glen, 4101 Watson Boulevard, Johnson City NY 13790

6. Out-of-State or Overnight Stay - Executive Approval:     Yes    X No

7. Method of Travel: County Vehicle


9. Cost Estimate: 100% GRANT FUNDED

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<th>Names &amp; Titles of Those Attending</th>
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<th>Tolls</th>
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NCC

10. Available Balance: $1,800.00 9/3/16

11. Travel Agent:     Yes    X No

12. Total Requested: $90.00

13. Total Approved: $90.00

14. Dept. Head Approval 2/3/16

15. County Executive Office Approval 9/13/16

16. Comptroller's Office Approval (for travel card use) Date SEP 13 2016

Rev. 1/10
1. Admin. Unit: Bureau of Disease Control

2. PeopleSoft speed type (index #): 7431971 321160
   Account code (sub-object): 354260 644040
   Grant #: 745127001 PREP Grant

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   - Training in NIRS Administration
   - Networking opportunity for technical support in the future
   - Gain knowledge on NIRS administration

4. Objective to be Accomplished:
   - Increase NIRS knowledge
   - Network + build relationship with/or to
   - Attend to learn about future learning opportunities

5. Location: Bryant & Stratton 8687 Carling Rd 13090

6. Out-of-State or Overnight Stay - Executive Approval: ____ Yes  ___ X No

7. Method of Travel: ____ personal vehicle

8. Dates: From 9/7/16 TO 9/8/16  Number of Days: 1.5

9. Cost Estimate: $65.00

<table>
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<th>Names &amp; Titles of Those Attending</th>
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10. Available Balance: $1,655.49
    9/13/16

11. Travel Agent: ____ Yes  ___ X No

12. Total Requested: $65.00

13. Total Approved: $65.00

14. 
   [Signature]
   9/13/16
   Dept. Head Approval
   Date

15. 
   [Signature]
   9/15/16
   County Executive Office Approval
   Date

16. Comptroller's Office Approval (for travel card use)
   Date

Rev. 1/10

SEP 19 2016
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Health – Forensic Laboratories
2. PeopleSoft speed type (index #): Criminalistics 330512
   Account code (sub-object): Travel Expense 6404
   Grant #: Choose an item.

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Permission is being requested to attend the Drug TWG (Technical Working Group) meeting coordinated by
   DCJS. The purpose of the TWG is to discuss new technology and methods, policies, accreditation standards and
   interpretations, training, report wording, and other issues related to Forensic Chemistry. DCJS requires the
   laboratory to have representation at the technical working group meetings to continue to receive
   grant funding.

4. Objective to be Accomplished:
   To participate in the NYS Drug TWG. The agenda is attached.

5. Location: Saratoga Spring, NY

6. Out-of-State or Overnight Stay - Executive Approval: ☑ Yes ☐ No

7. Method of Travel: Personal Auto

8. Dates: From - 10/18/2016 To - 10/19/2016 Number of Days: 2

9. Cost Estimate: Travel, hotel, and meals will be arranged and paid for by NYS Division of Criminal Justice Services.

<table>
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<th>Names &amp; Titles of Attendees</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
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10. Available Balance: $ 5,641.3

11. Travel Agent: ☐ Yes ☑ No

12. Total Requested: $ 00.00

13. Total Approved: $ 00.00

14. Dept. Head Approval Date 9/13/16

15. County Executive Office Approval Date 9/15/16

16. Comptroller’s Office Approval (for travel card use) Date
OFFICE OF THE COUNTY EXECUTIVE
******************************************************************************************************************************************
AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Health – Forensic Laboratories
2. PeopleSoft speed type (index #): Criminalistics 330512
   Account code (sub-object): Travel Expense 6404
   Grant #: Choose an item.

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Permission is being requested to attend the TWG FIRE (Technical Working Group) meeting coordinated by
   DCJS. The purpose of the TWG is to discuss new technology and methods, policies, accreditation standards and
   interpretations, training, report wording, and other issues related to Forensic Fire Debris Analysis. DCJS
   requires the laboratory to have representation at the technical working group meetings to continue to receive grant funding.

4. Objective to be Accomplished:
   To participate in the NYS TWG FIRE. The tentative agenda for the TWG FIRE meeting is attached.

5. Location: Montour Falls, NY, NYS Fire Academy

6. Out-of-State or Overnight Stay - Executive Approval:
   ✔ Yes   ☐ No

7. Method of Travel: Personal Auto

8. Dates: From - 10/6/2016 To - 10/7/2016 Number of Days: 2

9. Cost Estimate: Travel, hotel, and meals will be arranged and paid for by NYS Division of Criminal Justice Services.

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10. Available Balance: $ 5,043

11. Travel Agent:
    ☐ Yes   ✔ No

12. Total Requested: $ 00.00

13. Total Approved: $ 0

14. Dept. Head Approval Date

15. County Executive Office Approval Date

16. Comptroller’s Office Approval (for travel card use) Date

SEP 13 2016
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Health – Forensic Laboratories
2. PeopleSoft speed type (index #): DNA 330511
   Account code (sub-object): Travel Expense 6404
   Grant #: Choose an item.

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Permission is being requested to attend the BIO TWG (Technical Working Group) meeting coordinated by DCJS.
   The purpose of the TWG is to discuss new technology and methods, policies, accreditation standards and
   interpretations, training, report wording, and other issues related to Forensic Biology/DNA. DCJS requires the
   laboratory to have representation at the technical working group meetings to continue to receive
   grant funding.

4. Objective to be Accomplished:
   To participate in the NYS BIOTWG. The agenda for the BIOTWG meeting is attached.

5. Location: Saratoga Springs, NY – Gideon Putnam Hotel

6. Out-of-State or Overnight Stay - Executive Approval: ☑ Yes ☐ No

7. Method of Travel: Personal Auto


9. Cost Estimate: Travel, hotel, and meals will be arranged and paid for by NYS Division of Criminal Justice Services.

<table>
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<tr>
<th>Names &amp; Titles of Attendees</th>
<th>Transportation</th>
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10. Available Balance: $ 81720

11. Travel Agent: ☐ Yes ☑ No

12. Total Requested: $ 00.00

13. Total Approved: $ – 0 –

14. Dept. Head Approval Date 7/13/16

15. County Executive Office Approval Date 9/15/16

16. Comptroller’s Office Approval (for travel card use) Date SEPy 13 2016

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Dept. of Children & Family Services

2. PeopleSoft Speed Type (Index #): Account Code (Sub-Object): Grant #: 

3. Narrative Description and Justification: (benefit to County, position, or licensing): Making the transition from staff to supervisor – this seminar will assist new supervisors in managing their new role as a Supervisor or team leader.

4. Objective to be Accomplished: This seminar will provide this staff with skills and tools on how to transition from being a colleague and friend to becoming a supervisor and manager. It will help them to make the transition smoother and be more productive overall.

