



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

RECEIVED

**TRAVEL REQUEST AND EXPENSE CLAIM**

FEB 05 2015

**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
Amany Elmasry	Curriculum and Sysytem	Ed Services	District Office	510-466-7301

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

Attending 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	3/18/2015		3/15/2015	3/18/2015

Purpose: Attending Alliance 2015 held by HEUG

**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)
	\$132	\$66	\$198	4	\$792

**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	\$1,148	\$1,148							\$1,148
Non- Per Diem			\$1,175	\$196	\$800	\$14	\$100		\$2,285
<b>Total (Not to Exceed Amount):</b>									<b>\$3,433</b>

**Funding**

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	01	126	5205	1	660500	0000	00	
Non-Local		1	01	126	5202	1	660500	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	Amany Elmasry		1,175.00
Employee	Amany Elmasry		2258.00

**Signatures and Approvals**

Amany Elmasry 2/5/15 Employee / Date	 Supervisor / Date VCES 2/5/2015	 President's Signature / Date
 Business Officer / Date	 Chancellor / Date 2.4.15	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.)  
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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Sharon Coleman	Adjunct Instructor	English	BCC	510-665-8617

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

Association of Writers and Writing Programs (AWP 2015)

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		4/8/2015	4/12/2015

Purpose: Conduct Two-Year College Caucus meeting; gather curriculum and writing exercises; exchange ideas and network

**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)
	\$135	\$71	\$206	4	\$824

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	\$824	\$690							\$690
Non- Per Diem			\$70	\$48	\$392				\$510
<b>Total (Not to Exceed Amount):</b>									<b>\$1,200</b>

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	<i>[Signature]</i> 4/22/15
Non-Local		8	01	851	5202	1	601100	3102	02	<i>[Signature]</i> 4/22/15
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> 20 Jan 2015	<i>[Signature]</i> 4/22/15	<i>[Signature]</i> 4/22/15	
Employee / Date	Supervisor / Date	President's Signature / Date	
<i>[Signature]</i> 4/15/15	<i>[Signature]</i> 2.2.15	Out of State Travel: Board of Trustees Approval Date	
Business Officer / Date	Chancellor / Date		



**Peralta Community College District**  
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**TRAVEL REQUEST AND EXPENSE CLAIM**

JAN 22 2015

**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
Drew Gephart	DSO	International Education	District	510-587-7834

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

NAFSA 2015 Annual Conference and Expo

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Boston	MA		5/23/2015	5/29/2015		5/23/2015	5/29/2015

**Purpose:** Attend NAFSA 2015 Annual Conference to learn best practices for international education

**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)
	\$231	\$71	\$302	7	\$2,114

**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	\$2,114	\$2,114							\$2,114
Non- Per Diem			\$594	\$100	\$600		\$100		\$1,394
<b>Total (Not to Exceed Amount):</b>									<b>\$3,508</b>

**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	RECEIVED JAN 22 2015 accounts payable
	Non-Local	1	01	125	5202	1	649400	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	NAFSA Conference	2000089818	594.00
Employee	Drew Gephart	2000089819	2,914.00

**Signatures and Approvals**

Employee / Date 1/20/15	Supervisor / Date 01/20/15	President's Signature / Date 1/21/15 VCES
Business Officer / Date 1/22/15	Chancellor / Date 1.22.15	Out of State Travel: Board of Trustees Approval Date



**Peralta Community College District**  
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**TRAVEL REQUEST AND EXPENSE CLAIM**

JAN 22 2015

**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
Matt Jones	Int. Stud. Support Spec.	International Education	District	510-587-7381

**Conference or other Travel Name** (Attach conference announcement, brochure, or other descriptive document.)  
NAFSA 2015 Annual Conference and Expo

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Boston	MA		5/23/2015	5/29/2015		5/23/2015	5/29/2015

**Purpose:** Attend NAFSA 2015 Annual Conference to learn best practices for international education

**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)
	\$231	\$71	\$302	7	\$2,114

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	\$2,114	\$2,114							\$2,114
Non- Per Diem			\$594	\$100	\$600		\$100		\$1,394
<b>Total (Not to Exceed Amount):</b>									<b>\$3,508</b>

**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	RECEIVED JAN 22 2015
	Non-Local	1	01	125	5202	1	649400	0000	00	
	Local				5203					Accounts Payable
	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	NAFSA Conference	2600089820	594.00
Employee	Matthew Jones	2000089821	2,914.00

**Signatures and Approvals**

	1-20-15		01/20/15		1/21/15	VCS
Employee / Date		Supervisor / Date			Out of State Travel: Board of Trustees Approval Date	
	1/23/15		1-23-15			
Business Officer / Date		Chancellor / Date				

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 JAN 22 2015  
 Office of the Chancellor  
 Peralta 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.)  
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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Sean Brooke	Director	International Education	District	510-587-7381

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

NAFSA 2015 Annual Conference and Expo

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Boston	MA		5/23/2015	5/29/2015		5/23/2015	5/29/2015

**Purpose:** Attend NAFSA 2015 Annual Conference to learn best practices for international education

**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)
	\$231	\$71	\$302	7	\$2,114

**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	\$2,114	\$2,114							\$2,114
Non- Per Diem			\$594	\$100	\$600		\$500		\$1,794
<b>Total (Not to Exceed Amount):</b>									<b>\$3,908</b>

**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	
	Non-Local	1	01	125	5202	1	649400	0000	00	
	Local				5203					
	Membership				5301					

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 JAN 22 2015  
 Accounts Payable

**Advance Payment Request**

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Category	Payee on Check	Requisition Number	Amount
Registration	NAFSA Conference	2000089822	594.00
Employee	Sean Brooke	2000089834	3,314.00

**Signatures and Approvals**

<i>[Signature]</i> Employee / Date 01/20/15	<i>[Signature]</i> Supervisor / Date VCES 1/21/15	President's Signature / Date
<i>[Signature]</i> Business Officer / Date 1/23/15	<i>[Signature]</i> Chairman / Date 1.23.15	Out of State Travel: Board of Trustees Approval Date

RECEIVED

JAN 27 2015

**Peralta Community College District**  
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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.

Office of the Chancellor  
Peralta Community College District

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Derrick Gardner	Adjunct/Football Coach	Kinesiology	Laney College	(510)-921-4271

**Conference or other Travel Name** (Attach conference announcement, brochure, or other descriptive document.)  
(Glazier) 2015 Las Vegas Football Clinic

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		2/19/2015	2/21/2015		2/18/2015	2/21/2015

**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.  
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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)
	\$121	\$71	\$192	#VALUE!	#VALUE!

**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	\$612	\$576							\$576
Non- Per Diem			\$109		\$315				\$424
<b>Total (Not to Exceed Amount):</b>									<b>\$1,000</b>

**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					

**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**

Derrick Gardner Employee / Date 1/17/2015	Derrick Gardner Supervisor / Date 1/23/15	[Signature] President's Signature / Date 1/20/15
Business Officer / Date	[Signature] Chancellor / Date 1-27-15	Out of State Travel: Board of Trustees Approval Date