



Peralta Community College District
333 East 9th St. Oakland, CA 94606

RECEIVED
MAY 13 2015
JUN 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
John Beam	Athletic Director	Athletics	Laney College	1-510-464-3474

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

CCCAA Athletic Association							
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Lake Tahoe	NV		6/2/2015	6/3/2015		6/2/2015	6/3/2015

Purpose: CCCAA Athletic Directors Association Spring Meetings

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	\$71	\$185	2	\$370

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	370.00	370.00							\$370.00
Non-Per Diem						\$230.00			\$230.00
Total (Not to Exceed Amount):									\$600.00

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		5	01	542	5202	1	696200	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.

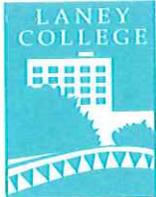
Category	Payee on Check	Requisition Number	Amount
Registration			
Employee			

Signatures and Approvals

Employee's Date: 5/16/15
 Business Officer's Date: 5/19/15
 Supervisor's Date: 6-28-15
 President's Signature/Date: [Signature] 5/26/2015
 Board of Trustees Approval Date: [Signature]

28K
5/13/15

RECEIVED
OFFICE
PRESIDENTS



Laney College

900 Fallon Street · Oakland, California 94607 · (510) 834-5740

To: Dr. Elnora Webb
President, Laney College

Dr. Jose Ortiz
Chancellor

From: Amy Marshall 
Laney Business Office

RE: Late Travel Request

Date: June 17, 2015

Please approve the enclosed travel request. The business department was temporarily understaffed during May and June. Unfortunately processing was delayed.

I respectfully request that you approve this request.



[Signature]
6.20.15