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

JUL 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.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Tram Vo-Kumamoto	VP of Instruction	Office of Instruction	BCC	510-981-2933

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

2015 Enrollment Management Workshop

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
San Mateo	CA		8/5/2015	8/6/2015		8/5/2015	8/6/2015

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)
			$0	2	$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			$75						$75
								Total (Not to Exceed Amount):	$75

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	0000	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			

Signatures and Approvals

7/1/15 Employee / Date	7-9-15 Supervisor / Date	7-9-15 President's Signature / Date
7/6/15 Business Officer / Date	07-20-15 Chancellor / Date	**Out of State Travel:** Board of Trustees Approval Date

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

JUL 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.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Antonio Barreiro	Interim Dean	Office of Instruction	BCC	510-981-2881

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

2015 Enrollment Management Workshop

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
San Mateo	CA		8/5/2015	8/6/2015		8/5/2015	8/6/2015

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)
			$0	2	$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			$75						$75
								Total (Not to Exceed Amount):	$75

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	8	01	852	5205	1	601200	0000	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			

Signatures and Approvals

7/9/15 Employee / Date	7/9/15 Supervisor / Date	7-15 President's Signature / Date
7/14/15 Business Officer / Date	7-20-15 Chancellor / Date	**Out of State Travel:** Board of Trustees Approval Date

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

RECEIVED
JUL 16 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
Lasana Hotep	Interim Dean of Student S	Ed Services	District	510-587-7875

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

M2C3 National Concortium on College Men of Color

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
San Diego	CA		7/29/2015	7/30/2015		7/28/2015	7/31/2015

Purpose: Expand efforts with PSP to conntect with the leaders in the field of Sudent Success.

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)
	$250	$50	$300	2	*$600*

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	$600	$600							$600
Non- Per Diem			$200	$80	$300		$200		$780
								Total (Not to Exceed Amount):	**$1,380**

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	1	01	121	5205	1	660300	1090	00	
Non-Local	1	01	121	5202	1	660300	1090	00	
Local				5203					
Membership				5301					

RECEIVED
JUL 16 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	San Diego State University Reaserch		200.00
Employee	Lasana Hotep	94737	944.00

Signatures and Approvals

Lasana Hotep 7/15/15
Employee / Date

VCES Supervisor / Date 7/15/15

President's Signature / Date

7/16/15
Business Officer / Date

Chancellor / Date 7-20-15

Out of State Travel:
Board of Trustees Approval Date

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

RECEIVED
JUL 14 2015
Office of the Chancellor
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
Susan Rinne	Interim Vice Chancellor	Finance	District	510-466-7220

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

2015 Chancellor's Office Budget Workshop

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Livermore	CA		7/28/2015	7/28/2015		7/28/2015	7/28/2015

Purpose: Attending the annual Chancellor's Office Budget Wrkshop.

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)
		$61	$61	1	*$61*

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	$61	$61							$61
Non- Per Diem			$85			$36			$121
								Total (Not to Exceed Amount):	$182

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	1	01	141	5205	1	672000	0000	00	SRinne
Non-Local	1	01	141	5202	1	672000	0000	00	SRinne
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	~~2015 Chancellor's Office Budget Workshop~~ Susan Rinne		85.00
Employee	Susan Rinne		97.00

Signatures and Approvals

Susan Rinne 7/13/15	7/14/2015	
Employee / Date	Supervisor / Date	President's Signature / Date
Susan Rinne 7/13/15	07-16-15	**Out of State Travel:** Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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

RECEIVED
JUL 14 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
David Yang	Interim Vice Chancellor	Finance	District	510-466-7220

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

2015 Chancellor's Office Budget Workshop

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Livermore	CA		7/28/2015	7/28/2015		7/28/2015	7/28/2015

Purpose: Attending the annual Chancellor's Office Budget Wrkshop.

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)
		$61	$61	1	*$61*

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	$61	$61							$61
Non- Per Diem			$85			$36			$121
								Total (Not to Exceed Amount):	**$182**

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	1	01	141	5205	1	672000	0000	00	
Non-Local	1	01	141	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	2015 Chancellor's ~~Office Budget Workshop~~ David Yang		85.00
Employee	~~Susan Rinne~~ David Yang		97.00

Signatures and Approvals

7/14/2015 Employee / Date	Susan Rinne 7/13/15 Supervisor / Date	President's Signature / Date
Susan Rinne 7/13/15 Business Officer / Date	7-16-15 Chancellor / Date	**Out of State Travel:** Board of Trustees Approval Date

To D. Wadsworth.

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

JUN 29 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
Tina Vasconcellos	Dean, Academic Pathways	Division I	D-215	(510) 436-2609

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

California Community College Enrollment Management Academy

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Claremont	CA		7/7/15	7/10/15		7/6/15	7/10/15

Purpose: Enrollment Management Best Practices

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)
	$133	$35	$168	4	$671

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	$671	$671							$671
Non- Per Diem			$1,250	$64	$296				$1,610
								Total (Not to Exceed Amount):	$2,281

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	6	01	653	5205	1	601200	0000	52	6/24/15
Non-Local	6	01	653	5202	1	601200	0000	51	6/24/15
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	Claremont Graduate Univesity	2000094416	1,250.00
Employee	Tina Vasconcellos	2000094417	1,031.00

Signatures and Approvals

Employee / Date: 6/24/15	Supervisor / Date: 6/24/15	President's Signature / Date: 6/24/15
Business Officer / Date: 6/24/15	Chancellor / Date: 6.24.15	Out of State Travel: Board of Trustees Approval Date

Form 7400A - 12/12/2013 Finance and Administration

Vendor # 0000716625

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

RECEIVED MAY 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.

