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

MAY 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
Phyllis Carter	Dir. -Adm & Bus. Svc.	Laney College	Oakland	510-464-3232

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
Society for College and University Planning ~ Hyatt Regency

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Chicago	IL		7/11/2015	7/15/2015		7/9/2015	7/19/2015

Purpose: Leadership Conference

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)
	\$194	\$71	\$265	5	\$1,325

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	\$1,325	\$1,325							\$1,325
Non- Per Diem			\$3,060	\$80	\$425		\$60		\$3,625
Total (Not to Exceed Amount):									\$4,950

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	01	531	5205	1	672000	0000	00	
	Non-Local	5	01	531	5202	1	672000	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	Society for College and University Planning		3,060.00
Employee			

Signatures and Approvals

Employee / Date: *Phyllis Carter* 5/18/15
 Supervisor / Date: *[Signature]* 5/13/15
 Business Officer / Date: *[Signature]* 5/18/15
 President's Signature / Date: *[Signature]* 5/15/15
 Board of Trustees Approval Date: *[Signature]* 5.19.15

8/6
4/15

URGENT

4/9/15
RECEIVED
MAR 27 2015

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

MAY 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
LaShaune Fitch	Communications Specialist	Business Office	Laney	464-3133

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

Fostering Sustainable Behavior: Community-Based Social Marketing Workshop: Doug McKenzie-Mohr, Ph.D.

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Denver	CO		6/1/2015	6/4/2015		5/31/2015	6/5/2015

Purpose: To attend conference to gain skills on fostering sustainable behaviors by college constituents.

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)
	\$114	\$61	\$175	4	\$700

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	700 ⁰⁰ ✓								700 ⁰⁰ ✓
Non- Per Diem			\$1,161 ✓		\$425 ✓		\$100 ✓		\$1,686
Total (Not to Exceed Amount):									\$1,686

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	01	531	5205	1	672000	0000	00	
	Non-Local	5	01	531	5202	1	672000	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	Action Research		1,161.00
Employee			

Signatures and Approvals

 Employee / Date 3-27-15	 Supervisor / Date 4/1/15	 President's Signature / Date 4/13/15	 Business Officer / Date 4/1/15
 Business Officer / Date 4/1/15	 Business Officer / Date 5.19.15	Out of State Travel Board of Trustees Approval Date	

6/9/15
 Repay (2015-16 Budget)

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MAY 11 2015

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

MAY 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. Account's Payable

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.)

Community Colleges for International Development (CCID) - Asia-Pacific Forum

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Honolulu	HI		7/9/2015	7/14/2015		7/9/2015	7/14/2015

Purpose: Attend workshops and establish Asia Pacific connections to internationalize the campuses at PCCD

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)
		\$269	\$111	\$380	6

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	\$2,280	\$2,280							\$2,280
Non- Per Diem			\$530	\$200	\$883	\$50	\$200		\$1,863
Total (Not to Exceed Amount):									\$4,143

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					

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 / CCID			530.00
Employee: Sean Brooke			3,106.40

Signatures and Approvals

Employee / Date <i>MSB 04/27/15</i>	Supervisor / Date <i>[Signature] 5/11/15</i>	President's Signature / Date
Business Officer / Date <i>[Signature] 5/11/15</i>	Chancellor / Date <i>[Signature] 5.19.15</i>	Out of State Travel: Board of Trustees Approval Date

4/9/15



Peralta Community College District

333 East 8th St., Oakland, CA 94606

MAY 18 2015



RECEIVED
APR 24 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
Paul Kalbach	Instructor	Media Communications (Media 181)	Laney College	510-655-1283

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

NAB Show

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

Purpose: I teach a class in "Digital Cinema Production in 4K". NAB is where I go to keep current with the latest technologies and to make new contacts at associated networking events. I want to keep my students on the cutting edge of trends in this industry.