5. Location: Crowne Plaza Hotel Syracuse NY

6. Out-of-State or Overnight Stay - Executive Approval: ___ Yes ___ No

7. Method of Travel: personal car

8. Dates: From 9/29/16 To 9/29/16 Number of Days: 1

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
<th>Other</th>
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<tbody>
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Grand Total: $1512.00

10. Available Balance: $

11. Travel Agent: ___ Yes ___ No

12. Total Requested: $ 1512.00

13. Total Approved: $ 1512.00

14. Dept. Head Approval 9/14/14

15. County Executive’s Office Approval 9/15/14

16. Comptroller’s Office Approval (for travel card use) Date
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Correction 2. FAMIS Index Code: 290023-6404

3. Narrative Description and Justification: (benefit to County, position, or licensing): To attend the 2016 National Police Canine Association Training Seminar.

4. Objective to be Accomplished: **REVISED** (parking fees)
   - Supervisors Course
   - Keys to becoming a successful K9 detector team
   - K9 Record Keeping for Detections
   - Establishing the K9 handler as an expert and courtroom preparation

5. Location: Sheraton Pittsburgh Hotel at Station Square, 300 West Station Square Drive, Pittsburgh PA 15219

6. Out-of-State or Overnight Stay - Executive Approval: X Yes No

7. Method of Travel: Department Vehicles (EZ Pass for tolls)

8. Dates: From 10/09/16 To 10/13/16 Number of Days: 5

9. Cost Estimate:

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<th>Rooms</th>
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<td>$400.00</td>
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10. Available Balance: $ 5236.57

11. Travel Agent: Yes No X

12. Total Requested: $ 1346.44

14. Dept. Head Approval Date 9/7/2016

15. County Executive Office Approval Date 9/14/16

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 1/10
### OFFICE OF THE COUNTY EXECUTIVE

**AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM**

1. **Admin. Unit:** Office of the County Executive  
   **PeopleSoft Speed Type (Index #:)**: 130039  
   **Account Code (Sub-Object):** 664040  
   **Grant #:** N/A

3. **Narrative Description and Justification: (benefit to County, position, or licensing):**

   Chief of Staff will be attending the New York State Association of Counties (NYSAC) Fall Seminar in Niagara Falls, New York. This training will highlight the duties and responsibilities that come with learning about County government roles.

4. **Objective to be Accomplished:**

   At the NYSAC’s Fall Seminar Elected and Appointed leaders will come together to share information and develop educational and operational strategies for planning in running government offices. There will attend workshops, meetings and have many opportunities for networking between county officials.

5. **Location:** Sheraton at the Falls Hotel, The Conference & Event Center Niagara Falls, NY 14303

6. **Out-of-State or Overnight Stay - Executive Approval:** Yes  
   **No**

7. **Method of Travel:** Personal Vehicle

8. **Dates:** From 9/19/2016 To 9/20/2016  
   **Number of Days:** 2

9. **Cost Estimate:**

<table>
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<tr>
<th>Names &amp; Titles of Those Attending</th>
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<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
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10. **Available Balance:** $  
11. **Travel Agent:** Yes  
12. **Total Requested:** $609.70
13. **Total Approved:** $609.70

14. **Dept. Head Approval**  
   **Date:** 9/14/16

15. **County Executive’s Office Approval**  
   **Date:** 9/14/16

16. **Comptroller’s Office Approval (for travel card use)**  
   **Date:** 9/15/16

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Transportation

2. PeopleSoft Speed Type (Index #): 534030
   Account Code (Sub-Object): 664040

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   ASHE CNY Annual Awards Banquet is scheduled for September 22 in East Syracuse. The Central New York Section of the American Society of Highway Engineers was established to provide a forum to discuss local highway engineering projects and advance the engineering profession.

4. Objective to be Accomplished: NYSDOT. Commissioner Matt Driscoll is the featured speaker at the banquet and this will afford Onondaga County to be represented by the County's DOT Commissioner and Deputy Commissioner.

5. Location: Double Tree Carrier Circle, 6301 State Route 298, East Syracuse, NY

6. Out-of-State or Overnight Stay - Executive Approval: Yes  x No

7. Method of Travel: Personal Vehicle


9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
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10. Available Balance: $ 28,479.00

11. Travel Agent: Yes  x No

12. Total Requested: $ 50.00

13. Total Approved: $ 50.00

14. Dept/Head Approval: 9/14/16

15. County Executive Office Approval: 9/1/16

16. Comptroller's Office Approval (for travel card use) Date

Rev. 12/12
ONONDAGA COUNTY LAW DEPARTMENT

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: LAW

2. FAMIS Index Code: Family Court - 210120

3. Narrative Description and Justification: (benefit to County, position, or licensing):
Juvenile Detention Alternatives Initiative

4. Objective to be Accomplished:
Update Onondaga County Information

5. Location:
Albuquerque, New Mexico

6. Out-of-State or Overnight Stay - Executive Approval:
Yes

7. Method of Travel:
Air, Airport Transportation, Shuttle/Taxi

8. Dates: From 10/18/16 To 10/21/16 Number of Days: 4

9. Cost Estimate:

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10. Available Balance: $ 4,814.00

11. Travel Agent: No

12. Total Requested: $720.00

13. Total Approved: $720.00

14. Dept. Head Approval Date: 9/16/16

15. County Executive Office Approval Date: 9/16/16

16. Controller's Office Approval (for travel card use) Date: 9/29/16
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: County Executive

2. PeopleSoft Speed Type (Index #): 130039
   Account Code (Sub-Object): 664040

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Attend NYPWA (New York Public Welfare Association) Policy Forum
   Latham, NY

4. Objective to be Accomplished:

5. Location: Latham, NY

6. Out-of-State or Overnight Stay - Executive Approval: Yes No

7. Method of Travel: Riding with Commissioner, DSS:Economic Security

8. Dates: From 10/5/16 To 10/6/16 Number of Days: 2

9. Cost Estimate:

<table>
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<tr>
<th>Names &amp; Titles of Those Attending</th>
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<th>Meals</th>
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10. Available Balance: $7,856.67

11. Travel Agent: Yes No

12. Total Requested: $215.00

13. Total Approved: $215.00

14. Dept. Head Approval: 9/16/16

15. County Executive Office Approval: 9/16/16

16. Controller’s Office Approval (for travel card use): 9/3/16

Rev. 1/10
1. Admin. Unit: Water Environment Protection  
   2. PeopleSoft Speed Type (Index #): 480300  
      Account Code (Sub-Object): 664040  
      Grant #: N/A

3. Narrative Description and Justification: (benefit to County, position, or licensing): The Central Chapter of the New York Water Environment Association is sponsoring a workshop titled, "Sewage Pollution Right to Know (SPRTK), Electronic DMRs and State Pollution Discharge Elimination Systems (SPDES) Compliance and Enforcement. A few of the topics that will be covered will include: SPRTK Regulatory Requirements, Electronic DMRs, Reporting Tips & Common Problems, Overview SPDES Compliance & Enforcement as well as Permit/Schedule Violation. Please see attached itinerary.

4. Objective to be Accomplished: The attendee listed below will be able to discuss the regulatory requirements of the Sewage Pollution Right to Know Law and how to submit a sewage overflow or bypass report using the NY-alert system. The second session discussion will include EPA’s Electronic Reporting Rule requirements and how New York will meet these requirements for DMRs. The final session will provide attendees with an overview of New York’s SPDES compliance and enforcement procedures. The attendees will also receive 6.0 wastewater contact hours.