RECEIVED JUL 02 2015 Office of the Chancellor Peralta Community Colleges

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Suzan Tiemroth-Zavala	Instructor	ESL	Laney	510 986-6987

Conference or other Travel Name *(Attach conference announcement, brochure, or other descriptive document.)*
Online Courses - Fresno Pacific University

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See Instructions tab)	Depart	Return
Fresno	CA		6/1/15	6/1/16			

Purpose: Online courses taken for professional development

Estimated Expenses

JUL 01 2015

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)*

See Per Diem Rates Tab for amount to enter	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)
$0	~~367~~	$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			$855.00						$855.00
								Total (Not to Exceed Amount):	$855.00

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	Fresno Pacific University	9-94302	855.00
Employee			

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
Suzan Tiemroth-Zavala 5/5/15	Chuen Chan 5/5/15	6/29/15
Business Officer / Date	**Chancellor / Date**	**Out of State Travel: Board of Trustees Approval Date**
PCCD 6/18/15	07-03-15	

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

Part 1 of 2

6/29/15 scan & copied

RECEIVED JUL 28 2015 OFFICE PRESIDENT

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

JUN 29 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
Suzan Tiemroth-Zavala	Instructor	T403/ESL	Laney	510-986-6967

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See Instructions tab)	Depart	Return
Oakland	CA		10/7/15	10/9/15			

Purpose: To present on accleration in ESOL and learn how other colleges are helping to improve student success

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	3	$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			$350						$350
								Total (Not to Exceed Amount):	$350

RF 6/26

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	493000	3127	00	
Non-Local				5202					
Local				5203					
Membership				5301					

TB

Advance Payment Request

JUN 24 2015

- 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	RP Group #507920	2-94012	350.00
Employee			

6/25 RF

Signatures and Approvals

Suzan Tiemroth-Zavala	5/25/15	Chuen Chan	5/26/15		6-25-2
Employee / Date		Supervisor / Date		President's Signature / Date	
P. [illegible]	6/25/15	[illegible]	6.29.15	Out of State Travel: Board of Trustees Approval Date	
Business Officer / Date		Chancellor / Date			

Form 7400A - 2/12/2015 Finance and Administration

Part 1 of 2

CHANCELLOR'S OFFICE
PRESIDENTS

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

JUL 14 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
Elmer Bugg	Vice President, Instruction	Office of Instruction	Merritt	(510) 436-2411

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

CCCCIO Executive Board Meeting

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Sacramento	CA		7/14/2015	7/15/2015		7/14/2015	7/15/2015

Purpose: Enrollment Management Best Practices

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	2	*$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									$0
								Total (Not to Exceed Amount):	**$0**

Funding

Source									
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

Employee / Date 7/13/15	Supervisor / Date	President's Signature / Date 7/13/15
Business Officer / Date 7/13/15	Chancellor / Date 07-15-15	**Out of State Travel:** Board of Trustees Approval Date

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

JUL 14 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
David Yang	Interim Vice Chancellor	Finance	District	510-466-7220

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

2015 Chancellor's Office Budget Workshop

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Livermore	CA		7/28/2015	7/28/2015		7/28/2015	7/28/2015

Purpose: Attending the annual Chancellor's Office Budget Wrkshop.

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		$61	$61	1	$61

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	$61	$61							$61
Non- Per Diem			$85			$36			$121
								Total (Not to Exceed Amount):	$182

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	I	01	141	5205	1	672000	0000	00	[illegible]
Non-Local	I	01	141	5202	1	672000	0000	00	[illegible]
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	2015 Chancellor's ~~Office Budget Workshop~~	David Yang		85.00
Employee	~~Susan Rinne~~ David Yang			97.00

Signatures and Approvals

[signature] 7/14/2015	[signature] 7/13/15	
Employee / Date	Supervisor / Date	President's Signature / Date
[signature] 7/13/15		Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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

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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
Susan Rinne	Interim Vice Chancellor	Finance	District	510-466-7220

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

2015 Chancellor's Office Budget Workshop

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Livermore	CA		7/28/2015	7/28/2015		7/28/2015	7/28/2015

Purpose: Attending the annual Chancellor's Office Budget Wrkshop.

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)
		$61	$61	1	*$61*

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	$61	$61							$61
Non- Per Diem			$85			$36			$121
								Total (Not to Exceed Amount):	$182

Funding

Source Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	1	01	141	5205	1	672000	0000	00	SRinne
Non-Local	1	01	141	5202	1	672000	0000	00	SRinne
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	~~2015 Chancellor's Office Budget Workshop~~ Susan Rinne		85.00
Employee	Susan Rinne		97.00

Signatures and Approvals

Susan Rinne 7/13/15	7/14/2015	
Employee / Date	Supervisor / Date	President's Signature / Date
Susan Rinne 7/13/15		**Out of State Travel:** Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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
Petural Shelton	Deputy Sector Navigator		College of Alameda	925 575-0484

Conference or other Travel Name *(Attach conference announcement, brochure, or other descriptive document.)*
Women's Global Entrepreneurship Summit 2015

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Redding	CA		7/16/2015	7/17/2015		7/16/2015	7/17/2015

Purpose: Global Summit - Global Trade & Logistics sector

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)*

See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total $ (Per Day)
	$101	$61	$162

Section B. Total $ Each Day X Per Diem Days

Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
2	$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	$273	$273							$273
Non- Per Diem			$70			$248			$318
								Total (Not to Exceed Amount):	$591

