



Peralta Community College District

333 East 8th St., Oakland, CA 94606

RECEIVED

OCT 10 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 College

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Alexis Alexander	Instructor/DE coordinator	Merritt college		510 436 2592

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

WCET's 26th Annual Meeting

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Portland	OR		11/19/2014	11/21/2014		11/18/2014	11/22/2014

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				
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	\$66	\$66	3	\$198

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	\$25								\$0
Non- Per Diem			\$605		\$256				\$861
Total (Not to Exceed Amount):									\$861

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	6	01	651	5205	1	601100	3102	00	<i>[Signature]</i>
	Non-Local	6	01	651	5202	1	601100	3102	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

<i>[Signature]</i> Employee / Date	<i>[Signature]</i> Supervisor / Date	<i>[Signature]</i> President's Signature / Date
<i>[Signature]</i> Business Officer / Date	<i>[Signature]</i> Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

BTK
41417



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

OCT 10 2014

TRAVEL REQUEST AND EXPENSE CLAIM

Part 1: Travel Request (Complete and submit before attending conference.) Office of the Chancellor
Peralta Community College District
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
Carlos McLean	Counselor	Counseling	Merritt College	510-434-3893

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

Anger Management Institute

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Oak Brook	IL		11/5/2014	11/8/2014		11/5/2014	11/8/2014

Purpose: Prepare counselors with the tools for teaching anger management.

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)
	\$103	\$61	\$164	4	\$656

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	\$656	\$656							\$656
Non- Per Diem			\$375	\$13					\$388
Total (Not to Exceed Amount):									\$1,044

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	6	01	641	5205	1	645000	0000	00	<i>[Signature]</i>
	Non-Local	6	01	651	5202	1	601100	3102	00	<i>[Signature]</i>
	Local				5203					
	Membership				5301					

Ref BTR 413 414/2

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>Carlos McLean</i> 10/9/14 Employee / Date	<i>[Signature]</i> 10/14/14 Supervisor / Date	<i>[Signature]</i> 10/14/14 President's Signature / Date
<i>[Signature]</i> 10/14/14 Business Officer / Date	<i>[Signature]</i> 10.13.14 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

RECEIVED

SEP 30 2014



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

Office of the Controller
Peralta Community College District

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
Kim Dinh	Financial Aid Staff	Financial Aid Office	COA	(510) 748-5220

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

2014 FSA Training Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Atlanta	GA		12/1/2014	12/5/2014		12/1/2014	12/5/2014

Purpose: To receive an update for Federal and State rules and regulations.

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)
	\$133	\$61	\$194	5	\$970

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	\$194	\$970							\$970
Non- Per Diem			\$0	\$85	\$554	\$0	\$80	\$0	\$719
Total (Not to Exceed Amount):									\$1,689

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		2	11	242	5202	1	646000	1008	00	DR 9/23/14
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	2014 FSA Conference		
Employee	Kim Dinh		

Signatures and Approvals

 Employee / Date 9/24/14	 Supervisor / Date 9/23/14	 President's Signature / Date 09-29-14
 Business Officer / Date 9/24/14	 Chance / Date 10-1-14	Out of State Travel: Board of Trustees Approval Date



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

RECEIVED
SEP 30 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.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
MIRIAM FERNANDEZ	FA SPECIALIST	FINANCIAL AID OFFICE	COA	510-748-2111

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
2014 FSA TRAINING CONFERENCE

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
ATLANTA	GA		12/1/2014	12/5/2014		12/1/2014	12/5/2014

Purpose: To receive an update for Federal and State rules and regulations.

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)			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)
	\$133	\$61	\$194	5	\$970

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	\$194	\$970							\$970
Non- Per Diem			\$0	\$85	\$554	\$0	\$80	\$0	\$719
Total (Not to Exceed Amount):									\$1,689

Funding									
Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	2	11	242	5202	1	646000	1008	00	Mon 9/23/14
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	2014 FSA CONFERENCE		0.00
Employee	MIRIAM FERNANDEZ		

Signatures and Approvals			
Employee / Date	Supervisor / Date	President's Signature / Date	Out of State Travel: Board of Trustees Approval Date
Miriam Fernandez 9/22/14	[Signature] 9/23/14	[Signature] 9/23/14	
Business Officer / Date	Chancellor / Date		
[Signature] 9/26/14	[Signature] 10.1.14		



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

OCT 06 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. Peralta Community College District

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Hollie Hardy	English Instructor	English	Berkeley City College	510-917-0919

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

Association of Writers and Writing Programs

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Minneapolis	MIN		4/8/2015	4/11/2015		4/8/2015	4/12/2015

Purpose: To connect with and learn from authors, teachers, students, writing programs, literary centers, and publishers from across the nation in order to develop engaging curriculum to promote student success.