5. Location: Chenango Wastewater Treatment Plant, 1529 NYS Rte. 12, Binghamton, New York  8:00 a.m. – 4:00 p.m.

6. Out-of-State or Overnight Stay - Executive Approval: Yes  No

7. Method of Travel: Personal or County Vehicle

8. Dates: From: Nov. 3, 2016  To: Nov. 3, 2016  Number of Days: 1

9. Cost Estimate:

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<th>Names &amp; Titles of Those Attending</th>
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10. Available Balance: $ 29,422.00
11. Travel Agent: Yes  No
12. Total Requested: $ 60.00
13. Total Approved: $ 60.00
14. Dept. Head Approval  Date
15. County Executive Office Approval  Date
16. Comptroller’s Office Approval (for travel card use)  Date

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Water Environment Protection
2. PeopleSoft Speed Type (Index #): 480300
   Account Code (Sub-Object): 664040
   Grant #: N/A


4. Objective to be Accomplished: Since the Metro WWTP here at W.E.P. has a large potential for revenues from biogas production, the employee listed below will learn new valuable information regarding this and also earn 6.0 contact hours toward their license recertification.

5. Location: Van Lare Plant Training Room, 1574 Lake Shore Blvd., Rochester, NY
   8:00 a.m. – 4:00 p.m.
   LUNCH IS INCLUDED

6. Out-of-State or Overnight Stay - Executive Approval: Yes  X No

7. Method of Travel: Personal or County Vehicle

8. Dates: From: Nov. 4, 2016  To: Nov. 4, 2016  Number of Days: 1

9. Cost Estimate:

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10. Available Balance: $ 6,420.00

11. Travel Agent: Yes  X No

12. Total Requested: $ 60.00

13. Total Approved: $ 60.00

14. Dept. Head Approval  9/16/18

15. County Executive Office Approval  9/22/18

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Water Environment Protection  2. PeopleSoft Speed Type (Index #): 480300
   Account Code (Sub-Object): 664040  Grant #: N/A

3. Narrative Description and Justification: (benefit to County, position, or licensing): This one week NYSDEC operator certification course titled, “Grade 3 Supervision & Technical Operations” being offered by SUNY Morrisville. The topics covered include toxics, odor control, nutrient removal, problem solving, health and safety issues, and supervision skills. This course is NYSDEC approved for 30 contact hours & provides an excellent overview of advanced wastewater treatment processes, plant management issues and required skills.

4. Objective to be Accomplished: By attending this training course, the operator listed below will receive valuable training on treatment plant operations & management. The knowledge & skills gained through this training will be directly applicable to day-to-day work activities. This training program is required to obtain NYSDEC WWTP operator Grade 3A certification. Knowledge gained through participation in this training program will enhance opportunities for advancement and be able to obtain a NYSDEC license.

5. Location: SUNY Morrisville, Morrisville, New York

6. Out-of-State or Overnight Stay - Executive Approval: Yes  No

7. Method of Travel: Personal or County Vehicle


9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
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10. Available Balance: $ 70,000.00

11. Travel Agent: Yes  No

12. Total Requested: $ 575.00

13. Total Approved: $ 575.00

14.  

   Dept. Head Approval  

   Date  

15.  

   County Executive Office Approval  

   Date  

16.  

   Comptroller’s Office Approval (for travel card use)  

   Date  

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Water Environment Protection

2. PeopleSoft Speed Type (Index #): 480300
   Account Code (Sub-Object): 664040
   Grant #: N/A

3. Narrative Description and Justification: (benefit to County, position, or licensing): This one week NYSDEC operator certification course titled, “Grade 3 Supervision & Technical Operations” is being offered by SUNY Morrisville. The topics covered include toxics, odor control, nutrient removal, problem solving, health and safety issues, and supervision skills. This course is NYSDEC approved for 30 contact hours & provides an excellent overview of advanced wastewater treatment processes, plant management issues and required skills.

4. Objective to be Accomplished: By attending this training course, the operator listed below will receive valuable training on treatment plant operations & management. The knowledge & skills gained through this training will be directly applicable to day-to-day work activities. This training program is required to obtain NYSDEC WWTP operator Grade 3A certification. Knowledge gained through participation in this training program will enhance opportunities for advancement and be able to obtain a NYSDEC license.

5. Location: SUNY Morrisville, Morrisville, New York

6. Out-of-State or Overnight Stay - Executive Approval: Yes X No

7. Method of Travel: Personal or County Vehicle


9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
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10. Available Balance: $70,000.00

11. Travel Agent: Yes X No

12. Total Requested: $575.00

13. Total Approved: $575.00

14. Dept. Head Approval 9/18/16

15. County Executive Office Approval 9/22/16

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Water Environment Protection

2. PeopleSoft Speed Type (Index #): 480300
   Account Code (Sub-Object): 664040
   Grant #: N/A

3. Narrative Description and Justification: (benefit to County, position, or licensing): This one week NYSDEC operator certification course titled, “Grade 3 Supervision & Technical Operations” is being offered by SUNY Morrisville. The topics covered include toxics, odor control, nutrient removal, problem solving, health and safety issues, and supervision skills. This course is NYSDEC approved for 30 contact hours & provides an excellent overview of advanced wastewater treatment processes, plant management issues and required skills.

4. Objective to be Accomplished: By attending this training course, the operator listed below will receive valuable training on treatment plant operations & management. The knowledge & skills gained through this training will be directly applicable to day-to-day work activities. This training program is required to obtain NYSDEC WWTP operator Grade 3A certification. Knowledge gained through participation in this training program will enhance opportunities for advancement and be able to obtain a NYSDEC license.

5. Location: SUNY Morrisville, Morrisville, New York

6. Out-of-State or Overnight Stay - Executive Approval: Yes X No

7. Method of Travel: Personal or County Vehicle


9. Cost Estimate:

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<th>Names &amp; Titles of Those Attending</th>
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10. Available Balance: $ 70,000.00

11. Travel Agent: Yes X No

12. Total Requested: $ 575.00

13. Total Approved: $ 575.00

14. Dept. Head Approval

15. County Executive Office Approval

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Adult and Long Term Care
2. SpeedType: ALTC 435003 Adult Protective F2
   Grant Number:
   Account Code: 864050 - Program Travel

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Routine visit to Guardianship case.

4. Objective to be Accomplished:
   To ensure safety and to assess needs of client.

5. Location:
   4898 State Route 410 Castorland, N.Y. 13620

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel:
   County Vehicle

8. Dates: From 9/29/16 To 9/29/16
   Number of Days: 1

9. Cost Estimate:

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10. Available Balance: $ N/A

11. Travel Agent: No

12. Total Requested: $ -0-

13. Total Approved: $ -0-

14. Dept. Head Approval: 9/16/16

15. County Executive Office Approval: 9/32/16

16. Comptroller’s Office Approval (for travel card use): Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Adult and Long Term Care
2. SpeedType: ALTC 43501A Adult MH Admin

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   To attend a board meeting for the Health Foundation of Western and Central NY.

4. Objective to be Accomplished:
   To fulfill the obligations of being a board member for the Health Foundation.

5. Location:
   Pittsford, NY

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel:
   Personal Car - The foundation will reimburse mileage & tolls.