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	2	11	255	5205	1	672700	1071	03 ~~01~~	7·13·15
Non-Local	2	11	255	5202	1	672700	1071	03 ~~00~~	7·13·15
~~Local~~	~~2~~	~~11~~	~~255~~	~~5203~~	~~1~~	~~672700~~	~~1071~~	~~02~~	~~7·13·15~~
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
7-9-15	7·14·15	for J Blake
Business Officer / Date	**Chancellor / Date**	**Out of State Travel: Board of Trustees Approval Date**
7/14/15	7-14-15	

July 14, 2015

Petural Shelton
Deputy Sector Navigator
College of Alameda
555 Ralph Appezzatto Memorial Pkwy
Alameda, CA 94501

Travel: Redding, California

Dear Chancellor Laguerre,

I apologize for the lateness of this request. I have been asked to speak at a Forum in Redding and the request came to me last week, Thursday, July 9, 2015.

All future planned travel requests will be submitted according to Board Policy.

Respectfully,

Petural 'PJ' Shelton
Deputy Sector Navigator
Global Trade & Logistics
College of Alameda

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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
Chungwai Chum	Supervisor, Bus. Office	Business Office	Laney	510-986-6984

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

2015 Chancellor's Office Budget Workshop

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Livermore	CA		7/28/2015	7/28/2015		7/28/2015	7/28/2015

Purpose: Learn how the finalized State Budget will affect Peralta's planning process

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	$0	$0	$0	1	$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							$0
Non- Per Diem			$85	$0	$0	$35			$120
								Total (Not to Exceed Amount):	$120

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				5202					
Local	5	01	531	5203	1	672000	0000	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			

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
Chungwai Chum 7/8/15	P Cantell 7/8/15	7/9/15
Business Officer / Date	**Chancellor / Date**	**Out of State Travel: Board of Trustees Approval Date**
P Cantell 7/8/15	07-13-15	

7/8/15

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

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Office of the Chancellor
Peralta Community College

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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
Eric J Smith	Staff Svc. Spec. Fiscal	Laney College	Oakland	510-464-3229

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

2015 Chancellor's Office Budget Workshop

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Livermore	CA		7/28/2015	7/28/2015		7/28/2015	7/28/2015

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)*

See Per Diem Rates Tab for amount to enter	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)
$0	1	$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			$85			$35			$120
								Total (Not to Exceed Amount):	**$120**

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				5202					
Local	5	01	531	5203	1	672000	0000	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			

Signatures and Approvals

Eric Smith 7/8/15
Employee / Date

P Carroll 7/8/15
Supervisor / Date

7/9/15
President's Signature / Date

P Carroll 7/8/15
Business Officer / Date

07-13-15
Chancellor / Date

Out of State Travel:
Board of Trustees Approval Date

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Office of the Chancellor
Peralta Community College

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

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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.)*

2015 Chancellor's Office Budget Workshop

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Livermore	Ca		7/28/2015	7/28/2015		7/28/2015	7/28/2015

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)
			$0	1	$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			$85						$85
								Total (Not to Exceed Amount):	$85

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				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	Phyllis Carter		

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
7/8/15	7/9/15	7/19/15
Business Officer / Date	**Chancellor / Date**	**Out of State Travel: Board of Trustees Approval Date**
7/8/15	07-13-15	

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

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Office of the Chancellor
Peralta Community College

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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.)*

2015 Enrollment Management Workshop

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
San Mateo	CA`		8/5/2015	8/6/2015		8/5/2015	8/6/2015

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)
			$0	2	*$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			$75						$75
								Total (Not to Exceed Amount):	**$75**

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				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 Phyllis Carter			

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
P Carter 7/8/15	7/9/15	7/9/15
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date
P Carter 7/8/15	07-13-15	

11/8/15

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

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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
Miriam Zamora-Kantor	DSPS Counselor	DSPS	LANEX	510 464-3430

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

Surrender to the Power of Your Intuition

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Big Sur	CA		7/24/2015	7/26/2015			

Purpose: Expand professional expertise to improve effectivenss in supporting student empowerment and success.

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.*

JUL 01 2015

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)
		$50	$50	3	*$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	$150	$100							$100
Non- Per Diem			$705			$179			$884
						Total (Not to Exceed Amount):			$984

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	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			

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
5/12/15		6/29/15

Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date
6/25/15	07-03-15	

Form 7400A - 12/12/2013 Finance and Administration

Part 1 of 2

6/29/15 Scanned & Copied

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

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JUL 02 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
K. Talbot	Instructor Yes	DSPS/LD	Laney	510-464-3566

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Oakland	CA		10/7/2015	10/9/2015		x	x

Purpose: To learn how other colleges are helping to improve student suceess

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	3	$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			$400						$400
								Total (Not to Exceed Amount):	$400

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	5433	5205	1	4493000	3127	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.

JUN 24 2015

Category	Payee on Check	Requisition Number	Amount
Registration	RP Group #507920	2-94035	400.00
Employee			

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
Karen Talbot 5/21/15	5-21-15	6/29/15
Business Officer / Date: 6/25/15	Chancellor / Date: 07-03-15	Out of State Travel: Board of Trustees Approval Date

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

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JUL 02 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
Katherine Williamson	Instructor	Mathematics	Laney	707 208 5658

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Oakland	CA		10/7/2015	10/9/2015		x	x

Purpose: To learn how other colleges are helping to improve student success

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	3	$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			$400						$400
								Total (Not to Exceed Amount):	$400

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	493000	3127	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.