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)	
	\$169	\$71	\$240	4	\$960	

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	\$960	\$531							\$531
Non- Per Diem			\$140	\$90	\$649		\$90		\$969
Total (Not to Exceed Amount):									\$1,500

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	8	01	851	5205	1	601100	3102	02	[Signature] 9/24/14
Non-Local	8	01	851	5202	1	601100	3102	02	[Signature] 9/24/14
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			
Employee	Hollie Hardy	2000087263	1,200.00

Signatures and Approvals

[Signature] 9/23/14 Employee / Date	[Signature] 9/24/14 Supervisor / Date	[Signature] 9/24/14 President's Signature / Date
[Signature] 10/1/2014 Business Officer / Date	[Signature] 10-8-14 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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OCT 06 2014
Office of the Chancellor
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
PETER HA	INSTRUCTOR	AUTO BODY & PAINT	COA	5107798894

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

MEET I-CAR AT SEMA

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
LAS VEGAS	NV		11/3/2014	11/5/2014		11/3/2014	11/5/2014

Purpose:

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.
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 • 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)
	\$92	\$71	\$163	3	\$489

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	\$489	\$489							\$489
Non- Per Diem					\$469		\$25		\$494
Total (Not to Exceed Amount):									\$983

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration				5205					
	Non-Local	2	01	251	5202	1	675000	3102	00	
	Non-Local	2	11	252	5202	1	094900	1051	01	10.1.14
	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>Peter Ha 9/18/2014</i>	Supervisor / Date <i>[Signature] 10/1/2014</i>	President's Signature / Date <i>[Signature] 10-3-14</i>
Business Officer / Date <i>[Signature] 10/1/14</i>	Chancellor / Date <i>[Signature] 10.8.14</i>	Out of State Travel: Board of Trustees Approval Date

BTR# 41024 *419.37*



Peralta Community College District

333 East 8th St., Oakland, CA 94606

OCT 06 2014

TRAVEL REQUEST AND EXPENSE CLAIM

Part 1: Travel Request (Complete and submit before attending conference.) Office of the Chancellor
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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Bill Andrews	INSTRUCTOR	AUTO BODY & PAINT	COA	9257855566

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

MEET I-CAR AT SEMA

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
LAS VEGAS	NV		11/3/2014	11/5/2014		11/3/2014	11/5/2014

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)

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)
	\$92	\$71	\$163	3	\$489

Section B. Total \$ Each Day X Per Diem Days

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	\$489	\$489							\$489
Non- Per Diem					\$469		\$25		\$494
Total (Not to Exceed Amount):									\$983

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		2	01	251	5202	1	675000	3102	00	
Non-Local		2	11	252	5202	1	094900	1051	01	10-1-14 ONLY
Membership					5301					

SDC
\$600
ONLY

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

Bill Andrew	Supervisor / Date	10/1/14	President's Signature / Date	10-3-14
Business Officer / Date	Chancellor / Date	10-8-14	Out of State Travel:	Board of Trustees Approval Date

BTR# 41024 41237



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OCT 01 2014

OCT 06 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.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Elnora Webb	President	Office of the President	Laney College	510-464-3236

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

Harvard Seminar for Experienced Presidents

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Cambridge	MA		11/6/2014	11/8/2014		11/5/2014	11/9/2014

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

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)
	\$170	\$71	\$241	5	\$1,205

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	\$1,205	\$150							150
Non- Per Diem			\$3,595		\$620		\$200	\$100	4,515
Total (Not to Exceed Amount):									\$4,665

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	01	501	5205	1	660100	0000	00	
	Non-Local	5	01	501	5202	1	660100	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	Harvard University		3,595.00
Employee	Elnora Webb	2-8712	1,070.00

Signatures and Approvals

 Employee / Date	 Supervisor / Date	 President's Signature / Date
 Business Officer / Date	 Clerk / Date	Out of State / Travel: Board of Trustees Approval Date

7/2/14

OCT 01 2014 PRESIDENTS OFFICE