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	4	\$668

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	\$284	\$284 ✓							\$284
Non- Per Diem			\$77 ✓	\$291	\$144 ✓		\$174 ✓		\$686
Total (Not to Exceed Amount):									\$970

Funding

Source: Professional Development

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	01	551	5205	1	601100	3102	00	
Non-Local	5	01	551	5202	1	601100	3102	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: PAUL KALBACH		

Signatures and Approvals

Employee / Date Paul Kalbach 3/12/15	Supervisor / Date [Signature] 5.19.15	President's Signature / Date [Signature] 5/13/15
Business Officer / Date [Signature]	Change / Date [Signature]	Out of State Travel: Board of Trustees Approval Date

SK 2/11/15

4114 Linden St.
Oakland, CA 94608
March 12, 2015

Eric J. Smith
Interim Staff Services Specialist
Business Office
Laney College
900 Fallon Street
Oakland, CA 94607

Dear Mr. Smith,

Enclosed is my Travel Request Form for the Professional Development Program, along with a conference announcement. Kathleen Pappert has requested that I also mail you a letter explaining why my application is late. As I am new to Laney, I was actually unaware that this Professional Development program even existed until very recently when Vina Cera (Co-Chair of the Media Communications Dept.) told me about it and I was under the impression that I had to apply one month in advance.

You may remember that I came to your office to try to obtain the Prof Dev Funding Request Form some time ago because there was no download link for it on the website at the time (now there is). You said you would email it to me, but what you sent was the 2015 Form 7400 Travel Request Expense Claim, which I already had because there was a download link for that form. When I was able to reach you by phone and explain that I still didn't have the right form, you said that you didn't have that form either and put me in touch with Kathleen Pappert (Laney Professional Development Committee Co-Chair). She was able to send me that form that I needed and I submitted it her on March 8, 2015. I heard from Kathleen today that the Committee had approved my request for funds, but to mail you this letter along with my signed Travel Request Form. All this back and forth trying to get the needed forms resulted in a delay of a couple of weeks; plus the fact that I thought it was one month in advance in the first place.

Best regards,



Paul Kalbach
Instructor, Media Communications 181
Laney College



Peralta Community College District

832015 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
Charles Frost	Instructor	B153 ECT	Laney College	510-464-3292

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

BEST Center 2015 Building Automation Systems 3 Workshop

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Kennesaw	GA		6/17/2015	6/20/2015		6/16/2015	6/20/2015

Purpose: to promote BEST Center and assist with comm. college faculty development 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)
	\$135	\$56	\$191	4	\$764

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	\$764	\$764							\$764
Non- Per Diem			\$0	\$76	669		\$180	\$60	986
Total (Not to Exceed Amount):									1749

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		5	11	552	5202	1	672700	1931	06	
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 Charles Frost	293999	1749

Signatures and Approvals

Charles Frost 5-26-15	Patricia White 5/26/15	Shirley 5-28-15
Employee / Date	Supervisor / Date	President's Signature / Date
PC 5/28/15	Muller 5/29/15	
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

Professional Dev.

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APR 23 2015

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

MAY 28 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
Janine Fujioka	Faculty	Ethnic Studies/Asian American Stud	E211	510-464-3205

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
Middlebury College, Bread Loaf School of English

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Middlebury	VT		6/23/2015	8/9/2015		6/22/2015	8/10/2015

Purpose: Enrolled in 3 graduate level courses at Middlebury College, Summer Programs

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)
			\$0	48	\$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		\$1,000							\$1,000
Non-Per Diem			1,000.00						\$0
Total (Not to Exceed Amount):									\$1,000

Funding									
Source: Professional Development									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	01	551	5205	1	601100	3102	00	
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: Janine Fujioka		1,000.00

Signatures and Approvals

Employee / Date Janine Fujioka 4/22/15	Supervisor / Date [Signature] 5/29/15	President's Signature / Date [Signature] 5/26/15
Business Officer / Date [Signature] 5/8/15	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

Handwritten initials and date: JJA 4/29/15



Peralta Community College District

333 East 8th St., Oakland, CA 94606

MAY 28 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
Peter Crabtree	Dean	Career & Technical Education	Laney	510 464-3218

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
BEST Center 2015 Building Automation Systems 3 Workshops

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates: (See instructions tab)	Depart	Return
Atlanta	GA		6/17/2015	6/20/2015		6/16/2015	6/20/2015

Purpose: to promote BEST Center and assist with Community Colleges faculty development workshops.

