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DEC 15 2014
Office of the Chancellor
Peralta Community College

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

District Finance

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
Karen Croley	Curriculum/Academic Ad	District Office/Educational Services	District Office	510-466-7367

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

Alliance 2015-Alliance represents the largest meeting of the Higher Education & Public Service Sector users of Oracle Applications

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Nashville	TN		3/15/2015	3/18/2015		3/15/2015	3/18/2015

Purpose: Attend Alliance 2015 conference for Higher Education & Public Services Sector users of Oracle Applications (PeopleSoft) Academic Advising track. Newly implemented module.

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)
	\$199	\$66	\$265	4	\$1,060

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	\$1,060	\$1,060							\$1,060
Non- Per Diem			\$775	\$99	\$1,065		\$50		\$1,989
Total (Not to Exceed Amount):									\$3,049

Funding

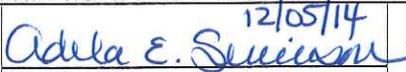
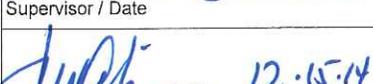
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	123	5205	1	620100	0000	00	Adela E. Sullivan 12/8/14
	Non-Local	1	01	123	5202	1	620100	0000	00	Adela E. Sullivan
	Local				5203					
	Membership				5301					

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	Higher Education Users Group	2000088758	775.00
Employee	Karen L. Croley	2000089058	1,800.00

Signatures and Approvals

 Employee / Date	 Supervisor / Date 12/05/14	President's Signature / Date
 Business Officer / Date 12/11/14	 Chancellor / Date 12.15.14	Out of State Travel: Board of Trustees Approval Date

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Processed by Jannalouie (BCCBIO)



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

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
Heather R Dodge	Librarian	Library	BCC	981-2964

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

Association of College and Research Libraries (ACRL)

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Portland	OR		3/25/2015	3/28/2015		3/25/2015	4/4/2015

Purpose: professional development, present innovations at BCC library

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)
	\$159	\$66	\$225	4	\$900

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	\$900	\$888							\$888
Non- Per Diem			\$385		\$160		\$67		\$612
Total (Not to Exceed Amount):									\$1,500

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	8	01	851	5205	1	601100	3102	02	Burdum 12/15/14
	Non-Local	8	01	851	5202	1	601100	3102	02	Burdum 12/15/14
	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	Heather Dodge	20000859233	\$92.00

Signatures and Approvals

Employee / Date <i>Heather Dodge</i> 12/12/14	Supervisor / Date <i>Burdum</i> 12/15/14	President's Signature / Date <i>[Signature]</i> 12/15/14
Business Officer / Date <i>[Signature]</i> 12/18/14	Chancellor / Date <i>[Signature]</i> 12-19-14	Out of State Travel: Board of Trustees Approval Date

Processed by Joannalove
(BCC-110)



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
Tomas Moniz	English Instructor	English	Berkeley City College	510-325-0172

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	MN		4/8/2015	4/11/2015		3/27/2015	4/12/2015

Purpose: To learn about best practices in composition and literature in order 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	\$886							\$886
Non- Per Diem			\$135	\$91	\$388				\$614
Total (Not to Exceed Amount):									\$1,500

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	8	01	851	5205	1	601100	3102	02	Bowman 12/14/14
	Non-Local	8	01	851	5202	1	601100	3102	02	Bowman 12/14/14
	Local				5203					
	Membership				5301					

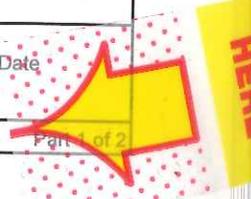
Advance Payment Request

- 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 Tom Moniz	2000089280	1,200.00

Signatures and Approvals

Employee / Date <i>[Signature]</i> 12/15/14	Supervisor / Date <i>[Signature]</i> 12/14/14	President's Signature / Date <i>[Signature]</i> 12/17/14
Business Officer / Date <i>[Signature]</i> 12/18/14	Chancellor / Date <i>[Signature]</i> 12-19-14	Out of State Travel: Board of Trustees Approval Date



