



# Peralta Community College District

333 East 8th St., Oakland, CA 94606

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APR 11 2014

## 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.

Office of the Chancellor  
Peralta Community Colleges

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Jennifer Yates	Program Director	Radiologic Science	Merritt	510-436-2427

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

Annual Educators in Imaging and Radiologic Science

City	State	Conference (Working) Dates <i>(Used to compute per diem days)</i>	Opening	Closing	Travel Dates <i>(See instructions tab)</i>	Depart	Return
Providence	RI		7/16/2014	7/18/2014		7/16/2014	7/19/2014

Purpose: Courses and workshops relevant to educators in imaging sciences and how to use free new technology tools to be used in the classroom.

### 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 <i>(Maximum Expenses Per Day)</i>	Section B. Total \$ Each Day X Per Diem Days				
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ <i>(Per Day)</i>	Per Diem Days	\$ Each Day X Per Diem Days <i>(Maximum Permitted)</i>
	\$130	\$25	\$155	3	\$465

Section C. Total Requested Expenditures for Conference									
Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel <i>(Air/Train)</i>	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem	\$465	\$465							\$465
Non- Per Diem			\$275	\$60	\$700				\$1,035
<b>Total <i>(Not to Exceed Amount):</i></b>									<b>\$1,500</b>

### Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	6	11	652	5205	1	122500	1051	01	
	Non-Local	6	11	652	5202	1	122500	1051	01	
	Local				5203					
	Membership				5301					

### 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	Jennifer Yates	82250	275.00

### Signatures and Approvals

Employee / Date <i>J. Yates 2-26-14</i>	Supervisor / Date <i>[Signature] 2/26/14</i>	President's Signature / Date <i>[Signature] 4/10/14</i>
Business Officer / Date <i>[Signature] 4/8/14</i>	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date