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	\$135	\$56	\$191	4	\$764

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	\$764	\$764							\$764
Non-Per Diem				\$76	\$790		\$180	\$80	\$1,126
Total (Not to Exceed Amount):									\$1,890

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		5	11	552	5202	1	672700	1931	06	
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 Peter Crabtree	2-93991	1890

Signatures and Approvals

Peter Crabtree 5/26/15	Supervisor / Date	5-28-15	President's Signature / Date	5-28-15
Business Officer / Date	5/28/15	Chancellor / Date	5-29-15	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

MAY 28 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
Hadley Hartshorn	Instructor	ECT	Laney	510 703-9081

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

BEST Center 2015 Building Automation Systems 3 Workshops

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Atlanta	GA		6/17/2015	6/20/2015		6/16/2015	6/20/2015

Purpose: to promote BEST Center and assist with Community Colleges faculty development workshops.

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	4	\$764

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	\$764	\$764							\$764
Non- Per Diem				\$76	\$644		\$180	\$80	\$980
Total (Not to Exceed Amount):									\$1,744

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	11	552	5202	1	672700	1931	06	
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 Hadley Hartshorn	293998	1744

Signatures and Approvals

Hadley Hartshorn 5/26/15 Employee / Date	Pete 7. 5/26/15 Supervisor / Date	5-28-15 President's Signature / Date
[Signature] 5/20/15 Business Officer / Date	[Signature] 5/29/15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date



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

MAY 29 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
Calvin Madlock	AVC IT	District IT	District Offices	510-466-5398

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

HP Discover 2015

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		6/1/2015	6/4/2015		6/1/2015	6/4/2015

Purpose: PCCD uses HP servers within its Data Center. This conference provides in depth sessions on how to effectively implement and maintain HP equipment.

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)
	\$260	\$71	\$331	4	\$1,324

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	\$1,324	\$1,050							\$1,050
Non- Per Diem			\$0	\$150	\$600	\$0	\$150	\$125	\$1,025
Total (Not to Exceed Amount):									\$2,075

Funding

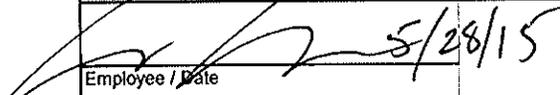
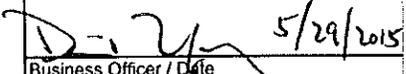
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		1	01	115	5202	1	678000	0000	00	
Local					5203					
Membership					5301					

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			
Employee			

Signatures and Approvals

Employee / Date  5/28/15	Supervisor / Date _____	President's Signature / Date _____
Business Officer / Date  5/29/2015	Chancellor / Date  5/29/15	Out of State Travel: Board of Trustees Approval Date



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

MAY 29 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
Michael Dioquino	Director, Tech Svcs	District IT	District Offices	510-587-7871

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

HP Discover 2015

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		6/1/2015	6/4/2015		6/1/2015	6/4/2015

Purpose: PCCD uses HP servers within its Data Center. This conference provides in depth sessions on how to effectively implement and maintain HP equipment.

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	260 \$260	\$71	\$331	4	\$1,324

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	\$1,324	\$1,050							\$1,050
Non- Per Diem			\$0	\$150	\$600	\$0	\$150	\$125	\$1,025
Total (Not to Exceed Amount):									\$2,075

Funding

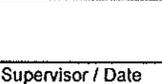
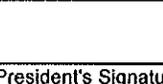
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Signatures and Approvals

 5/28/2015 Employee / Date	 5/29/15 Supervisor / Date	 5/29/15 President's Signature / Date
 5/29/2015 Business Officer / Date	 5/29/15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date