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SEP 12 2014

Peralta Community College District

333 East 8th St., Oakland, CA 94606



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SEP 11 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
Jennifer Iljas	Professor	Psychology	Laney	464-3196

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
ASSOC for Sport Psychology Annual Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		10/15/2014	10/18/2014		10/14/2014	10/19/2014

Purpose: **Develop sports psychology curriculum**

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)
	\$139	\$71	\$210	4	\$840

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	\$840	\$840							\$840
Non-Per Diem			\$479	\$100	\$344				\$923
Total (Not to Exceed Amount):									\$1,763

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	01	551	5205	1	601100	3102	00	\$ 479
	Non-Local	5	01	551	5202	1	601100	3102	00	\$ 521
	Local				5203					
	Membership				5301					

BTR# 40745 9/11/14

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 9/11/14	 Supervisor / Date 9-12-14	 President's Signature / Date 9/11/14
 Business Officer / Date 9/11/14	 Chancellor / Date 9-12-14	Out of State Travel: Board of Trustees Approval Date