8. Dates: From 9/21/16 To 9/21/16 Number of Days: 1

9. Cost Estimate:
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10. Available Balance: $

11. Travel Agent: No

12. Total Requested: $0.00

13. Total Approved: $0.00

14. Dept. Head Approval Date 9/20/16

15. County Executive Office Approval Date 9/22/16

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 1/10
**OFFICE OF THE COUNTY EXECUTIVE**

**AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM**

1. Admin. Unit: Children and Family Services
2. SpeedType: CFS 440007 Child Welfare Services F62
   Grant Number: 
   Account Code: 

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Taking Children from Foster Home and bringing them to the Relative placement in Rochester NY

4. Objective to be Accomplished:
   Drop Children off with Relative placement.

5. Location: 

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel: Rental Car

8. Dates: From 9/9/16 To 9/9/16 Number of Days: 1

9. Cost Estimate:

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10. Available Balance: $ 160,878

11. Travel Agent: No

12. Total Requested: $

13. Total Approved: $

14. 

   Dept. Head Approval Date

15. 

   County Executive Office Approval Date

16. Comptroller's Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Children and Family Services  2. SpeedType: CFS 40001 Youth Division

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Take Child to Dental Appt in Rochester

4. Objective to be Accomplished:
   Get Surgery complete

5. Location:
   180 Saw Grass Dr. Rochester NY 14620

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel:
   Rental Car

8. Dates: From 9/20/16  To 9/20/16  Number of Days: 1

9. Cost Estimate:

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10. Available Balance: $ 160,678
11. Travel Agent: No

12. Total Requested: $
    
    
    
    
    
    
    
    
    
    
    
    
7. Method of Travel:
   Rental Car

13. Total Approved: $ 153.56

14. Dept. Head Approval: 9/19/16
15. County Executive Office Approval: 9/23/16

16. Comptroller's Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Health Dept.  
2. PeopleSoft Speed Type: 321130  
   Account Code: 664050  
   Grant Project #: 745091016

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Cancer Services Program Contractor Meeting

4. Objective to be Accomplished:
   - All Cancer Services Program coordinators, PETO staff, and data staff are required to attend the Contractor meeting

5. Location: Desmond Hotel Albany, Albany, NY

6. Out-of-State or Overnight Stay - Executive Approval: Yes X No

7. Method of Travel: Personal vehicle (riding with Tanya Reese)

8. Dates: From 11/17/16 To 11/17/16  
   Number of Days: 1

9. Cost Estimate:

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   TO BE PAID FOR WITH GRANT FUNDS

10. Available Balance: $28.00

11. Travel Agent: No X

12. Total Requested: $28.00  
    From 9/16/16

13. Total Approved: $28.00

14. Dept. Head Approval: 9/19/16  
    Date

15. County Executive Office Approval: 9/23/16  
    Date

16. Comptroller's Office Approval (for travel card use) Date

SEP 19 2016

Rev. 6/13
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Probation
2. SpeedType: Probation 401203 - Criminal Court Supervision
   Grant Number: Account Code: 864010 - Travel/Training

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Peace Officer Training

4. Objective to be Accomplished:
   Training a class for one day (this will be reimbursed by the state directly).

5. Location:
   Albany

6. Out-of-State or Overnight Stay - Executive Approval:
   Yes

7. Method of Travel:
   personal vehicle

8. Dates: From 10/5/16 To 10/6/16
   Number of Days: 1

9. Cost Estimate:
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10. Available Balance: $ 84,426.26
11. Travel Agent: No
12. Total Requested: $ 0.00
13. Total Approved: $ -0-
14. Dept. Head Approval Date: 9/21/16
15. County Executive Office Approval Date: 9/23/16
16. Comptroller’s Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Probation

2. Speed Type: Probation 401203 Criminal Court Supervision

Grant Number: 684010 - Travel/Fishing

3. Narrative Description and Justification: (benefit to County, position, or licensing):
Grand Jury Summons/Jefferson County Court

4. Objective to be Accomplished:
testifying on a case regarding a probationer

5. Location:
163 Arsenal Street, Watertown, NY

6. Out-of-State or Overnight Stay - Executive Approval:
No

7. Method of Travel: County Vehicle

8. Dates: From 10/13/16 To 10/13/16 Number of Days: 1

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
<th>Other</th>
<th>Total</th>
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<tr>
<td>Probation Officer</td>
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<td>$15.00</td>
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10. Available Balance: $ 84,426.26

11. Travel Agent: No

12. Total Requested: $ 35.00

13. Total Approved: $ 35.00

14. Dept. Head Approval 9/21/16

15. County Executive Office Approval 9/23/10

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Probation
2. SpeedType: Probation 401203 Criminal Court Supervision
   Grant Number: ____________________________
   Account Code: ____________________________

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   NYSMA Conference

4. Objective to be Accomplished:
   One day conference

5. Location:
   Lake Placid

6. Out-of-State or Overnight Stay - Executive Approval:
   No

7. Method of Travel: County vehicle

8. Dates: From 9/26/16 To 9/26/16
   Number of Days: 1

9. Cost Estimate:

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<th>Names &amp; Titles of Those Attending</th>
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10. Available Balance: $ 84,426.26

11. Travel Agent: No

12. Total Requested: $100.00

13. Total Approved: $100.00

14. Dept. Head Approval: ____________________________
    Date: 9/21/16

15. County Executive Office Approval: ____________________________
    Date: 9/22/16

16. Comptroller’s Office Approval (for travel card use): ____________________________
    Date: ____________________________

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Probation

2. SpeedType: Probation 401203 Criminal Court Supervision
   Grant Number: __________________________
   Account Code: 064010 - Travel/Training

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Mobile Device Training Program—Amended

4. Objective to be Accomplished:

5. Location:
   Glynco, Georgia

6. Out-of-State or Overnight Stay – Executive Approval:
   Yes

7. Method of Travel:
   Air

8. Dates: From 9/11/16 To 9/17/16

9. Cost Estimate:

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10. Available Balance: $ 84,426.26

11. Travel Agent: No

12. Total Requested: $448.20

13. Total Approved: $448.20

14. Dept. Head Approval: __________________________ Date: 9/12/16

15. County Executive Office Approval: __________________________ Date: 9/12/16

16. Comptroller’s Office Approval (for travel card use): __________________________ Date: __________________________

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AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Bureau of Disease Control
   PeopleSoft speed type (index #): 22180
   Account code (sub-object): 664040
   Grant #: PC EP 745127001

- Narrative Description and Justification: (benefit to County, position, or licensing):
  Onondaga County has received a new grant to offer Pre Exposure Prophylaxis (PrEP) for individuals who are at highest-risk for contracting HIV. The PrEP grant which is funded by the NYS DOH AIDS Institute requires use of the AIRS data collection system. As part of this grant, Bureau of Disease Control staff must attend the training in Albany so that Onondaga County can be in compliance with the grant.

