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

APR 09 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	Job Title	Office / Department	Location	Day Phone Number
Lasana Hotep	Dean of Student Equity an		District Office	(510) 587-7875

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

The National Conference on Race & Ethnicity in American Higher Education (NCORE)

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Washington	~~CA~~ DC		5/25/2015	5/30/2015		5/25/2015	5/30/2015

Purpose: To develop student academic assessment tools and innovative experiential curriculum to transform higher 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		
	Lodging	Meals & Incidentals	Total $ *(Per Day)*	Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
See Per Diem Rates Tab for amount to enter	$229	$71	$300	6	*$1,800*

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	$1,800	$1,800							$1,800
Non- Per Diem			$750	$37	$800	$27	$150		$1,764
								Total (Not to Exceed Amount):	$3,564

Funding

Source / Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	1	11	121	5205	1	645200	1090	00	
Non-Local	1	11	121	5202	1	645200	1090	00	
Local				5203					
Membership				5301					

RECEIVED
APR 08 2015
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			
Employee			

Signatures and Approvals

Lasana Hotep 4/7/2015		
Employee / Date	Supervisor / Date	President's Signature / Date
Susan Rice 4/8/15	Jesse M. Ortiz (EVP) 4/9/15	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

To BOT: 4/14/15

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

MAR 26 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	Job Title	Office / Department	Location	Day Phone Number
Linda McPheron	Adjunct Lecturer	Biology	BCC	510 414 0671

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

ASM Conference for Undergraduate Educators (ASMCUE)

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Austin	Texas		5/28/2015	5/31/2015		5/27/2015	5/31/2015

Purpose: Present education research as part of the Biology Scholar's Program and to attend the Conference for Undergraduate Educators

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)*	Lodging	Meals & Incidentals	Section B. Total $ Each Day X Per Diem Days: Total $ *(Per Day)*	Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
See Per Diem Rates Tab for amount to enter			$0	4	$0

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			$799						$799
								Total (Not to Exceed Amount):	$799

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	3/18/15
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	ASM (attn: Michelle Slone)	2000091420	799.00
Employee			

Signatures and Approvals

3-18-15 Employee / Date	3/18/15 Supervisor / Date	President's Signature / Date
3/23/15 Business Officer / Date	3.27.15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

BOT 4/14/15

Peralta Community College District

333 East 8th St., Oakland, CA 94606

RECEIVED MAR 16 2015

RECEIVED MAR 23 2015 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
Gregory J Schwartz	Professor of Geography	Earth and Human Sciences	Laney	310-951-1116

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

Association of American Geographers Annual Meeting

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Chicago	IL		4/21/2015	4/25/2015		4/20/2015	4/25/2015

Purpose: Paper presentation and organization/MC of two other paper presentations honoring my former advisor, the greatest living geographer, Yi-Fu Tuan

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)*

	Lodging	Meals & Incidentals
See Per Diem Rates Tab for amount to enter	$159 ✓	$71 ✓

Section B. Total $ Each Day X Per Diem Days

Total $ (Per Day)	Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
$230	5	$1,150

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	$1,150	$1,150							$1,150
Non- Per Diem			$155 ✓		$308 ✓				$463
								Total (Not to Exceed Amount):	$1,613

Funding

Source: Professional Development $1,000.00

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

Gregory J Schwartz 3/17/15
Employee / Date

Supervisor / Date

3.23.15
President's Signature / Date

3/19/15
Business Officer / Date

3.24.15
Chancellor / Date

PRESIDENT'S OFFICE MAR 2015 AM 9:

Out of State Travel:
Board of Trustees Approval Date

BOT 4/14/15

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

RECEIVED MAR 31 2015 Office of the Chancellor

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
Diana Bajrami	Faculty /Assessment	Instruction	College of Alameda	510 748 2261 ext. 1

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

Taskstream CollabEx Live 2015

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New York City	NY		6/20/2015	6/24/2015		6/20/2015	6/24/2015

Purpose: Taskstream Conference that brings together all users to share , create and guide best practices on assessment in higher 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)	Lodging	Meals & Incidentals	Section B. Total $ Each Day X Per Diem Days: Total $ (Per Day)	Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
See Per Diem Rates Tab for amount to enter	$299	$71	$370	5	$1,850

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	$1,850	$1,850							$1,850
Non- Per Diem			$625	$150	$600	$60	$150	$0	$1,585
								Total (Not to Exceed Amount):	$3,435

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	2	12	201	5205	1	660100	2550	00	3/23/15
Non-Local	2	12	201	5202	1	660100	2550	00	3/23/15
Local	2	01	251	5203 2	1	675000	3102	00	3/23/15
Membership				5301					

SDC approved for $800 ONLY

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	Diana Bajrami		625.00

Signatures and Approvals

D. Bajrami Diana Bajrami 03/19/2015 Employee / Date		3/23/2015 Supervisor / Date	3/26/15 President's Signature / Date
3/24/15 Business Officer / Date	3/24/15	3.31.15 Chancellor / Date	3/23/15 Out of State Travel: Board of Trustees Approval Date

BOT 4/14/15

Peralta Community College District

333 East 8th St., Oakland, CA 94606

MAR 31 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	Job Title	Office / Department	Location	Day Phone Number
Elena Givental	Adjunct Faculty	Science	Berkeley City College	510-6970043

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

Association of American Geographers Annual Meeting http://www.aag.org/cs/annualmeeting

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Chicago	IL		4/21/2015	4/25/2015		4/22/2015	4/26/2015