JUN 24 2015

Category	Payee on Check	Requisition Number	Amount
Registration	RP Group # 5079120	2 - 94037	400.00
Employee			

Signatures and Approvals

Katherine Williamson Employee / Date	Alexis Richardson Supervisor / Date	President's Signature / Date 6/24/15
6/25/15 Business Officer / Date	07-03-15 Chancellor / Date	**Out of State Travel:** Board of Trustees Approval Date

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

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
Lisa Cook	Instructor	T416/ESOL	Laney	510-986-6967

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Oakland	CA		10/7/15	10/9/15		x	x

Purpose: To present on acclereation in ESOL and learn how other colleges are helping to improve student success

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	3	$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			$450						$450
								Total (Not to Exceed Amount):	**$450**

RP 6/25

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	5413	5205	1	495000	3127	00	
Non-Local				5202					
Local				5203					
Membership				5301					

JUN 24 2015

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	RP Group #507920	2 - 94009	450.00
Employee			

JLS 6/25

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
Lisa R Cook 5/20/15	Chun Chan 5/26/15	6-25-15
Business Officer / Date	**Chancellor / Date**	**Out of State Travel: Board of Trustees Approval Date**
P Cadell 6/25/15	6.24.15	

Form 7400A - 2/12/2015 Finance and Administration

JUN 25 2015 PRESIDENTS OFFICE

Peralta Community College District

333 East 8th St., Oakland, CA 94606

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
Drew Gephart	DSO	International Education	District	510-587-7834

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

National Association of Fellowships Advisors Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Oakland	CA		7/15/2015	7/15/2015		7/15/2015	7/15/2015

Purpose: Attend new advisor workshop for strategies and resources for study abroad scholarship advising.

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.*

JUN 29 2015

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	$0	$0	1	$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	$0							$0
Non- Per Diem			$50	$0	$0	$0	$0	$0	$50
								Total (Not to Exceed Amount):	$50

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				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	NAFA	2000094357	50.00

Signatures and Approvals

6/22/15 Employee / Date	06/23/15 Supervisor / Date	President's Signature / Date
6/24/15 Business Officer / Date	6.29.15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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

RECEIVED
JUN 29 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
Autumn Sullivan	Instructor	Library	Laney	510-464-3498

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Oakland	CA		10/7/2015	10/9/2015		x	x

Purpose: To learn how other colleges are helping to improve student suceess

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	3	$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			$500						$500
								Total (Not to Exceed Amount):	$500

RF 6/26

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	5413	5205	1	493000	3127	00	
Non-Local				5202					
Local				5203					
Membership				5301					JUN 24 2015

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	RP Group #507920	2-94038	500.00
Employee			

RF 6/25

Signatures and Approvals

5-20-15 Employee / Date		5-22-15 Supervisor / Date	6-25-15 President's Signature / Date
6/25/15 Business Officer / Date		6.29.15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

JUN 25 2015 PRESIDENTS OFFICE

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

JUN 29 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
Hungwen Chang	Instructor	Department of Mathematics	Laney	(510)290-6543

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See Instructions tab)*	Depart	Return
Oakland	CA		10/7/15	10/9/15		x	x

Purpose: To learn how other colleges are helping to improve student suceess

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	3	$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			$400						$400
								Total (Not to Exceed Amount):	$400

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	5473	5205	1	493000	31127	00	6/25/15
Non-Local				5202					
Local				5203					
Membership				5301					

Advance Payment Request

JUN 24 2015

- 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	RP Group #909920	2-94019	400.00
Employee			

Signatures and Approvals

Hungwen Chang 5/20/2015	Sherion Richardson 5/21/15	6-25-15
Employee / Date	Supervisor / Date	President's Signature / Date
6/25/15	6.29.15	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

Form 7400A - 2/12/2015 Finance and Administration

Part 1 of 2

PRESIDENTS OFFICE JUN 25 1 58 PM '15

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

JUN 29 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
Amy Loewen	Instructor	T413/ESOL	Laney	415-568-5952

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Oakland	CA		10/7/15	10/9/15			

Purpose: To present on acclereation in ESOL and learn how other colleges are helping to improve student success

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	3	$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			$350						$350
								Total (Not to Exceed Amount):	$350

RF 4/6

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	493000	3127	00	6/25/15
Non-Local				5202					
Local				5203					
Membership				5301					

D

Advance Payment Request

JUN 24 2015

- 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	RP Group #507920	2-94015	350.00
Employee			

RF 4/25

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
5/20/15	5/26/15	6.25.15
Business Officer / Date: 6/25/15	Chancellor / Date: 6.29.15	Out of State Travel: Board of Trustees Approval Date

Form 7400A - 2/12/2015 Finance and Administration

Part 1 of 2

RECEIVED JUN 29 2015 PRESIDENTS OFFICE

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

RECEIVED
JUN 29 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
David Mitchell	Instructor	T-412 / ESL	Laney	510-464-3370

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Oakland	CA		10/7/15	10/9/15		x	x

Purpose: To learn how other colleges are helping to improve student success

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	3	$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			$400						$400
								Total (Not to Exceed Amount):	**$400**

RF 6/25

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	5413	5205	6	H93000	3127	00	6/25/15
Non-Local				5202					
Local				5203					
Membership				5301					

Advance Payment Request

JUN 24 2015

- 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	RP Group #507920	2-94014	400.00
Employee			