- Objective to be Accomplished:
  - Understand the AIRS system which covers the full range of HIV services.
  - Attend the AIRS basic system training so that Onondaga County can begin entering data into the system
  - Once data has been entered, learn how to run reports and do client level database management

- Location: New Horizons @ Logical Operations, 3355 Winton Place, Rochester NY

6. Out-of-State or Overnight Stay - Executive Approval: X Yes No

7. Method of Travel: personal vehicle

8. Dates: From 9/28/16 To 9/30/16 Number of Days: 3

9. Cost Estimate: 100% grant funded travel

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<th>Names &amp; Titles of Those Attending</th>
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<td>(9/29/16 B, L &amp; D)</td>
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<td></td>
<td>driving won-vehicle)</td>
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10. Available Balance: $ 1,598.15
11. Travel Agent: X Yes No
12. Total Requested: $ 727.00
13. Total Approved: $ 727.00
14. Dept. Head Approval 9/26/16
15. County Executive Office Approval 9/29/16
16. Comptroller’s Office Approval (for travel card use) Date

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SEP 15 2016
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Health – Forensic Laboratories

2. PeopleSoft speed type (index #): DNA 33511
   Account code (sub-object): Travel Expense 6404
   Grant #: Labventurement 43925

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   The Institute of Environmental Science and Research (ESR) has developed the STRmix software program in order to assist forensic DNA analysts in the interpretation of DNA mixtures. This software will be used by the Onondaga County Center for Forensic Sciences to aid in interpretation of mixtures and to calculate likelihood ratios of given scenarios. The STRmix USA Workshop is a workshop developed by ESR to train DNA analysts in the use of the software. This class is a required element for the analyst’s DNA training program.

4. Objective to be Accomplished:
   Attend the STRmix USA Workshop to obtain information relating to how to operate the STRmix software and how to interpret results produced by the software.

5. Location: Montgomery County Police Crime Laboratory, 100 Edison Park Drive, Gaithersburg, MD 20878

6. Out-of-State or Overnight Stay - Executive Approval:
   ✔ Yes  ☐ No

7. Method of Travel: Rental Auto

8. Dates: From - 10/17/2016 To - 10/22/2016 Number of Days: 6

9. Cost Estimate - $4011.27

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<th>Names &amp; Titles of Attendees</th>
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<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
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</table>

10. Available Balance: $ 12,583

11. Travel Agent:  ☐ Yes  ✔ No

12. Total Requested: $ 4011.27

13. Total Approved: $ 4101.27

14. Dept. Head Approval:
   Date 9/21/16

15. County Executive Office Approval:
   Date 9/27/16

16. Comptroller’s Office Approval (for travel card use):
   Date 9/27/16

Please return to: Returning Manager

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OFFICE OF THE COUNTY EXECUTIVE  

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM 

1. Admin. Unit: MCH/HEALTHY FAMILIES  
2. PeopleSoft speed type (index #): 321170  
   Account code (sub-object): 664050  
   Grant #: _MICH 745109 016 COLA  

3. Narrative Description and Justification: (benefit to County, position, or licensing):  
The APHA meeting provides an opportunity to participate in learning activities to assist the participant to learn about new  
innovations in public health; discuss up to date research/data and best practice strategies; and network with public health  
professionals from all corners of the globe. This travel has been approved by NYSDOH, see attached.  

4. Objective to be Accomplished:  
To learn about the most current strategies to maximize service delivery to the high risk clients enrolled in the MICH program.  

5. Location: Colorado Convention Center, 700 14th St, Denver, CO 80202  

6. Out-of-State or Overnight Stay - Executive Approval:  
   Yes  

7. Method of Travel: AIR  

8. Dates:  
   From: October 29, 2016  
   To: November 2, 2016  
   Number of Days: 4  

9. Cost Estimate: $5868.  ALL COSTS ARE ESTIMATED MICH GRANT 745109016 COLA NYS DOH Approval Attached  

<table>
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<tr>
<th>Names &amp; Titles of Employee Attending</th>
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<th>Rooms</th>
<th>Meals * NOT INCLUDED</th>
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<td>10/29 L-D = $48</td>
<td>$945 Non-Member</td>
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<td>MICH Acct</td>
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<td>10/31 B-L-D = $64</td>
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<tr>
<td>Program Supervisor/MSW</td>
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<td>$242 x 4=$1110. EST Using Westin Denver</td>
<td>10/29 L-D = $48</td>
<td>$945 Non-Member</td>
<td>$2909.00 est</td>
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<tr>
<td>MICH Acct</td>
<td>Add Baggage fees $50</td>
<td>10/30 B-L-D = $64</td>
<td>10/31 B-L-D = $64</td>
<td>11/1 B-L-D = $64</td>
<td>11/2 B-L-D = $64</td>
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<tr>
<td>Other hotel choices attached</td>
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<td>2 travelers TOTAL</td>
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<td>$2220 est</td>
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10. Available Balance: $5868.00 pm 9/21/16  
11. Travel Agent: X Yes  

12. Total Requested: $5868. EST MICH GRANT COLA 745109 016  

13. Total Approved: $5868.00  

14.  
   Dept. Head Approval  
   Date  9/21/16  

15.  
   County Executive Office Approval  
   Date  9/23/16  

16.  
   Comptroller's Office Approval (for travel card use)  
   Date  9/27/16  

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OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Health – Forensic Laboratories
   2. PeopleSoft speed type (index #): Criminalistics 330512
      Account code (sub-object): Travel Expense 6404
      Grant #: Choose an item.

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Permission is being sought to attend the SABIS Regional Site Managers Meeting and the NYS Latent Print TWG Meeting in Albany, NY. The SABIS meeting is a semi-annual meeting where attendance is required by SABIS site managers as mandated by the SABIS Latent Print Processing Agreement between DCJS and Onondaga County. The issues discussed are relevant to performing latent print comparisons and the use of the computerized fingerprint database, known as SABIS. They facilitate interaction with peers from throughout the state, help to identify and address technical and legal forensic issues facing the discipline of latent prints, serve as a resource for training opportunities, coordinate proficiency testing for SABIS users for quality assurance, and provide updates concerning SABIS technology. The TWG meeting discusses similar subjects, but its function is to address issues for the accredited labs. DCJS requires the laboratory to have representation at the technical working group meetings to continue to receive grant funding.

4. Objective to be Accomplished:
   See attached agendas

5. Location: DCJS, Alfred E. Smith Office Building, Albany, NY

6. Out-of-State or Overnight Stay - Executive Approval: ☑ Yes  □ No

7. Method of Travel: Personal Auto

8. Dates: From - 10/3/2016 To - 10/5/2016 Number of Days: 3

9. Cost Estimate: Other is for parking (transportation, tolls, one night room, partial meals paid by DCJS)

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10. Available Balance: $ 5,1043

11. Travel Agent: ☑ Yes  □ No

12. Total Requested: $ 206.00

13. Total Approved: $ 206.00

14. Dept. Head Approval  9/21/16

15. County Executive Office Approval  9/22/16

16. Comptroller’s Office Approval (for travel card use)  9/27/16

SEP 2 3 2016

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Children and Family Services
2. Speed Type: CFS 440097 Child Welfare Services F62
   Grant Number: 684603 - Program Travel

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Casework contacts per state and federal mandates

4. Objective to be Accomplished:
   Initial Face to Face contact with youth in the facility. Picked up rental on 8/27, traveled on 8/28-8/29 and returned rental on 8/29 at 7p.

