

12/9/14



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
BOUSQUET <i>Gisele</i>	INSTRUCTOR	ANTHROPOLOGY	COLLEGE OF ALAME	6521006

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

ANNUAL MEETING OF THE AMERICAN ANTHROPOLOGICAL ASSOCIATION

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
WASHINGTON	DC		12/3/2014	12/7/2014		12/4/2014	12/7/2014

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)
	\$66	\$25	\$91	5	\$455

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

Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel (Air/Train)	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem	#455	\$455							\$455
Non- Per Diem			\$189	\$17	\$424		\$80		\$710
Total (Not to Exceed Amount):									\$1,165

S.D.C. app. \$200 OX

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		2	01	201	5202	1	675000	3102	00	\$300.00
Local		2	01	253	5202	1	601200	0000	00	\$350.00
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> 10/31/14	Supervisor / Date <i>[Signature]</i> 11-7-14	President's Signature / Date <i>[Signature]</i> 12/1/14
Business Officer / Date <i>[Signature]</i> 11/13/14	Chancellor / Date <i>[Signature]</i> 11.18.14	Out of State Travel: Board of Trustees Approval Date



RECEIVED
NOV 21 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
Peter Crabtree	Dean	CTE	Laney	510 464-3218

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
CWCC Board of Advisors Meeting

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Washington	DC		12/9/2014	12/12/2014		12/8/2014	12/12/2014

Purpose: Advisor meeting and training for certification programs for National Science Foundation/BEST center.

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)
	\$143 ✓	\$71	\$214	4	\$856

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		\$856							\$856
Non- Per Diem				\$124 ✓	\$718 ✓		\$100	\$90	\$1,032
Total (Not to Exceed Amount):									\$1,888

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration				5205					
	Non-Local	5	11	552	5202	1	672700	1931	06	
	Local				5203					
	Membership				5301					

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DEC 03 2014
Office of the Chancellor
Peralta Community Colleges

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 Crabtree</i> 11/14/15	Supervisor / Date <i>Alina Cho</i> 11-19-14	President's Signature / Date <i>[Signature]</i> 12/3/14
Business Officer / Date <i>[Signature]</i> 11/25/14	Chancellor / Date <i>[Signature]</i> 12.3.14	Out of State Travel: Board of Trustees Approval Date

11/24/15

10/14/2015

VP celhay on behalf of Dr. Webb.