RF 6/25

Signatures and Approvals

D Mitchell 5/20/15	Chua Cha 5/26/15	6-25-15
Employee / Date	Supervisor / Date	President's Signature / Date
P 6/25/15	6.29.15	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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
Anna Cortesio	Instructor	T413/ESOL	Laney	415-837-3275

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Oakland	CA		10/7/2015	10/9/2015			

Purpose: To present on acclereation in ESOL and learn how other colleges are helping to improve student success

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			$0	3	$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			$450						$450
								Total (Not to Exceed Amount):	$450

RF 6/25

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	493000	3127	00	A.C. 6/22/15
Non-Local				5202					
Local				5203					
Membership				5301					JUN 24 2015

TB

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	RP Group #507920	2-94013	450.00
Employee			

RF 6/26

Signatures and Approvals

Anna Cortesio 5/20/15	Chun Chan 5/26/15	6-25-15
Employee / Date	Supervisor / Date	President's Signature / Date
6/25/15	6-29-15	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

JUN 23 2015 OFFICE OF THE PRESIDENT

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

RECEIVED
JUN 29 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
Elizabeth Maher	Instructor	ESL/CTE	Laney	510-464-3225

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Oakland	CA		10/7/2015	10/9/2015		x	x

Purpose: To learn how other colleges are helping to improve student success

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			$0	3	*$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			$500						$500
								Total (Not to Exceed Amount):	$500

RF 6/25

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	493000	3127	00	MC 6/22/15
Non-Local				5202					
Local				5203					
Membership				5301				JUN 24 2015	

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	RP Group # 507920	2-94010	500.00
Employee			

RF 6/26

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
Elizabeth Maher 5/21/15	5/21/15	6-25
Business Officer / Date: 6/25/15	Chancellor / Date: 6.26.15	**Out of State Travel:** Board of Trustees Approval Date

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

RECEIVED
JUN 29 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
Chelsea Cohen	Instructor	ESOL	Laney	(707) 343-6315

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

2015 Stregthening Student Success Conference

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Oakland	CA		10/7/2015	10/9/2015		x	x

Purpose: To learn how other colleges are helping to improve student suceess

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			$0	3	*$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			$400						~~$400~~ 450 RF
								Total (Not to Exceed Amount):	~~$400~~ 450 RF 6/25

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	5413	5205	1	1-913000	3127-	00	
Non-Local				5202					
Local				5203					
Membership				5301					

JUN 24 2015

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	RP Group #5079120	2-94018	~~400.00~~ 450 RF 6/25
Employee			

Signatures and Approvals

5/26/15 Employee / Date	5/26/15 Supervisor / Date	6-25-15 President's Signature / Date
10/25/15 Business Officer / Date	6.29.15 Chancellor / Date	**Out of State Travel:** Board of Trustees Approval Date

JUN 25 2015 OFFICE OF THE PRESIDENT

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

RECEIVED
JUN 29 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
Elmer Bugg	Vice President, Instructio	Office of Instruction	Merritt	(510) 436-2411

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

California Community Colleges Enrollment Management Academy

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Clremont	CA		7/7/2015	7/10/2015		7/6/2015	7/10/2015

Purpose: Enrollment Management Best Practices

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)*

See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals
	$165	$35

Section B. Total $ Each Day X Per Diem Days

Total $ *(Per Day)*	Per Diem Days	$ Each Day X Per Diem Days (Maximum Permitted)
$200	4	*$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	$800	$800							$800
Non- Per Diem			$1,250	$60	$325		$280	$25	$1,940
								Total (Not to Exceed Amount):	$2,740

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	6	01	651	5205	1	601100	0000	51	
Non-Local	6	01	651	5202	1	601100	0000	51	
Local				5203					
Membership				5301					

JUN 25 AM 11:54

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	Claremont Graduate Universary	2000090997	1,250.00
Employee	Elmer Bugg	2000090998	1,490.00

Signatures and Approvals

Employee / Date: 6/25/15	Supervisor / Date: 6/24/15	President's Signature / Date: 6/24/15
Business Officer / Date: 6/25/15	Chancellor / Date: 6.24.15	Out of State Travel: Board of Trustees Approval Date

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

RECEIVED
JUN 29 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
Arnulfo Cedillo	Vice President, Student Se	Student Services	Merritt	(510) 436-2478

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

California Community Colleges Enrollment Management Academy

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Clremont	CA		7/7/2015	7/10/2015		7/6/2015	7/10/2015

Purpose: Enrollment Management Best Practices

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	$165	$45	$210	4	*$840*

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	$840	$840							$840
Non- Per Diem			$1,250	$60	$277		$0	$0	$1,587
								Total (Not to Exceed Amount):	$2,427

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	6	01	641	5205	1	645000	0000	52	
Non-Local	6	01	641	5202	1	645000	0000	52	
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	Claremont Graduate Universary	94393	1,250.00
Employee	Arnulfo Cedillo	94391	1,177.00

Signatures and Approvals

Employee / Date: 6/24/15	Supervisor / Date: 6/24/15	President's Signature / Date: 6/24/15
Business Officer / Date: 6/24/15	Chancellor / Date: 6-29-15	Out of State Travel: Board of Trustees Approval Date

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

RECEIVED
JUN 29 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
Larry Chang	BEST Ctr proj. mgr.	T-807 / CTE dept.	Laney College	510-464-3240

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
~~Atlanta~~ 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	$920 ✓		$180	$60	$1,236
								Total (Not to Exceed Amount):	$2,000