Processed by Jeannalaw
(BCCB/D)



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

DEC 18 2014

TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor
Peralta Community College District
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
Elizabeth Wadell	Adjunct Instructor	ESOL	BCC	5109812800

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

TESOL (Teachers of English to Speakers of Other Languages) 2015 International Convention and English Language Expo

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Toronto	Canada		3/25/2015	3/28/2015		3/25/2015	3/31/2015

Purpose: To present and learn about new trends and methods in English language teaching in order to improve 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)
	\$184	\$105	\$289	4	\$1,156

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	\$1,156	\$611							\$611
Non- Per Diem			\$330		\$559				\$889
Total (Not to Exceed Amount):									\$1,500

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	8	01	851	5205	1	601100	3102	02	Brown 12/18/14
	Non-Local	8	01	851	5202	1	601100	3102	02	Brown 12/18/14
	Local				5203					
	Membership				5301					

Advance Payment Request

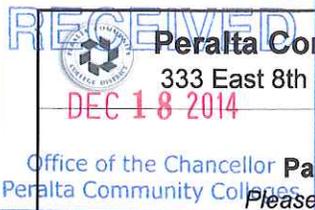
- Must be submitted with designated approvals 15 working days prior to event.
- Advance payments are limited to registration plus 80% of the employee's remaining expenses.

Category	Payee on Check	Requisition Number	Amount
Registration			
Employee			

Signatures and Approvals

Elizabeth Wadell 12/18/14 Employee / Date	Brown 12/18/14 Supervisor / Date	[Signature] 12/18/14 President's Signature / Date
[Signature] 12/18/14 Business Officer / Date	[Signature] 12-19-14 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

Processed by Joana Lawe
(RCB/O)



Peralta Community College District

333 East 8th St., Oakland, CA 94606

TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor **Part 1: Travel Request (Complete and submit before attending conference.)**
Peralta Community Colleges

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
Laurie Brion	ESL Instructor	English/ESL	558 BCC	510-981-2875

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

TESOL 2015

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Toronto	Ontario		3/25/2015	3/28/2015		3/25/2018	3/28/2015

Purpose: to learn about new trends and methods in English language teaching in order to improve 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)
	\$184	\$105	\$289	4	\$1,156

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	\$1,156	\$462							\$462
Non- Per Diem			\$330		\$708				\$1,038
Total (Not to Exceed Amount):									\$1,500

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		8	01	851	5205	1	601100	3102	02	Baron 12/16/14
Non-Local		8	01	851	5202	1	601100	3102	02	Baron 12/16/14
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			

Signatures and Approvals

Laurie Brion 12/16/14 Employee / Date	Baron 12/16/14 Supervisor / Date	Baron 12-17-14 President's Signature / Date
Baron 12/18/14 Business Officer / Date	Baron 12-19-14 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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 Peralta Community Colleges

Peralta Community College District

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TRAVEL REQUEST AND EXPENSE CLAIM

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

~~DEC 04 2014~~

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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Jeff Haagenon	Teacher/Coach	Kin/Ath	Laney	925-325-4022

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
2015 AFCA National Convention

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Louisville	KY		1/11/2015	1/14/2015		1/10/2015	1/13/2015

Purpose: Professional Development

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)
	\$150	\$61	\$211	4	\$844

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	\$844	\$844							\$844
Non- Per Diem			\$100	\$70	\$405		\$100		\$675
Total (Not to Exceed Amount):									\$1,519

Funding

Source	Professional Development				\$1,000	Req#			
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local				5202					
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

Employee / Date: [Signature] 12/4/14
 Supervisor / Date: [Signature] 12-8-14
 Business Officer / Date: [Signature] 12-16-14
 President's Signature / Date: [Signature] 12/12/14
 Out of State Travel: Board of Trustees Approval Date

Peralta Community College District

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TRAVEL REQUEST AND EXPENSE CLAIM

