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JUL 10 2014

Office of the Chancellor
Peralta Community Colleges

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

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
Drew Gephart	Program Admin/Ex. Asst.	International Education	District	(510) 587-7834

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
American International Education Foundation (AIEF) Fair

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Seoul	S. Korea		9/10/2014	9/16/2014		9/10/2014	9/16/2014

Purpose: To attend AIEF fair to recruit international students to PCCD and meet with agents/education officials and sponsors

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)
	\$230	\$120	\$350	7	\$2,450

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	\$2,450	\$2,450							\$2,450
Non- Per Diem			\$2,850		\$1,300		\$300		\$4,450
Total (Not to Exceed Amount):									\$6,900

Funding

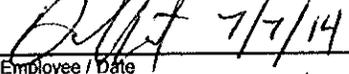
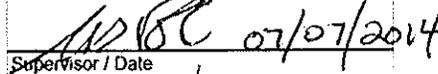
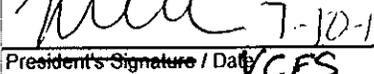
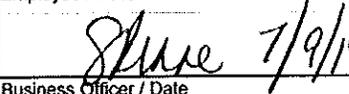
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	01	125	5205	1	649400	0000	00	
Non-Local		1	01	125	5202	1	649400	0000	00	
Local					5203					
Membership					5301					

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	American International Education Foundation	2000085591	2,850.00
Employee	Drew Gephart	2000085592	3,240.00

Signatures and Approvals

 Employee / Date 7/7/14	 Supervisor / Date 07/07/2014	 President's Signature / Date 7-10-14
 Business Officer / Date 7/9/14	 Chancellor / Date 7.10.14	Out of State Travel: Board of Trustees Approval Date



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

AUG 25 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
Thomas Torres-Gil	International Specialist	Office of International Education	District	587-7835

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
Kaplan Beijing China & JLL Fair

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Beijing	China		10/15/2014	10/21/2014		10/15/2014	10/21/2014

Purpose: Attend JLL and EIC China Fair; meet and present to Kaplan staff and representatives

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)
	\$258	\$119	\$377	7	\$2,639

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	\$2,639	\$2,639							\$2,639
Non- Per Diem			\$0	\$183	\$1,867	\$50	\$150	\$0	\$2,250
Total (Not to Exceed Amount):									\$4,889

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		I	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 THOMAS TORRES-GIL	2000086479	4,889.00

Signatures and Approvals

 Employee / Date 8/19/14	 Supervisor / Date 08/19/2014	 President's Signature / Date 8/21/14
 Business Officer / Date 8/21/14	 Chancellor / Date 8-26-14	Out of State Travel: Board of Trustees Approval Date



Peralta Community College District

333 East 8th St., Oakland, CA 94606

IRREVOCABLE

TRAVEL REQUEST AND EXPENSE CLAIM

AUG 25 2014

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

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Office of the Chancellor
Peralta Community College District

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Matthew Jones	Int. Stud Supp Spec	International Education	District	510-466-7381

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

NAFSA Region 12 Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Portland	OR		11/3/2014	11/7/2014		11/3/2014	11/7/2014

Purpose: To attend NAFSA region 12 bi-regional conference for international education

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)
	\$179	\$66	\$245	5	\$1,225

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	\$1,225	\$1,225							\$1,225
Non- Per Diem			\$220	\$200	\$750	\$100	\$350		\$1,620
Total (Not to Exceed Amount):									\$2,845

Funding

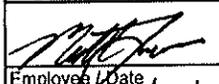
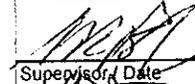
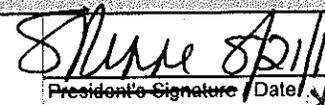
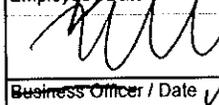
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	01	125	5205	1	649400	0000	00	
Non-Local		1	01	125	5202	1	649400	0000	00	
Local					5203					
Membership					5301					

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	NAFSA	2000086477	220.00
Employee	Matthew Jones	2000086478	2,625.00

Signatures and Approvals

Employee's Signature / Date  8-19-14	Supervisor's Signature / Date  08/19/2014	President's Signature / Date  8/21/14
Business Officer / Date  VCES	Chancellor's Signature / Date  8.26.14	Out of State Travel: Board of Trustees Approval Date



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

AUG 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 Trudy Largent	Job Title Vice Chancellor	Office / Department HR & Employee Relations	Location District Office	Day Phone Number 510 466-7252
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
TRAIN THE TRAINER SEMINAR

City Oakland	State CA	Conference (Working) Dates (Used to compute per diem days)	Opening 9/5/2014	Closing 9/5/2014	Travel Dates (See instructions tab)	Depart 9/5/2014	Return 9/5/2014
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Purpose: To become a certified AB 1825 Harassment Trainer for Peralta.

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)
		\$71	\$71	1	\$71

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	\$71	\$71				\$13.11			\$71
Non- Per Diem			\$1,350			\$55		\$6	\$1,403
Total (Not to Exceed Amount):									\$1,474

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	01	133	5205	1	673300	0000	00	[Signature] 8/27/14
Non-Local		1	01	135	5202	1	673000	0000	00	[Signature] 8/27/14
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	Liebert, Cassidy & Whitmore	2000086508	1,350.00

Signatures and Approvals

Employee / Date: [Signature] 8/27/14
 Supervisor / Date: [Signature] 8.28.14
 Business Officer / Date: [Signature] 8/28/14
 Chancellor / Date: [Signature]

President's Signature / Date: _____
 Out of State Travel: _____
 Board of Trustees Approval Date: _____



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

AUG 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
Chanelle Whittaker	Director	Employee Relations/Diversity Program	District Office	510 466-7883

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

TRAIN THE TRAINER SEMINAR

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
San Francisco	CA		9/5/2014	9/5/2014		9/5/2014	9/5/2014

Purpose: To become a certified AB 1825 Harassment Trainer for Peralta.

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.
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Section A. Daily Per Diem Limits (Maximum Expenses Per Day)

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

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	\$71	\$71				\$13.11			\$71
Non-Per Diem			\$1,350			\$40.88		\$6	\$1,390.88
Total (Not to Exceed Amount):									\$1,461.14

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	01	133	5205	1	673300	0000	00	Sign 8/27/14
Non-Local		1	01	135	5202	1	673000	0000	00	Sign 8/27/14
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 Liebert, Cassidy & Whitmore		2000086508	1,350.00
Employee			

Signatures and Approvals

		President's Sign	Date
Employee / Date	Supervisor / Date	Out of State Board of Trustees	Approval Date
		SIGN HERE	
Business Officer / Date	Change Order / Date		