RR RF RP 6/24

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	Larry Chang		

Signatures and Approvals

Employee / Date	Supervisor / Date 5/13/15	President's Signature / Date 6/25/15
Business Officer / Date 6/24/15	Chancellor / Date 6.26.15	Out of State Travel: Board of Trustees Approval Date

6/23

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

JUN 23 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
Myron Jordan	Dean of Academic Pathwa	Dean's Office	COA	510-748-2234

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

California Community Colleges Enrollment Management Academy

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Claremont	CA		7/7/2015	7/10/2015		7/6/2015	7/10/2015

Purpose: investigation into enrollment management best practices and development of an enrollment management plan

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	$119	$71	$190	4	*$760*

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	$760	$760							$760
Non- Per Diem			$1,250	$100	$350		$100		$1,800
								Total (Not to Exceed Amount):	$2,560

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	2	10	201	5205	1	660100	3107	00	
Non-Local	2	10	201	5202	1	660100	3107	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	Claremont Graduate University	TBD	1,250.00
Employee	Myron Jordan	TBD	1,048.00

Signatures and Approvals

Employee / Date 6/22/15	Supervisor / Date 6/18/15	President's Signature / Date 6/19/15
Business Officer / Date	Chancellor / Date 6.24.15	Out of State Travel: Board of Trustees Approval Date

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

JUN 23 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
Char Perlas	Dean of Workforce Develo	Dean's Office	COA	510-748-2318

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

California Community Colleges Enrollment Management Academy

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Claremont	CA		7/7/2015	7/10/2015		7/6/2015	7/10/2015

Purpose: investigation into enrollment management best practices and development of an enrollment management plan

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	$119	$71	$190	4	*$760*

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	$760	$760							$760
Non- Per Diem			$1,250	$100	$350		$100		$1,800
								Total (Not to Exceed Amount):	$2,560

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	2	10	201	5205	1	660100	3107	00	
Non-Local	2	10	201	5202	1	660100	3107	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	Claremont Graduate University	TBD	1,250.00
Employee	Char Perlas	TBD	1,048.00

Signatures and Approvals

6.18.15	6/18/15		6/19/15
Employee / Date	Supervisor / Date		President's Signature / Date
			Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date		

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

JUN 23 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
Amy Lee	Dean of Enrollment Servic	Student Services	COA	510-748-2288

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

California Community Colleges Enrollment Management Academy

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Claremont	CA		7/7/2015	7/10/2015		7/6/2015	7/10/2015

Purpose: investigation into enrollment management best practices and development of an enrollment management plan

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	$119	$71	$190	4	*$760*

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	$760	$760							$760
Non- Per Diem			$1,250	$100	$350		$100		$1,800
								Total (Not to Exceed Amount):	$2,560

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	2	10	201	5205	1	660100	3107	00	
Non-Local	2	10	201	5202	1	660100	3107	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	Claremont Graduate University	TBD	1,250.00
Employee	Amy Lee	TBD	1,048.00

Signatures and Approvals

6/18/15	Ann Lee Ping for MBB 6/18/15	6/19/15
Employee / Date	Supervisor / Date	President's Signature / Date
		Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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

JUN 23 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
Tim Karas	Vice President/Instruction	Office of Instruction	COA	510-748-2352

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

California Community Colleges Enrollment Management Academy

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Claremont	CA		7/7/2015	7/10/2015		7/6/2015	7/10/2015

Purpose: investigation into enrollment management best practices and development of an enrollment management plan

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	$119	$71	$190	4	*$760*

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	$760	$760							$760
Non- Per Diem			$1,250	$100	$350		$100		$1,800
								Total (Not to Exceed Amount):	$2,560

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	2	10	201	5205	1	660100	3107	00	
Non-Local	2	10	201	5202	1	660100	3107	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	Claremont Graduate University	TBD	1,250.00
Employee	Tim Karas	TBD	1,048.00

Signatures and Approvals

6/22/15	Jennifer Pang for MBB 6/18/15	6/19/15
Employee / Date	Supervisor / Date	President's Signature / Date
		Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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

JUN 23 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
William Watson	VP of Student Services	Student Services	COA	510-748-2205

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

California Community Colleges Enrollment Management Academy

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Claremont	CA		7/7/2015	7/10/2015		7/6/2015	7/10/2015

Purpose: investigation into enrollment management best practices and development of an enrollment management plan

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	$119	$71	$190	4	*$760*

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	$760	$760							$760
Non- Per Diem			$1,250	$100	$350		$100		$1,800
								Total (Not to Exceed Amount):	**$2,560**

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	2	10	201	5205	1	660100	3107	00	
Non-Local	2	10	201	5202	1	660100	3107	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	Claremont Graduate University	TBD	1,250.00
Employee	William Watson	TBD	1,048.00

Signatures and Approvals

Employee / Date	Supervisor / Date (6/18/15)	President's Signature / Date (6/19/15)
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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

RECEIVED
JUN 23 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
Norma Amrbriz-Galaviz	President	President's Office	Merritt	(510) 436-2501

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

ACCT 2015 Leadership Congress Registration

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
San Diego	CA		10/13/2015	10/17/2015		10/13/2015	10/15/2015

Purpose: Professional Development

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)
	$265	$71	$336	5	*$1,680*

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	$1,680	$743							$743
Non- Per Diem			$825	$67	$236		$26		$1,154
								Total (Not to Exceed Amount):	$1,897

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	6	01	601	5205	1	660100	0000	00	
Non-Local	6	01	601	5202	1	660100	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	ACCT - Association of Community College Trustees		825.00
Employee	Dr. Norma Ambriz-Galaviz		1,072.00