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

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Office of the Chancellor
Peralta Community Colleges

Employee Name	Job Title	Office / Department	Location	Day Phone Number
John Beam	PE Instructor/Coach	Physical Education/Athletics	Laney	(510)464-3474

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
2013 AFCA National Convention

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Louisville	Ky		1/10/2015	1/13/2015		1/8/2015	1/13/2015

Purpose: Professional Development

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)
	150	\$61 ✓	\$221	4	844

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	\$844	\$844 ✓							\$844 ✓
Non- Per Diem			\$90 ✓	70	342.70				502.7
Total (Not to Exceed Amount):									1,346.70

Funding									
Source	Professional Development \$1,000 only Req # 2-89009								
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	\$90
Non-Local	5	01	551	5202	1	601100	3102	00	\$910
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

Employee / Date <i>[Signature]</i> 11/15/14	Supervisor / Date <i>[Signature]</i> 11/15/14	President's Signature / Date <i>[Signature]</i> 12/12/14
Business Officer / Date <i>[Signature]</i> 12-9-14	Chancellor / Date <i>[Signature]</i> 12-16-14	Out of State Travel: Board of Trustees Approval Date

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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
Josh Ramos	Kin Instructor/Coach	Kinesiology/Athletics	Laney	(510)464-3474

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

2015 AFCA National Convention

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Louisville	Kentucky		1/11/2015	1/14/2015		1/10/2015	1/14/2015

Purpose: Professional Development

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)
	150 ✓	\$61	\$234	4	844

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	844	844							844
Non- Per Diem			\$100 ✓	70 ✓	\$435 ✓		\$100		705
Total (Not to Exceed Amount):									1,549

Funding

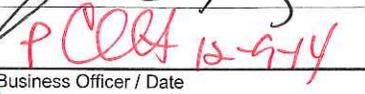
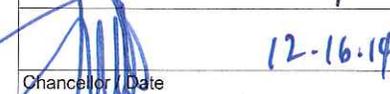
Source	Professional Development \$1,000 only Reg.# 2-81002								
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	01	551	5205	1	601100	3102	00	\$100
Non-Local	5	01	551	5202	1	601100	3102	00	\$900
Local				5203					
Membership				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

Employee / Date	 12/11/14	Supervisor / Date	 12/2/14	President's Signature / Date	 12/12/14
Business Officer / Date	 12-9-14	Chancellor / Date	 12-16-14	Out of State Travel: Board of Trustees Approval Date	

12/14/14

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Please type or print and ensure all information is provided as omissions can delay processing.

Office of the Chancellor
Peralta Community Colleges

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Amy Loewen	ESL Instructor	ESOL	Laney	415-568-5952

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

City	State	Conference (Working) Dates <small>(Used to compute per diem days)</small>	Opening	Closing	Travel Dates <small>(See instructions tab)</small>	Depart	Return
Toronto, Ontario	Canada		3/25/15	3/28/15		3/25/15	3/29/15

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)
	\$154	\$50	\$204	4	\$816

Section C. Total Requested Expenditures for Conference *both lower than CISA amount*

Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel (Air/Train)	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem	\$816	\$204 ✓							\$204
Non- Per Diem			\$275 ✓		\$59 ✓		\$80		\$414
Total (Not to Exceed Amount):									\$618 ✓

Funding

Source: *Professional Development* *Req.# 2-89010*

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	S	01	SSI	5205	1	601100	3102	00	\$275
Non-Local	S	01	SSI	5202	1	601100	3102	00	\$343
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	Amy Loewen		560.00
Employee	Amy Loewen		

Signatures and Approvals

<i>Amy Loewen</i> 11/26/14 Employee / Date	<i>Chun-Cha</i> 11/26/14 Supervisor / Date	<i>[Signature]</i> 12/14 President's Signature / Date
<i>[Signature]</i> 12-9-14 Business Officer / Date	<i>[Signature]</i> 12.16.14 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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DEC 15 2014