5. Location:
   Meadowridge Academy, 664 Stevens Rd., Swansea, MA, 02777

6. Out-of-State or Overnight Stay - Executive Approval:
   Yes

7. Method of Travel: rental car

8. Dates: From 8/28/16 To 8/29/16
   Number of Days: 2

9. Cost Estimate:

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<th>Names &amp; Titles of Those Attending</th>
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10. Available Balance: $160,678

11. Travel Agent: No

12. Total Requested: $367.68

13. Total Approved: $367.68

14. Dept. Head Approval: [Signature] 9/1/16

15. County Executive Office Approval: [Signature] 9/28/16

16. Comptroller's Office Approval (for travel card use): [Signature] Date

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OFFICE OF THE COUNTY EXECUTIVE  
AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Correction  
2. FAMIS Index Code: 290023-664040-715000001

3. Narrative Description and Justification: (benefit to County, position, or licensing): To attend the Warrior’s Provider from Bootcamp to Discharge seminar on October 07, 2016. Introduction to Military Culture and Social Work Practice with Service Members, Veterans, and their Families.” This course will present an introduction to military culture and social work practice with military service members, veterans, and their families. It is designed to assist social workers in understanding military culture and to provide clinically and culturally competent services to military populations.

4. Objective to be Accomplished:
   1. Demonstrate a basic understanding of military culture, command structure, and its impact on psychosocial health;
   2. Distinguish the difference between social work practice in the active duty and veteran settings;
   3. Demonstrate a comprehensive understanding of the NASW code of ethics and how to properly address ethical dilemmas in the military environment;
   4. Identify the various psychological, systemic, and organizational barriers to care for military members, veterans, and their families.

5. Location: Falk College, Room 201, 440 White Hall Syracuse, NY 13244

6. Out-of-State or Overnight Stay - Executive Approval: Yes  
7. Method of Travel: Own Vehicle

8. Dates: From 10/07/16 To 10/07/16  
9. Number of Days: 1

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10. Available Balance: $ 4043.13  
11. Travel Agent: Yes  
12. Total Requested: $35.00  
13. Total Approved: $35.00  
14. Dept. Head Approval Date  
15. County Executive Office Approval Date  
16. Comptroller’s Office Approval (for travel card use) Date  

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Dept. of Children & Family Services  2. PeopleSoft Speed Type (Index #): 440007
Account Code (Sub-Object):
Grant #:

3. Narrative Description and Justification: (benefit to County, position, or licensing): For new caseworkers to attend CPS Common Core sponsored by The Center for Development of Human Services (CDHS) and the Training Strategies Group by made possible by NYS Contract

4. Objective to be Accomplished: To gain knowledge and skills needed to work effectively with families to achieve the outcomes of child welfare services and to learn and utilize the connections computer systems to ensure due diligence and best casework practices

5. Location: 3 Marcus Blvd, Albany NY 2205

6. Out-of-State or Overnight Stay - Executive Approval: x Yes No

7. Method of Travel: Personal Car – partial reimbursement from the state (OCFS)

8. Dates: From 9/26/16 to 9/30/16 and 10/3/16 to 10/7/16 To 10 Number of Days:

9. Cost Estimate: CDHS/OCFS picks up some of the cost!!!!!!!

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<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
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10. Available Balance: $ 24,723

11. Travel Agent: x Yes No

12. Total Requested: $ 459.00

13. Total Approved: $ 459.00


15. County Executive's Office Approval: 9/29/10

16. Comptroller's Office Approval (for travel card use): Date

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Bureau of Disease Control

2. PeopleSoft speed type (index #): 133401
   Account code (sub-object): 64040
   Grant #: 64040

3. Narrative Description and Justification: (benefit to County, position, or licensing):
The employee will be attending an in-service on the Health Insurance Portability Accountability Act (HIPAA) to ensure that our policies and clinical areas are protecting individuals' health information properly, while allowing the release of health information needed to provide and promote high quality health care.

4. Objective to be Accomplished:
   HIPAA Compliance for Health Care Professional – The following areas will be reviewed:
   - HIPAA Requirement Overview;
   - Risk Assessment and Safeguards;
   - Policies and Procedures to Ensure Security and Proper Handling of Patient/Medical Records.

5. Location: Comfort Inn Suites 6701 Buckley Rd, Syracuse, NY 13212

6. Out-of-State or Overnight Stay - Executive Approval:   Yes   x  No

7. Method of Travel:   Car

8. Dates: From 10/27/2016   To 10/27/2016   Number of Days: 1

9. Cost Estimate: $224.00

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10. Available Balance: $ 11,452

11. Travel Agent:   Yes   x  No

12. Total Requested: $ 224.00

13. Total Approved: $ 224.00

14. Signature: [Signature]
   Dept. Head Approval   Date: [Date]

15. Signature: [Signature]
   County Executive Office Approval   Date: 9/29/16

16. Comptroller's Office Approval (for travel card use)   Date: SEP 26 2016

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OFFICE OF THE COUNTY EXECUTIVE  
******************************************************************************
AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Children and Family Services  
2. SpeedType: 440007

3. Narrative Description and Justification: (benefit to County, position, or licensing):
Casework contacts per state and federal mandates, treatment plan reviews

4. Objective to be Accomplished:
    face to face contact with child in residential facility- 2 youth
    Service Plan Review

5. Location:
    Hillside Varick, 4887 State rte. 96 A, Romulus, NY 14541

6. Out-of-State or Overnight Stay - Executive Approval:
    No

7. Method of Travel: personal vehicle

8. Dates: From 9/22/16  
   To 9/22/16  
   Number of Days: 1

9. Cost Estimate:

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10. Available Balance: $ 160,678

11. Travel Agent: No

12. Total Requested: $ 58.30

13. Total Approved: $ 58.30

14. [Signature]
    Dept. Head Approval  
    Date 9/23/16

15. [Signature]
    County Executive Office Approval  
    Date 9/29/16

16. Comptroller's Office Approval (for travel card use)  
    Date
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Bureau of Disease Control

2. PeopleSoft GL Account: 33180
   Grant #: 745120
   4040

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   - Visit Monroe County’s STD Clinic to shadow and train with PrEP Manager
   - Obtain and understanding of services provided to patients that are at risk of HIV in a PrEP setting
   - Network and obtain needed contacts

4. Objective to be Accomplished:
   - Increase understanding on how to manage the needs of our PrEP patients
   - Learn the flow of patients
   - Network and obtain needed resources

5. Location: Monroe County STD Clinic- 855 West Main Street, Rochester NY 14611

6. Out-of-State or Overnight Stay - Executive Approval: Yes X No

7. Method of Travel: personal vehicle

8. Dates: From 9/19/16 TO 9/19/16 Number of Days: 1

9. Cost Estimate: 0

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<tr>
<td>Public Health Social Worker Assistant</td>
<td>$94.50 (RT Mileage @ .54)</td>
<td>$ 5.80 (RT 2.90 each way)</td>
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Grand Total

$94.50 $5.80 $0 $25.00 $0 $0 $125.30

10. Available Balance: $ 314.90

11. Travel Agent: Yes X No

12. Total Requested: $ 125.30

13. Total Approved: $ 125.30

14. Dept. Head Approval: 9/22/16

15. Country Executive Office Approval: 9/29/16

16. Comptroller’s Office Approval (for travel card use): Date

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OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES–CE TRAVEL FORM

1. Admin. Unit: Children and Family Services  
2. SpeedType: CFS 440007 Child Welfare Services F62

3. Narrative Description and Justification: (benefit to County, position, or licensing):

As Children's Division embarks upon change with our new leadership under Jim Czarniak, this conference offers many trainings that support the changes we are envisioning and that offer guidance on how to support our workers through the change in culture.

