

Peralta Community College District

333 East 8th St., Oakland, CA 94606

RECEIVED

MAR 16 2015

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
Marilyn Varnado	Faculty		Merritt College	

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
2nd National Women in Cybersecurity Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Atlanta	GA		3/26/2015	3/28/2015		3/26/2015	3/28/2015

Purpose: The goal is to generate interest in cybersecurity as a viable and promising career option.

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	\$56	\$191	3	\$573

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	\$573	\$573							\$573
Non- Per Diem			\$275	\$39	\$639	\$40			\$993
Total (Not to Exceed Amount):									\$1,566

Funding

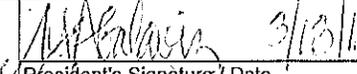
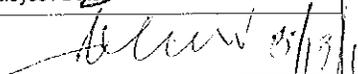
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	6	11	652	5205	1	601200	1075	00	
	Non-Local	6	01	651	5202	1	601100	3102	00	
	NON-Local	6	11	652	5202	1	601200	1075	00	
	Membership				5301					

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	Marilyn Varnado		1,000.00

Signatures and Approvals

 Employee / Date 3/13/15	 Supervisor / Date 3.15.15	 President's Signature / Date 3/13/15
 Business Officer / Date 3/13/15	 Chancellor / Date 3.16.15	Out of State Travel: Board of Trustees Approval Date

To Post: 3-24-15

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

RECEIVED
FEB 08 2015

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 Cynthia Correia	Job Title Chancellor	Office / Department Depart Chair	Location Carpentry	Day Phone Number G 160	510 301-6010
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.) Us Fablab Network Symposium					

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Sturtevant	WI		3/23/15	3/25/15		3/23/15	3/25/15

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)
	\$95	\$56	\$151	3	\$453

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									\$0
Non-Per Diem			\$300 ✓	\$30	\$534		\$130	\$35	\$1,029
Total (Not to Exceed Amount):									\$1,029

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	11	552	5205	1	095210	1051	00	
	Non-Local	5	11	552	5202	1	095210	1051	00	
	Local				5203					
	Membership				5301					

Advance Payment Request

• Must be submitted with designated approvals 15 working days prior to event.
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Category	Payee on Check	Requisition Number	Amount
Registration			
Employee			

Signatures and Approvals

Employee Signature Cynthia Correia Date: 2/5/15	Supervisor Signature [Signature] Date: 3.4.15	President's Signature [Signature] Date: 2/27/15
Business Officer Signature [Signature] Date: 2/25/15	Chancellor Signature [Signature] Date: 3.4.15	Out of State Travel Board of Trustees Approval Date

2/23/15

PRESIDENT'S OFFICE FEB 28 2015

3/24/15



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MAR 04 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. a Community College

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Eric Peter Olds	Instructor	Chemistry	555 Atlantic Ave.	510 283-8256

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

2015 Lunar and Planetary Science Meeting: <http://www.hou.usra.edu/meetings/lpsc2015/>

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
The Woodlands	TX		3/16/2015	3/17/2015		3/16/2015	3/18/2015

Purpose: Maintain currency in discipline. Present research results to experts.

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)
	\$75	\$25	\$100	2	\$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									\$0
Non- Per Diem			\$290		\$430		\$80		\$800
Total (Not to Exceed Amount):									\$800

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	2	01	201	5205	1	675000	3102	00	
	Non-Local	2	01	201	5202	1	675000	3102	00	
	Local				5203					
	Membership				5301					

Advance Payment Request

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 • 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

P. Olds Employee / Date 2/25/15	 Supervisor / Date 2/23/2015	 President's Signature / Date 2/25/15
 Business Officer / Date 2/27/15	 Chancellor / Date 3.4.15	Out of State Travel: Board of Trustees Approval Date