Peralta Community College District

333 East 8th St., Oakland, CA 94606

TRAVEL REQUEST AND EXPENSE CLAIM

District Finance

Office of the Chancellor
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
Ranell Holmes	Director of Enterprise Ser	Information Technology	District Office	8104667262

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

Higher Education User Group (HEUG) Alliance 2015 - (Peoplesoft user group conference)

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Nashville	TN		3/15/2015	3/19/2015		3/14/2015	3/19/2015

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)
	\$199	\$66	\$265	5	\$1,325

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	\$1,325	\$1,325							\$1,325
Non- Per Diem			\$775	\$135	\$582	\$100	\$298	\$100	\$1,990
Total (Not to Exceed Amount):									\$3,315

Funding

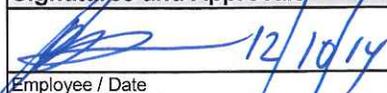
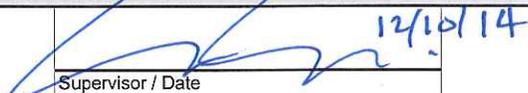
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	115	5205	1	678000	0000	00	
	Non-Local	1	01	115	5202	1	678000	0000	00	
	Local				5203					
	Membership				5301					

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	HEUG Alliance 2015		775.00
Employee	Ranell Holmes		

Signatures and Approvals

 Employee / Date 12/10/14	 Supervisor / Date 12/10/14	President's Signature / Date
 Business Officer / Date 12/11/14	 Chancellor / Date 12.15.14	Out of State Travel: Board of Trustees Approval Date

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Office of the Chancellor
Peralta Community Colleges

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

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TRAVEL REQUEST AND EXPENSE CLAIM

District Finance

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
Kyu Lee	Sr. Application Software	Information Technology	District Office	8104667228

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

Higer Education User Group (HEUG) Alliance 2015

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Nashville	TN		3/15/2015	3/19/2015		3/14/2015	3/19/2015

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)
	\$199	\$66	\$265	5	\$1,325

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	\$1,325	\$1,325							\$1,325
Non- Per Diem			\$775	\$135	\$582		\$298		\$1,790
Total (Not to Exceed Amount):									\$3,115

Funding

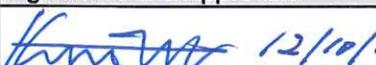
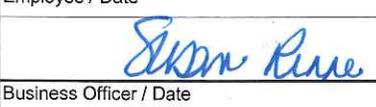
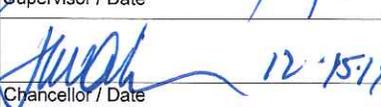
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	115	5205	1	678000	0000	00	
	Non-Local	1	01	115	5202	1	678000	0000	00	
	Local				5203					
	Membership				5301					

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	HEUG Alliance 2015		
Employee	Kyu Lee		

Signatures and Approvals

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



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
Adela Esquivel-Swinson	Assoc.Vice Chancellor	Student Services	District A&R	510 466 7374

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

HUEG Alliance Conference 2015

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Nashville	TN		3/15/2015	3/18/2015		3/15/2015	3/18/2015

Purpose: Alliance 2015- largest meeting of Higher Ed & Public Sector users of PeopleSoft applications

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)
	\$199	\$66	\$265	4	\$1,060

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	\$1,060	\$1,060							\$1,060
Non- Per Diem			\$775	\$99	\$1,065		\$50		\$1,989
Total (Not to Exceed Amount):									\$3,049

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	01	415	5205	1	646000	0000	00	
Non-Local		1	01	415	5202	1	646000	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	Higher Education Users Group		775.00
Employee	Adela Esquivel-Swinson		\$1800.00

Signatures and Approvals

Employee / Date Adela E. Swinson 11-21-14	Supervisor / Date <i>[Signature]</i> 12/13/14	President's Signature / Date
Business Officer / Date <i>[Signature]</i> 12/8/14	Change / Date <i>[Signature]</i> 12.10.14	Out of State Travel: Board of Trustees Approval