Signatures and Approvals

Norma Ambriz-Galaviz 6/22/15		Norma Ambriz-Galaviz 6/22/15
Employee / Date	Supervisor / Date	President's Signature / Date
6/22/15	6.24.15	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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

JUN 23 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 Fielding	English Instructor	English Department	Laney College	

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

FELI

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Berkeley	CA		6/1/15	6/5/15			

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)
			$0	5	$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			600						$0
								Total (Not to Exceed Amount):	$0

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	493000	1	00	6/19/15
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	Berkeley City College c/o Marilyn Clausen FELI	2-93843	600.00
Employee			

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
	5/19/15	6/22/15
Business Officer / Date: 6/17/15	Chancellor / Date: 6.24.15	Out of State Travel: Board of Trustees Approval Date

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

PRESIDENTS OFFICE JUN 18 '15 PM 2:51

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

JUN 23 2015

MAY 20 15 RCVD

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
Adrienne Oliver	Instructor	English	Laney	501-590-3109

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

Academy for College Excellence (ACE): Five-Day Experiential Learning Institute (FELI)

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Berkeley	CA		6/1/2015	6/5/2015			

Purpose: To learn tools to transform the community college experience for students

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	5	$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			$600						$600
								Total (Not to Exceed Amount):	$600

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	493000	3127	00	5/19/15
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	Berkeley City College, c/o Marilyn Clausen FELI.	2-93843	600.00
Employee	#731087		

Signatures and Approvals

Adrienne D. Oliver 5/8/15 Employee / Date	5/19/15 Supervisor / Date	6/22/15 President's Signature / Date
6/17/15 Business Officer / Date	6.24.15 Chancellor / Date	**Out of State Travel:** Board of Trustees Approval Date

Form 7400A - 2/12/2015 Finance and Administration

Part 1 of 2

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

JUN 23 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
Patricia France	Instructor	English	Laney	510-557-8178

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

Academy for College Excellence (ACE): Five-Day Experiential Learning Institute (FELI)

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Berkeley	CA		6/1/2015	6/5/2015			

Purpose: To learn tools to transform the community college experience for students

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	5	*$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			$600						$600
								Total (Not to Exceed Amount):	$600

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	5403	5205	1	493000	3127	00	5/6/15
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	Berkeley City College, c/o Marilyn Clausen FELI.	2-93843	600.00
Employee			

Signatures and Approvals

Employee / Date	Supervisor / Date 5/6/15	President's Signature / Date 6/22/15
Business Officer / Date 6/17/15	Chancellor / Date 6.24.15	**Out of State Travel:** Board of Trustees Approval Date

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

JUN 23 2015

MAY 20 '15 RCVD

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
Shawn Taylor	Interim-Director	Gateway to College	Laney College A-203	510-464-3592

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

Gatewat to College/Enrollment and Retention Conference

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Portland	OR		6/15/2015	6/17/2015		6/15/2015	6/17/2015

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)
	$0	$71	$71	3	*$213*

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	$213	$213							$213
Non- Per Diem			$0	$0	$247	$0	$80	$40	$367
								Total (Not to Exceed Amount):	$580

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	01	543	5202	1	672700	0711	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	SHAWN TAYLOR #	2-93794	$580.

Signatures and Approvals

5.10.2015	5/11/2015	6/22/15
Employee / Date	Supervisor / Date	President's Signature / Date
6/17/15	6.24.15	**Out of State Travel:** Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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

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JUN 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
Lisa Cook	Instructor	T416/ESOL	Laney	510-986-6967

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

Online Course: EDUC 919 Choice Theory in the Classroom, Fresno Pacific University

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Fresno	CA		6/1/15	7/1/16			

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)
			$0	397	$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			$440						$440
								Total (Not to Exceed Amount):	$440

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			

Signatures and Approvals

Employee / Date: 5/4/15	Supervisor / Date: 5/4/15	President's Signature / Date: 6/23/15
Business Officer / Date: 5/4/15	Chancellor / Date: 6.24.15	Out of State Travel: Board of Trustees Approval Date

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

Part 1 of 2

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
Clifton Coleman	Curric & SLO Assessmen	Office of Instruction	Merritt College	(510) 434-3860

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

Curriculum Institute

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Orange	CA		7/8/2015	7/11/2015		7/8/2015	7/11/2015

Purpose: Professional development

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	$120	$138	$258	4	*$1,032*

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	$1,032	$1,032							$1,032
Non- Per Diem			$495	$36	$172	$10	$100	$25	$839
								Total (Not to Exceed Amount):	$1,871

Funding

Source

Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	6	11	651	5205	1	493000	3127	00	
Non-Local	6	11	651	5202	1	493000	3127	00	
Local	6	11	651	5203	1	493000	3127	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	Clifton Coleman	2000094362	1,871.00

Signatures and Approvals

6/23/15 Employee / Date	6/23/15 Supervisor / Date	6/24/15 President's Signature / Date
6/23/15 Business Officer / Date	6/24/15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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

JUN 22 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
Mildred Lewis	Dean	Academic and Student Affairs	Laney	510-434-3413

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

ACCCA Admin 101 2015

City	State	Conference (Working) Dates (*Used to compute per diem days*)	Opening	Closing	Travel Dates (*See instructions tab*)	Depart	Return
Costa Mesa/Newport	CA		7/26/2015	7/30/2015		7/26/2015	7/30/2015

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	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	$71	$71	5	*$355*

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	$355	$355							$355
Non- Per Diem			$2,050	$0	$301	$0	$0	$0	$2,351
								Total (Not to Exceed Amount):	$2,706

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	01	543	5205	1	645200	0000	00	
Non-Local	5	01	543	5202	1	645200	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	ACCCA	2_94143	2,050.00
Employee	Mildred S. Lewis, EdD	2_94307	656.00

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
6/18/15		6-18-15
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date
	6.25.15	

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

JUN 22 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 McAllister	Instructor	Social Science	BCC	510-981-2998

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

2015 Strengthening Student Success Conference

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Oakland	CA		10/7/2015	10/9/2015		10/7/2015	10/9/2015

Purpose: Strategies for building institutional effectiveness and student learning.

