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Peralta Community College District

333 East 8th St., Oakland, CA 94606

Office of the Chancellor  
Peralta Community Colleges

RECEIVED  
MAY 28 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.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Roxanne Rivas	Interim Director	TRiO SSS	Laney College T216	510.464.3124

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

CommonBound|Moving Together Toward A New Economy

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Boston	MA		6/6/2014	6/8/2014		6/5/2014	6/9/2014

Purpose: To attend conference and help connect transformative strategies like cooperative ownership, land trusts, sustainable business, public finance, etc., to help facilitate the creation of a just, sustainable and democratic economy.

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 (Maximum Expenses Per Day)

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)
	\$229 ✓	\$71 ✓	\$300	3	\$900

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	\$300	\$900							\$900
Non- Per Diem			\$0	\$0	\$508 ✓	\$0	\$62 ✓	\$30	\$600
<b>Total (Not to Exceed Amount):</b>									<b>\$1,500</b>

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		5	11	543	5202	1	640000	1123	0	
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: N/A	Receiving a scholarship to cover the cost of registration.		
Employee: Roxanne Rivas			1,200.00

Signatures and Approvals

5/27/14	5/28/14	6.6.14
Employee / Date	Supervisor / Date	President's Signature / Date
5/30/14	6.6.14	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	



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

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JUN 11 2014

**TRAVEL REQUEST AND EXPENSE CLAIM**

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

Employee Name Phyllis Carter	Job Title Dir. Of Business Serv	Office / Department Business Office	Location Laney	Day Phone Number 510-464-3232
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)  
NACUBO 2014 Annual Meeting

City Seattle	State WA	Conference (Working) Dates (Used to compute per diem days)	Opening 7/19/2014	Closing 7/22/2014	Travel Dates (See instructions tab)	Depart 7/18/2014	Return 7/22/2014
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Purpose:

**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 (Maximum Expenses Per Day)	Section B. Total \$ Each Day X Per Diem Days				
	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
See Per Diem Rates Tab for amount to enter	\$215	\$71	\$286	4	\$1,144

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	\$1,144	\$1,144							\$1,144
Non-Per Diem			\$1,320	\$100	\$254		\$150	\$50	\$1,874
<b>Total (Not to Exceed Amount):</b>									<b>\$3,018</b>

**Funding**

Source	E-acc. #		\$1,320.00 Registration						Cost Center Manager Approval / Date
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	
Registration				5205					
Non-Local	5	01	531	5202	1	612000	0000	00	
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			

**Signatures and Approvals**

Employee / Date P Carter 6/4/14	Supervisor / Date 6.12.14	President's Signature / Date 6.11.14
Business Officer / Date P Carter 6/4/14	Chancellor / Date 	Out of State Travel: Board of Trustees Approval Date

Repay - 9220 17115 1508t.

**Peralta Community College District**

333 East 8th St., Oakland, CA 94606

JUN 12 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	Employee Name Drew Gephart	Colleges Ex. Asst/Study Abroad	Job Title Ex. Asst/Study Abroad	Office / Department International Education	Location District	Day Phone Number 510-587-7834
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**Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)**

Laney College's Cuban Culture and History through Dance Study Abroad

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Havana	Cuba		7/11/2014	7/18/2014		7/11/2014	7/18/2014

**Purpose:** To attend Cuba study abroad program for future program planning and growth

**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 (Maximum Expenses Per Day)			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)
	\$0	\$0	\$0	8	\$0

**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	\$0	\$0							\$0
Non- Per Diem					\$700				\$700
<b>Total (Not to Exceed Amount):</b>									<b>\$700</b>

**Funding**

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	1	01	125	5202	1	649400	0000	00	
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			

**Signatures and Approvals**

Employee / Date <i>[Signature]</i> 6/9/14	Supervisor / Date <i>[Signature]</i> 06/09/14	President's Signature / Date <i>[Signature]</i>
Business Officer / Date <i>[Signature]</i> 6/12/14	Chancellor / Date <i>[Signature]</i> 6.16.14	Out of State Travel: Board of Trustees Approval Date



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333 East 8th St., Oakland, CA 94606

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**TRAVEL REQUEST AND EXPENSE CLAIM**

**Part 1: Travel Request** *(Complete and submit before attending conference.)*

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Peralta Community College District

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Linda McPheron	Instructor	Biology	BCC	510 414-0671

**Conference or other Travel Name** *(Attach conference announcement, brochure, or other descriptive document.)*  
Biology Scholars Research Residence Institute

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Washington	D.C.		7/23/2014	7/26/2014		7/22/14	7/27/14

**Purpose:** To learn pedagogical techniques to increase student success and reduce the equity gap in science classes.

**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 (Maximum Expenses Per Day)	Section B. Total \$ Each Day X Per Diem Days		
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)
			\$0
			Per Diem Days: 4
			\$ Each Day X Per Diem Days (Maximum Permitted): \$0

**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								\$0
Non- Per Diem		\$599						\$599
<b>Total (Not to Exceed Amount):</b>								<b>\$599</b>

**Funding**

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		8	01	801	5205	1	660100	3102	02	Jell - 6/3/14
Non-Local					5202					6-9-2014
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	The American Society for Microbiology		\$599.00
Employee			

**Signatures and Approvals**

	5/29/14		6-5-14		6-9-2014
Employee / Date		Supervisor / Date		President's Signature / Date	
	6/9/14		6.12.14	<b>Out of State Travel:</b> Board of Trustees Approval Date	
Business Officer / Date		Chancellor / Date			

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 Office of the Chancellor  
 Peralta Community Colleges

**Peralta Community College District**  
 1000 East 8th St., Oakland, CA 94606

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 MAY 28 2014

**TRAVEL REQUEST AND EXPENSE CLAIM**

**Part 1: Travel Request (Complete and submit before attending conference.)**

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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Rogear Purnell	Director	Gateway to College	Laney College A-203	510-464-3592

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

Gateway to College Peer Learning Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Boston	MA		7/27/2014	7/30/2014		7/26/2014	7/30/2014

Purpose:

**Estimated Expenses**

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.  
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Section A. Daily Per Diem Limits (Maximum Expenses Per Day)			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)
	\$149 ✓	\$71	\$220	4	\$880 ✓

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	\$880	\$880 ✓							\$880
Non- Per Diem			\$205 ✓	\$65	\$516 ✓	\$0	\$40 ✓	\$0	\$826
<b>Total (Not to Exceed Amount):</b>									<b>\$1,706</b>

**Funding**

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	11	543	5202	711	640000	0711	00	
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			

**Signatures and Approvals**

Rogear Purnell 5/23/14  
 Supervisor / Date  
 [Signature] 5/28/2014  
 President's Signature / Date  
 [Signature] 5/28/14  
 Board of Trustees Approval Date  
 [Signature] 6.6.14  
 Business Officer / Date  
 [Signature] 5/30/14  
 Chancellor / Date  
 [Signature] 6.6.14