Purpose: professional development: presentation of a current research

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)*	Lodging	Meals & Incidentals	Section B. Total $ Each Day X Per Diem Days: Total $ *(Per Day)*	Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
See Per Diem Rates Tab for amount to enter	$225	$71	$296	5	*$1,480*

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	$1,480	$936							$936
Non- Per Diem			$295	$111	$109		$49		$564
								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	3/11/15
Non-Local	8	01	851	5202	1	601100	3102	02	3/11/15
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

3/4/15 Employee / Date	3/11/15 Supervisor / Date	3/20/15 President's Signature / Date
3/23/15 Business Officer / Date	3.31.15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

BOT 4-14-15

RECEIVED MAR 12 2015

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

MAR 23 2015

Office of the Chancellor
Peralta Community College

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
Vina Cera	Dept. Co-Chair, Adjunct Fa	Media	TH309	1-510-504-3207

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

National Association of Broadcasters, 2015 (NAB 2015)

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	Nev.		04d12d15	04d16d15		04d12d15	04d16d15

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)*

	Lodging	Meals & Incidentals
See Per Diem Rates Tab for amount to enter	~~$125~~	~~$40~~
	$96	71

Section B. Total $ Each Day X Per Diem Days

Total $ (Per Day)	Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
$165	5	~~$825~~ 835.00
$167		

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		~~$825~~ 835.00							$825 $835.00
Non- Per Diem			$0		$150		$60		$210
								Total (Not to Exceed Amount):	**$1,035** $1045

Funding

Source: Professional Development 1,000.00

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	Vina Cera		

Signatures and Approvals

Vina Cera
Employee / Date

Supervisor / Date

3.23.15
President's Signature / Date

3/19/15
Business Officer / Date

3.24.15
Chancellor / Date

Out of State Travel:
Board of Trustees Approval Date

Form 7400A - 11/5/2014 Finance and Administration

Part 1 of 2

PRESIDENTS OFFICE MAR 20 '15 AM 9

BOT 4/14/15

RECEIVED MAR 12 2015

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

MAR 18 2015
Office of the Chancellor
Peralta Community College District

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
Cynthia Taing	Counselor	APASS (AANAPISI)	Laney	510-464-3203

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

Association for Asian American Studies (AAAS)

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Evanston	IL		4/22/2015	4/25/2015		4/21/2015	4/25/2015

Purpose: As an AANAPISI faculty in order to better serve our students, the Asian American Studies Conference will provide the opportunity to learn more about issues affecting AAPI communities.

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		
	Lodging	Meals & Incidentals	Total $ (Per Day)	Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
See Per Diem Rates Tab for amount to enter	$159	$71	$230	4	$920

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	$920	$920							$920
Non- Per Diem			$120		$250		$100		$470
								Total (Not to Exceed Amount):	$1,390

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	672700	1122	64	
Non-Local	5	11	543	5202	1	672700	1122	64	
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	Supervisor / Date	President's Signature / Date
3/2/15	3/9/15	3/17/15
Business Officer / Date: 3/16/15	Chancellor / Date: 3.19.15	Out of State Travel: Board of Trustees Approval Date

Bor 4-14-15

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RECEIVED MAR 18 2015 Office of the Chancellor Peralta Community College District

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
Alexander Lee	Counselor	APASS (AANAPISI)	Laney	510-464-3203

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

Association for Asian American Studies (AAAS)

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Evanston	IL		4/22/2015	4/25/2015		4/21/2015	4/25/2015

Purpose: As an AANAPISI faculty in order to better serve our students, the Asian American Studies Conference will provide the opportunity to learn more about issues affecting AAPI communities.

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*)	Lodging	Meals & Incidentals	Section B. Total $ Each Day X Per Diem Days: Total $ (*Per Day*)	Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
See Per Diem Rates Tab for amount to enter	$159	$71	$230	4	*$920*

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	$920	$920							$920
Non- Per Diem			$120 √		$250 √		$100		$470
								Total (Not to Exceed Amount):	$1,390

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	672700	1122	64	
Non-Local	5	11	543	5202	1	672700	1122	64	
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

3/3/15 Employee / Date	3/9/15 Supervisor / Date	3/17/15 President's Signature / Date
3/16/15 Business Officer / Date	3.19.15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

BOT 4-14-15

RECEIVED MAR 12 2015

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

MAR 18 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	Job Title	Office / Department	Location	Day Phone Number
Tomoko Roudebush	Interim Director	APASS (AANAPISI)	Laney	510-464-3203

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

Association for Asian American Studies (AAAS)

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Evanston	IL		4/22/2015	4/25/2015		4/21/2015	4/25/2015

Purpose: As an AANAPISI an Administrator in order to better serve our students, the Asian American Studies Conference will provide the opportunity to learn more about issues affecting AAPI communities.

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)	Lodging	Meals & Incidentals	Section B. Total $ Each Day X Per Diem Days: Total $ (Per Day)	Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
See Per Diem Rates Tab for amount to enter	$159	$71	$230	4	$920

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	$920	$920							$920
Non- Per Diem			$120		$268		$100		$488
								Total (Not to Exceed Amount):	$1,408

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	672700	1122	64	
Non-Local	5	11	543	5202	1	672700	1122	64	
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

3/6/15 Employee / Date	3/10/15 Supervisor / Date	3/17/15 President's Signature / Date
3/16/15 Business Officer / Date	3.19.15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

Form 7400A - 4/10/2012 Finance and Administration