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			$0	3	*$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			$6,350						$6,350
								Total (Not to Exceed Amount):	**$6,350**

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	0000	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	The RP Groupc/o MeetingWise LLC	2000094112	6,350.00
Employee			

Signatures and Approvals

L. McAllister 6/11/15	6/11/15	6/18/15
Employee / Date	Supervisor / Date	President's Signature / Date
6/16/15	6.23.15	**Out of State Travel:** Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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

JUN 22 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 Assicoation

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

5/6/15 Employee / Date	5/6/15 Supervisor / Date	6-18-15 President's Signature / Date
5/19/15 Business Officer / Date	6-23-15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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

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JUN 22 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
Jackie Graves	Instructor	T550/ENGL	Laney	510-508-5110

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

Conference on Acceleration in Developmental Education

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Costa Mesa	CA		6/25/15	6/26/15		6/24/15	6/26/15

Purpose: To learn about models and strategies for acceleration in Developmental English

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	$165	$71	$236	2	*$472*

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	$427	$427							$427
Non- Per Diem			$350	$37	$466		$40		$893
								Total (Not to Exceed Amount):	$1,320

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	493000	3127	00	5/12/20
Non-Local	5	11	543	5202	1	493000	3127	00	5/12/20
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	Community College of Baltimore County, Accelerated Learning Program AHUM 003	2-936013	350.00
Employee	JACKIE GRAVES # 72487	2-936015	970

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
4/29/15	5/1/15	6.18.15
Business Officer / Date	**Chancellor / Date**	**Out of State Travel: Board of Trustees Approval Date**
5/14/15	6.23.15	

Form 7400A - 2/12/2015 Finance and Administration

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

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JUN 22 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
Amy Loewen	Instructor	T413/ESL	Laney	415-568-5952

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

Conference on Acceleration in Developmental Education

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Costa Mesa	CA		6/25/15	6/26/15		6/24/15	6/26/15

Purpose: To present on accelerating students through the ESOL course sequence and learn about other models and strategies.

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)
	$165 ✓	$71 ✓	$236	2	$472

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	$427	$427							$427
Non- Per Diem			$350 ✓	$37	$466 ✓	—	$40		$893
								Total (Not to Exceed Amount):	**$1,320**

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	543	5205	1	A93000	3127	00	MG 5/12/15
Non-Local	5	11	543	5202		A93000	3127	00	MG 5/12/15
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	Community College of Baltimore County, Accelerated Learning Program AHUM 003	2-93619	350.00
Employee	AMY LOEWEN #731152	2-93620	970.

Signatures and Approvals

Employee / Date: 4/29/15	Supervisor / Date: 5/1/15	President's Signature / Date: 6/18/
Business Officer / Date: 6/14/15	Chancellor / Date: 6.23.15	Out of State Travel: Board of Trustees Approval Date

Form 7400A - 2/12/2015 Finance and Administration

Reg #2000093628, 2000093627

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

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JUN 22 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
Lisa Cook	Instructor	T416/ESL	Laney	510-986-6967

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

Conference on Acceleration in Developmental Education

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See Instructions tab)	Depart	Return
Costa Mesa	CA		6/25/15	6/26/15		6/24/15	6/26/15

Purpose: To present on accelerating students through the ESOL course sequence and learn about other models and strategies.

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)
	$165	$71	$236	2	$472

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	$427	$427							$427
Non- Per Diem			$350	$37	$466		$40		$893
								Total (Not to Exceed Amount):	$1,320

Funding

Source									
Coding	**Loc**	**Fund**	**Cost Center**	**Object**	**Program**	**Activity Suffix**	**Proj**	**Line**	**Cost Center Manager Approval / Date**
Registration	5	11	5473	5205	1	443000	3127	00	5/12/15
Non-Local	5	11	5473	5202	1	443000	3127	00	5/12/15
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	Community College of Baltimore County, Accelerated Learning Program AHUM 003	2-931027	350.00
Employee	LISA COOK #602181	2-931028	970

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
4/21/15	5/1/15	6.18.15
Business Officer / Date	**Chancellor / Date**	**Out of State Travel: Board of Trustees Approval Date**
5/11/15	6.23.15	

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

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JUN 22 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
Norma Amrbriz-Galaviz	President	President's Office	Merritt	(510) 436-2501

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

ACCJC Team Chair Training

City	State	Conference (Working) Dates *(Used to compute per diem days)*	Opening	Closing	Travel Dates *(See instructions tab)*	Depart	Return
Sacramento	CA		7/9/2015	7/9/2015		7/8/2015	7/9/2015

Purpose: Professional Development – Serving as lead for ACCJC team – Special training

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	1	$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									$0
								Total (Not to Exceed Amount):	$0

Funding

Source									
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

Norma Amrbriz Galaviz 6/17/15		Norma Amrbriz Galaviz 6/17/15
Employee / Date	Supervisor / Date	President's Signature / Date
	6.23.15	**Out of State Travel:** Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	