



BOT: 5/12/15



**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.

MAY 05 2015

Employee Name Jennifer Shanoski	Job Title Faculty	Office / Department Chemistry	Location Merritt	Day Phone Number 510-436-2620
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)  
Food Chemistry Workshop

City Dubuque	State IA	Conference (Working) Dates (Used to compute per diem days) 7/12/15	Opening 7/12/15	Closing 7/17/15	Travel Dates (See Instructions tab)	Depart 7/12/15	Return 7/17/15
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Purpose: To develop the tools and knowledge needed to develop a new chemistry course focused on food chemistry principles.

**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)
		\$46	\$46	6	\$276

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	\$276	\$92							\$92
Non- Per Diem						\$129			\$129
<b>Total (Not to Exceed Amount):</b>									<b>\$221</b>

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		6	01	651	5202	1	60100	3104	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			
Employee			

**Signatures and Approvals**

Employee / Date Shanoski 4/23/15	Supervisor / Date 4.7.15	President's Signature / Date M... 5/8/15
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

APR 07 2015 DIV II