



## MEMORANDUM

**To: Dr. José M. Ortiz, Chancellor, Peralta Community College District**

**From: Gabrielle Winer**

**Date: April 25, 2014**

**Re: Explanation of Non-Local Travel Request Delay**

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Please find attached a travel reimbursement request and claim for travel for Laura Ruberto.

Thankfully, the cost of the travel is borne by Professional Development funds designated by the PFT.

Unfortunately, the forms were not submitted for prior approval because of unanticipated delays. The Professional Development funds have not been available for several years, and we are still working to establish protocols and processes at the college that result in more timely travel requests. There have also been changes in personnel that have resulted in delays.

Thank you in advance for your review, and if acceptable, approval. Please do not hesitate to contact me with questions or concerns, [gwiner@peralta.edu](mailto:gwiner@peralta.edu) or 510-388-7324.

Gabrielle Winer  
Professional Development Committee Chair  
Berkeley City College



**Peralta Community College District**  
333 East 8th St., Oakland, CA 94606

**RECEIVED**  
  
MAR 18 2014  
  
Office of the Chancellor  
Peralta Community Colleges

**TRAVEL REQUEST AND EXPENSE CLAIM**

**Part 1: Travel Request** *(Complete and submit before attending conference.)*  
*Please type or print and ensure all information is provided as omissions can delay processing.*

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Laura Ruberto	Instructor	Arts and Cultural Studies	Berkeley City College	510-981-2922

**Conference or other Travel Name** *(Attach conference announcement, brochure, or other descriptive document.)*

**Italian American Historical Association Annual Conference**

City	State	Conference (Working) Dates <small>(Used to compute per diem days)</small>	Opening	Closing	Travel Dates <small>(See instructions tab)</small>	Depart	Return
New Orleans	LA		10/2/2013	10/6/2013		10/3/2013	10/6/2013

**Purpose:** **To present & learn new content & approaches to improve interdisciplinary Humanities Program at BCC, directly connected with BCC goals of Building Programs of Distinction & Creating a Culture of Innovation & Collaboration**

**Estimated Expenses**

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.

- Total lodging, meals & incidentals cannot exceed the total per diem rate for the destination times the number of working days. Incidentals cannot exceed \$25/day and do not require receipts. Exception: Lodging can be higher if sponsor's lowest hotel discounted rate is higher. See Instructions for additional details and restrictions.
- Per Diem Amount requested must be equal or less than maximum.
- Use "Google Maps" to determine mileage. Personal vehicle travel cannot exceed economy airfare.

Section A. Daily Per Diem Limits <small>(Maximum Expenses Per Day)</small>	Section B. Total \$ Each Day X Per Diem Days				
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$140	\$71	\$211	5	\$1,055

**Section C. Total Requested Expenditures for Conference**

Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel (Air/Train)	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem		\$306							\$306
Non- Per Diem			\$210 /	\$84 /					\$294
<b>Total (Not to Exceed Amount):</b>									<b>\$600</b>

**Funding**

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	8	1	801	5205	1	660100	3102	02	<i>[Signature]</i>
	Non-Local	8	1	801	5202	1	660100	3102	02	<i>[Signature]</i>
	Local				5203					
	Membership	8	1	801	5301	1	660100	3102	02	<i>[Signature]</i>

**Advance Payment Request**

- Must be submitted with designated approvals 15 working days prior to event.
- Advance payments are limited to registration plus 80% of the employee's remaining expenses.

Category	Payee on Check	Requisition Number	Amount
Registration			
Employee			

**Signatures and Approvals**

<i>[Signature]</i> Employee / Date	<i>[Signature]</i> 3.6.14 Supervisor / Date	<i>[Signature]</i> 3/18/14 President's Signature / Date	
<i>[Signature]</i> 3/10/14 Business Officer / Date	<i>[Signature]</i> 3.20.14 Chancellor / Date	<b>Out of State Travel:</b> Board of Trustees Approval Date	

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# Peralta Community College District

333 East 8th St., Oakland, CA 94606

## TRAVEL REQUEST AND EXPENSE CLAIM

### Part 2: Expense Claim *(Complete and submit after attending conference.)*

Please type or print and ensure all information is provided as omissions can delay processing.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Laura Ruberto	Instructor	Arts and Cultural Studies	Berkeley City College	510-981-2922

Conference or other Travel Name *(Attach conference announcement, brochure, or other descriptive document.)*  
**Italian American Historical Association Annual Conference**

City	State	Conference Dates <i>(Inclusive)</i>	Opening	Closing	Travel Dates <i>(Inclusive)</i>	Depart	Return
New Orleans	LA		10/2/2013	10/6/2013		10/3/2013	10/6/2013

- Claim cannot exceed amounts authorized on page 1, Expense Request.
- Receipts, when required, must be attached to Expense Claim when submitted for processing.
- If balance is a negative and employee received an advance, employee must repay part of advance.

Date →	10/3/2013	10/4/2013	10/5/2013						Amount Claimed
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#### Per Diem Expenses *(Receipts Required)*

Lodging	192.00	192.00							
Meals									

Incidentals	6.00								
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#### Per Diem Reconciliation

Per Diem Limit	211.00	211.00	211.00	211.00	211.00				
Total Expenses	198.00	192.00							
Claim*	198.00	192.00							\$390.00

\*Claim is limited each day to the Per Diem Limit for the total of Lodging, Meals, & Incidental expenses.

**Sub-Total: \$390.00**

#### Non-Per Diem Expenses *(Receipts Required)* - If expense not on list below, use "Incidentals" category.

<b>Fees</b>									
• Registration	210.00								210.00
• Membership									
• Lodging Tax									

#### Travel *(Commercial travel to conference location.)*

• Air Fare									
• Car/Taxi/Shuttle									
• Train / Bus									
• Taxi/Shuttle									
• Parking/Tolls									
<b>Personal Vehicle*</b>	Total Miles:		Mileage Rate:	\$0.565					

\*Personal Vehicle cost cannot exceed normal air fare; miles computed from the shorter of work or home.

**Sub-Total: \$210.00**

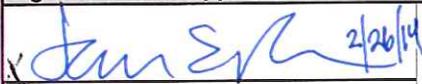
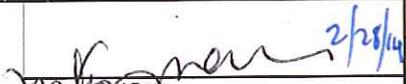
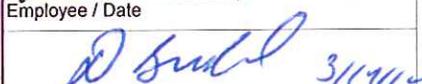
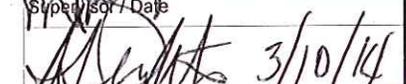
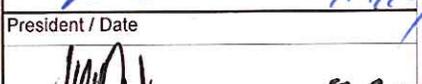
Employees receiving a travel stipend may not claim mileage or parking for a trip of 60 miles or less.

#### Advanced Payments Processed

Registration	Requisition No:	Amount:	
Employee	Requisition No:	Amount:	

**Sub-Total:**

#### Signatures and Approvals

 Employee / Date		 Supervisor / Date		Expense Claim Total:	\$600.00
 President / Date		 Business Officer / Date		Not to Exceed Amount:	600.00
 Chancellor / Date				Total Claim Allowed:	600.00
				Less Advance Payments:	
				Balance:	\$600.00
				Board Ratification Date	