4. Objective to be Accomplished:

It is my hope to gain knowledge on services that other areas of the country are using in order to keep children out of foster care or to have them reach permanency quicker. Our goal in Children's Division is to reduce foster children by 25% in one year. This means that we need to be creative with services offered to families and to create a review process with workers and administration.

5. Location:

Fort Worth Texas

6. Out-of-State or Overnight Stay - Executive Approval:

Yes

7. Method of Travel: plane

8. Dates: From 11/1/16 To 11/4/16  
Number of Days: 4

9. Cost Estimate:

<table>
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<th>Rooms</th>
<th>Meals</th>
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<th>Other</th>
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</table>
| Administrative Sup.              | unk. until approved  
  gr.                                      | $0.00 | $0.00 | $447.00 | $149.00 | $425.00 | $32.00 | $1,053.00 |

2.

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Grand Total  

|             | $0.00 | $0.00 | $447.00 | $149.00 | $425.00 | $32.00 | $1,053.00 |

10. Available Balance: $ 17,563

11. Travel Agent: No

12. Total Requested: $ 1,053.00 + Flight cost

13. Total Approved: $ 1,053.00

14. Dept. Head Approval  
Date

15. County Executive Office Approval  
Date

16. Comptroller's Office Approval (for travel card use)  
Date

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OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Dept. Children and Family Services/Youth Bureau

2. FAMIS Index Code: 440001

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Attend ANYSYB Annual Youth Development Conference (10/24/16 - 10/26/16 / Attached)

4. Objective to be Accomplished:
   The ANYSYB Annual Youth Development Conference offers sessions on a number of issues, programs and services that are relevant to our community, youth and families as well as to the operation of a Youth Bureau. Workshops focus on building resiliency in youth, engaging and motivating youth, anti-discrimination in schools, runaway & homeless youth, and program quality assessment, issues in juvenile justice and restorative justice, youth employment and how to connect youth development to OCFS initiatives in child care, child welfare and juvenile justice, and many other topics of interest. It also offers important networking opportunities, allowing Youth Bureau staff to learn of best practices being undertaken in other areas of the state. Participation at general membership and training committee meetings provide benefits to our county as well.

5. Location: Lake Placid, NY

6. Out-of-State or Overnight Stay - Executive Approval: Yes [x] No

7. Method of Travel: Personal Car & Rental Car

8. Dates: From: 10/24/16 to 10/26/16 Number of Days: 2.5

Cost Estimate:

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<th>Total Fr</th>
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10. Available Balance: $1,202.56

11. Travel Agent: No [x]

12. Total Requested: $1,078.61

13. Total Approved: $1,078.61

14. Dept. Head Approval: [Signature] 9/29/16

15. County Executive Office Approval: [Signature] 9/29/16


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OFFICE OF THE COUNTY EXECUTIVE

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AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Children and Family Services
2. SpeedType: CPS 440007 Child Welfare Services F62

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Foster care caseworker must make a home visit to assess the safety of children in Brooklyn, NY and to discuss V-Docket Custody with the relative.

4. Objective to be Accomplished:
   See 2 children and caregiver in their residence. Assess children and residence for safety. Discuss custody with relative.

5. Location:
   Brooklyn, NY

6. Out-of-State or Overnight Stay - Executive Approval:
   Yes

7. Method of Travel:
   Rental car

8. Dates: From 9/23/16 To 9/24/16
   Number of Days: 2

9. Cost Estimate:

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10. Available Balance: $ 160,678

11. Travel Agent: No

12. Total Requested: $ 582.00

13. Total Approved: $ 582.00

14. Dept. Head Approval: [Signature] 9/29/16

15. County Executive Office Approval: [Signature] 9/29/16

16. Comptroller's Office Approval (for travel card use): Date

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OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Economic Development
2. Dept: 351000000
   Fund: 10001
   Proj: 
   Acct: 694010

3. Narrative Description and Justification: (benefit to County, position, or licensing): The NYSAC 2016 Fall Seminar - represents, educates, advocates for, and serve Member Counties and the thousands of elected and appointed county officials who serve the public.

4. Objective to be Accomplished: Full of need-to-know information for county officials and preparations for the upcoming NYS legislative session, the event is a chance to connect with, and learn from, hundreds of county delegates from all corners of the state.

5. Location: Niagara Falls, New York

6. Out-of-State or Overnight Stay - Executive Approval: X Yes  No

7. Method of Travel: Automobile

8. Dates: From 9-20-2016 To 9-21-2013 Number of Days: 2

9. Cost Estimate:

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Grand Total $451.70

10. Available Balance: $ 5,735.27
11. Travel Agent: Yes X No

12. Total Requested: $ 451.70
13. Total Approved: $ 451.70

14. Dept. Head Approval: 
   Date:

15. County Executive Office Approval: 
   Date: 9/28/16

16. Comptroller’s Office Approval (for travel card use): 
   Date:
ONONDAGA COUNTY LAW DEPARTMENT

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: LAW

2. FAMIS Index Code: Family County - 210120

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Center for Juvenile Justice Reform (CJJR) - Reducing Racial and Ethnic Disparities (RED)

4. Objective to be Accomplished:
   Update Onondaga County Information

5. Location:
   Georgetown University Hotel and Conference Center (GUHCC), Washington, D.C. 20057

6. Out-of-State or Overnight Stay - Executive Approval:
   Yes

7. Method of Travel: Motor Vehicle

8. Dates: From 10/23/16 To 10/28/16 Number of Days: 6

9. Cost Estimate:

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<td>$0.00</td>
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<td>$225.00</td>
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</table>

10. Available Balance: $ 4,814.00

11. Travel Agent: No

12. Total Requested: $ 225.00

13. Total Approved: $ 225.00

14. [Signature] 9/26/16 Dept. Head Approval Date

15. [Signature] 9/26/16 County Executive Office Approval Date

16. Comptroller's Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Library
2. SpeedType: Library Trustees
   Grant Number: Account Code:

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   OCPL's member services coordinator and this meetup will introduce alternative training styles and discuss current training practices at other library systems in New York.

