



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

RECEIVED

NOV 07 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 Colleges

Employee Name Susan Rinne	Job Title Interim VC Finance & Ad	Office / Department District Office/Finance	Location District Office	Day Phone Number 510-466-7220
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.) Alliance 2015 - Alliance represents the largest meeting of Higher Education & Public Sector users of Oracle Applications in the world				
City Nashville	State TN	Conference (Working) Dates (Used to compute per diem days) 3/14/2015 - 3/18/2015	Opening 3/14/2015	Closing 3/18/2015
Purpose:			Travel Dates (See instructions tab)	Depart 3/14/2015
				Return 3/18/2015

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	Total \$ (Per Day) \$198
Lodging \$132	Per Diem Days 5
Meals & Incidentals \$66	\$ Each Day X Per Diem Days (Maximum Permitted) \$990

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	\$2,245	\$2,245							\$2,245
Non- Per Diem			\$775	\$113	\$452		\$50		\$1,390
Total (Not to Exceed Amount):									\$3,635

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	01	141	5205	1	672000	0000	00	Skinn
Non-Local		1	01	141	5202	1	672000	0000	00	Skinn
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 Registration	Higher Education Users Group	Payee on Check	Requisition Number 2000088364	Amount 2860.00
Employee Susan Rinne				

Signatures and Approvals	Employee / Date Skinn 11/6/14	Supervisor / Date [Signature] 11-7-14	President's Signature / Date	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date Di Dong 11/7/14	Chancellor / Date			

Unmended - DOT 11/8/14

RECEIVED

NOV 06 2014

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.) Office of the Chancellor
Please type or print and ensure all information is provided as omissions can delay processing. Peralta Community Colleges

Employee Name Amy Lee	Job Title Dean, Enrollment Services	Office / Department Student Services	Location 2	Day Phone Number 2288
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
Federal Student Aid Conference

City Atlanta GA	State CA	Conference (Working) Dates (Used to compute per diem days)	Opening 12/1/2014	Closing 12/5/2014	Travel Dates (See instructions tab)	Depart 12/1/2014	Return 12/5/2014
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Purpose: To maintain currency on federal financial aid 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		
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	\$135	\$56	\$191	5	\$955

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	\$955	\$955							\$955
Non- Per Diem			\$0	\$101	\$700	\$0	\$80	\$80	\$961
Total (Not to Exceed Amount):									\$1,916

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	1026	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 Registration	Payee on Check	Requisition Number	Amount
Employee			

Signatures and Approvals

Employee / Date <i>[Signature]</i> 11/5/14	Supervisor / Date <i>[Signature]</i> 11-04-14	President's Signature / Date <i>[Signature]</i> 11/6/14
Business Officer / Date <i>[Signature]</i> 11/6/14	Change of Date <i>[Signature]</i> 11-7-14	Out of State Travel / Board of Trustees Approval Date



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

Not 11/18/14

OCT 08 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 Mary Beth Benvenuti	Job Title Director of Bus Srv & Ad	Office / Department Business Office	Location COA	Day Phone Number 510-748-2211
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
Alliance User Conference PeopleSoft

City Nashville	State TN	Conference (Working) Dates (Used to compute per diem days) 3/14/2015 - 3/18/2015	Opening 3/14/2015	Closing 3/18/2015	Travel Dates (See instructions tab) 3/14/2015 - 3/19/2015	Depart 3/14/2015	Return 3/19/2015
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Purpose: Update PeopleSoft skills. Meet with other PS users to share ideas that we may be able to use at PCCD.

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 \$132	Meals & Incidentals \$66	Total \$ (Per Day) \$198	Per Diem Days 5	\$ Each Day X Per Diem Days (Maximum Permitted) \$990

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	\$990	\$990							\$990
Non- Per Diem			\$775	\$132	\$700	\$40	\$100	\$90	\$1,837
Total (Not to Exceed Amount):									\$2,827

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		2	01	231	5205	1	672000	0000	00	mbb 10/7/2014
Non-Local		2	01	231	5202	1	672000	0000	00	mbb 10/7/2014
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 Registration Alliance 2015	Payee on Check Employee	Requisition Number TBD	Amount 775.00
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Signatures and Approvals

Employee / Date: M. Benvenuti 10/7/14

Supervisor / Date: [Signature] 10-16-14

Business Officer / Date: [Signature] 10/7/14

President's Signature / Date: [Signature] 10-7-14

Out of State Travel: [Signature]

Board of Trustees Approval Date: [Signature]



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

POT 11/18/14

TRAVEL REQUEST AND EXPENSE CLAIM



RECEIVED
OCT 23 2014

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 Sonja Franeta	Job Title ESL Instructor	Office / Department ESL	Location Laney	Day Phone Number 510 464-3306
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.) Teachers of English to Speakers of Other Languages				
City Toronto, Canada	State	Conference (Working) Dates (Used to compute per diem days)	Opening 3/25/2015	Closing 3/28/2015
Purpose: To participate in a panel and to share practices and ideas with other educators			Travel Dates (See instructions tab)	Depart 3/24/2015
				Return 3/28/2015

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.

OCT 29 2014

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		
		191	109	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
				300	4	1,200

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	1,200	1,200							
Non- Per Diem			\$330 ✓		515		\$100		1,200
Total (Not to Exceed Amount):									945
									2,145

Funding									
Source	Professional Development = \$1,000								
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	\$ 330
Non-Local	5	01	551	5202	1	601100	3102	00	\$ 670
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	Registration	Payee on Check	Requisition Number	Amount
Employee				

Signatures and Approvals

Employee / Date Sonja Franeta 10/21/14	Supervisor / Date Clemenshan 10/23/14	President's Signature / Date [Signature] 10/29/14
Business Officer / Date [Signature] 10/24/14	Change Order / Date 10-29-14	Out of State Travel: Board of Trustees Approval Date