



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

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JAN 21 2015

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
Joyce Brown-Willis	Systems Tech Analyst	Admissions & Records	District	(510) 466-7365

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

Higher Education User Group (HEUG) 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		3/15/2014	3/18/2014		3/15/2014	3/18/2014

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

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	\$1,060	\$1,060							\$1,060
Non- Per Diem			\$1175	\$99	\$600		\$65		\$1,939
Total (Not to Exceed Amount):									\$2,999

Funding

Source	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					

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Accounts Payable

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 User Group		1175.00
Employee	Joyce Brown-Willis		

Signatures and Approvals

 Employee / Date 12/2/14	 Supervisor / Date 12/18/14	President's Signature / Date
 Business Officer / Date 1/13/14	 Chancellor / Date 1.14.15	Out of State Travel: Board of Trustees Approval Date



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

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JAN 20 2015

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	Job Title	Office / Department	Location	Day Phone Number
Neil Dunlop	Instructor	CIS	Berkeley City College	510-234-1436

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

Microsoft Visual Studio Live

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		3/16/2015	3/20/2015		3/15/2015	3/20/2015

Purpose: update skills on Microsoft and Web Programming

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)
	\$96	\$71	\$167	5	\$835

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	\$835	\$0							\$0
Non- Per Diem			\$1,500						\$1,500
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	Burman 1/5/15
	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

Neil Dunlop 1/25/2014 Employee / Date	Burman 1/5/15 Supervisor / Date	1-12-14 President's Signature / Date
[Signature] 1/13/15 Business Officer / Date	[Signature] 1.21.15 Change / Date	Out of State Travel: Board of Trustees Approval Date



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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
Thomas Torres-Gil	Int'l Program Manager	Office of International Education	District	587-7835

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

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Milwaukee	WI		4/12/2015	4/15/2015		4/12/2015	4/15/2015

Purpose: Attend sessions to learn about Terra Dotta to maximize efficiency of program at OIE, including New User Workshop.

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	\$61	\$220	4	\$880

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	\$880	\$880							\$880
Non- Per Diem			\$600	\$96	\$650	\$0	\$75	\$0	\$1,421
Total (Not to Exceed Amount):									\$2,301

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	125	5205	1	649400	0000	00	6000
	Non-Local	1	01	125	5202	1	649400	0000	00	
	Local				5203					
	Membership				5301					

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Accounts Payab

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	PAID ELECTRONICALLY BY EMPLOYEE		
Employee	THOMAS TORRES-GIL	2000089745	2,301.00

Signatures and Approvals

Employee / Date <i>T. G. 1/14/15</i>	Supervisor / Date <i>[Signature] 01/14/15</i>	President's Signature / Date <i>[Signature] 01-15-15</i>
Business Officer / Date <i>[Signature] 1/15/15</i>	Chancellor / Date <i>[Signature] 1.20.15</i>	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.)

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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Sean Brooke	Director	International Education	District	510-466-7295

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
 Vietnam Education and Training Center (VETEC) Spring 2015 Marketing Events

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Ho Chi Minh City	Vietnam		3/15/2015	3/27/2015		3/15/2015	3/27/2015

Purpose: Attend VETEC Marketing events in Thailand/Vietnam and meetings with agents in Cambodia

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)
	\$220	\$86	\$306	13	\$3,978

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	\$3,978	\$3,978							\$3,978
Non- Per Diem			\$2,500		\$2,100		\$180		\$4,780
Total (Not to Exceed Amount):									\$8,758

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	I	01	125	5205	I	649400	0000	00	<i>Shane</i>
	Non-Local	I	01	125	5202	I	649400	0000	00	<i>Shane</i>
	Local				5203					
	Membership				5301					

Advance Payment Request

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Category	Payee on Check	Requisition Number	Amount
Registration	California ETEC	2000089507	2,500.00
Employee	Sean Brooke	2000089509	6,258.00

Signatures and Approvals

<i>MSB</i> 01/05/2015 Employee / Date	<i>[Signature]</i> Supervisor / Date VCS	President's Signature / Date
<i>Shane</i> 1/8/15 Business Officer / Date	<i>[Signature]</i> 1.9.15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date