4. Objective to be Accomplished:
   Will share this with other libraries in the OCPL system.

5. Location:
   HATS, NYLA, Guilderland, NY

6. Out-of-State or Overnight Stay - Executive Approval:
   Yes

7. Method of Travel: Personal vehicle (Travel outside Onondaga County)

8. Dates: From 9/29/16 To 9/30/16
   Number of Days: 2

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Librarian II</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<td>$0.00</td>
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<tr>
<td>2. FUNDED THROUGH TRUSTEES</td>
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<td>$0.00</td>
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<tr>
<td>Grand Total</td>
<td>$0.00</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

10. Available Balance: $ 11. Travel Agent: No

12. Total Requested: $ 13. Total Approved: $
   
14. Dept. Head Approval Date 15. County Executive Office Approval Date

16. Comptroller's Office Approval (for travel card use) Date

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: ________________
2. FAMIS Index Code: 200287 664050

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   Attendance at NYS Association of County Directors of Real Property Tax Services Fall 2016 Conference. Attendance at these meetings provides a forum for the exchange of information between the other counties and Real Property Tax Directors in New York State.

4. Objective to be Accomplished:
   Bring back information to use for Real Property Tax Services in Onondaga County; required continuing education certification credits

5. Location: The Hotel at Vernon Downs, 4229 Stuhlmann Road, Vernon, NY 13476

6. Out-of-State or Overnight Stay - Executive Approval: Yes ☑ No

7. Method of Travel: Personal Automobile

8. Dates: From 10/17/16 To 10/19/16 Number of Days: 3

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Description</th>
<th>Transporation</th>
<th>Mileage</th>
<th>Food</th>
<th>Local</th>
<th>Hotel</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of RP Tax Services</td>
<td>$140.00</td>
<td>$10.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$100.00</td>
<td>$285.00</td>
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<tr>
<td>2.</td>
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<td>6.</td>
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</tr>
<tr>
<td><strong>Grand Total</strong></td>
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<td><strong>$0.00</strong></td>
<td><strong>$0.00</strong></td>
<td><strong>$100.00</strong></td>
<td><strong>$285.00</strong></td>
</tr>
</tbody>
</table>

10. Available Balance: $315.00

11. Travel Agent: Yes ☑ No

12. Total Requested: $285.00

13. Total Approved: $165.00

14. Date of Head Approval: 9/6/16

15. County Executive Office Approval: 9/21/16

16. Comptroller's Office Approval (for travel card use): 9/30/16

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OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Contract Compliance  
2. FAMIS Index Code: 240100

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   To expose contract opportunities in Onondaga County to MWBE’s throughout the state and elsewhere, and to acquire knowledge of best practices and policy updates at the state and individual levels throughout NYS regarding MWBE's.

4. Objective to be Accomplished:
   To expose contract opportunities in Onondaga County to MWBE’s throughout the state and elsewhere and to acquire knowledge of best practices and policy updates at the state and individual agency levels throughout NYS regarding MWBE's.

5. Location: MWBE Forum - Albany, NY

6. Out-of-State or Overnight Stay - Executive Approval: ☑ Yes  ❌ No

7. Method of Travel: Personal Vehicle

8. Dates: From 10/4/16 To 10/6/16  Number of Days: 3

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Meals</th>
<th>Rooms</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>147.96</td>
<td>15.00</td>
<td>230.00</td>
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<td>$422.96</td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>6.</td>
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<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>$147.96</td>
<td>$15.00</td>
<td>$230.00</td>
<td>$30.00</td>
<td>$422.96</td>
</tr>
</tbody>
</table>

10. Available Balance: ___________________________  
11. Travel Agent: ☑ Yes  ❌ No

12. Total Requested: $422.96

13. Total Approved: $422.96

14. Dept. Head Approval: [Signature] 9/1/14

15. County Executive Office Approval: [Signature] 9/30/14

16. Controller's Office Approval (for travel card use): [Signature] 9/30/14

Rev. 1/10
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES - CE TRAVEL FORM

1. Admin. Unit: Transportation

2. PeopleSoft Speed Type (Index #): 534030
   Account Code (Sub-Object): 664040
   Grant #:

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   L-3 Driver Training Solutions is having a simulator demonstration at a County facility in Bel Air, MD. This simulator is being offered at an excellent cost and we would like to view it to make sure it meets our needs before we consider purchasing it. This same group has attended another simulator demonstration so is preferable that they all look at this one to give it a fair comparison.

4. Objective to be Accomplished: The simulator would be an excellent tool for our DOT operation to use in helping with training to our employees to use our various pieces of equipment.

5. Location: 1807 N. Fountain Green Road, Bel Air, MD

6. Out-of-State or Overnight Stay - Executive Approval: Yes x No

7. Method of Travel: County Vehicle

8. Dates: From Oct. 6, 2016 To Oct. 6, 2016 Number of Days: 1 (one)

9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hwy Mte. Super.</td>
<td>$</td>
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<td>$</td>
<td>$50.00</td>
<td>$</td>
<td>$</td>
<td>$50.00</td>
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<td>$</td>
<td>$50.00</td>
<td>$</td>
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<td>Safety Train Instr.</td>
<td>$95.00</td>
<td>$</td>
<td>$</td>
<td>$50.00</td>
<td>$50.00</td>
<td>$195.00</td>
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<tr>
<td>MEO 3</td>
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<td>$</td>
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<tr>
<td>Grand Total</td>
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<td>$</td>
<td>$</td>
<td>$200.00</td>
<td>$50.00</td>
<td>$345.00</td>
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</tbody>
</table>

10. Available Balance: $27,036.94

11. Travel Agent: Yes x No

12. Total Requested: $345.00

13. Total Approved: $345.00

14. Dept. Head Approval: [Signature] 9/18/16

15. County Executive Office Approval: [Signature] 9/18/16

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 12/12
OFFICE OF THE COUNTY EXECUTIVE

AUTHORIZATION FOR TRAVEL EXPENSES – CE TRAVEL FORM

1. Admin. Unit: Transportation

2. PeopleSoft Speed Type (Index #): 534030
   Account Code (Sub-Object): 664040
   Grant #: 

3. Narrative Description and Justification: (benefit to County, position, or licensing):
   New York State Association of Professional Land Surveyors is offering an Easement Law in New York State seminar on October 7. This workshop will review elements necessary to establish each type express or implied easement recognized in New York. It will cover on how easements can be used, maintained, relocated or transferred and will cover condemnation and abandonment as well.

4. Objective to be Accomplished: As our licensed surveyor on staff and as a requirement to keep his surveying license current, he is required to obtain a certain number of continuing ed hours. This course offers 8.0 continuing ed hours as well as covering several pertinent topics for a successful DOT operation.

5. Location: Turning Stone Resort & Casino, 5218 Patrick Road, Verona, NY

6. Out-of-State or Overnight Stay - Executive Approval: Yes  x No

7. Method of Travel: Personal Vehicle


9. Cost Estimate:

<table>
<thead>
<tr>
<th>Names &amp; Titles of Those Attending</th>
<th>Transportation</th>
<th>Tolls</th>
<th>Rooms</th>
<th>Meals</th>
<th>Reg. Fee or Tuition</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land Surveyor</td>
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<td>$</td>
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<tr>
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</tr>
</tbody>
</table>

   Grand Total: $5.00 $15.00 $360.00 $380.00

10. Available Balance: $27,036.94

11. Travel Agent: Yes  x No

12. Total Requested: $380.00

13. Total Approved: $

14. Dept. Head Approval: 9/29/16

15. County Executive Office Approval: 9/30/16

16. Comptroller’s Office Approval (for travel card use) Date

Rev. 12/12