

TO BOT: 9/22/15



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

SEP 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.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Karen Engel	Dir. Workforce Dev't	Ed Services	District	510-466-7389

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

Alignment USA

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Nashville	TN		10/12/2015	10/14/2015		10/12/2015	10/14/2015

**Purpose:** Team of PCCD, OUSD, Oakland City to learn about a model for lignment of educational services.

**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	\$100	\$100	3	\$300

**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	\$100	\$100							\$100
Non-Per Diem			\$1,299	\$0	\$521	\$0	\$60	\$0	\$1,880
<b>Total (Not to Exceed Amount):</b>									<b>\$1,980</b>

**Funding**

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	10	120	5205	1	660300	0000	00	
Non-Local		1	10	120	5202	1	660300	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	Alignment Nashville		1,299.00
	Employee Karen Engel		681.00

**Signatures and Approvals**

Employee / Date <i>[Signature]</i> 8-17-15	Supervisor / Date <i>[Signature]</i> 8/31/15 VC FINANCE	President's Signature / Date
Business Officer / Date <i>[Signature]</i> 8/27/15	Chancellor / Date <i>[Signature]</i> 09-08-15	Out of State Travel: Board of Trustees Approval Date

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

1501 9/22/15

SEP 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.

<b>Employee Name</b>	<b>Job Title</b>	<b>Office / Department</b>	<b>Location</b>	<b>Day Phone Number</b>
Thomas Torres-Gil	Program Manager	Office of International Education	District	510-587-7835
<b>Conference or other Travel Name</b> (Attach conference announcement, brochure, or other descriptive document.)				
NAFSA Region XII Annual Conference				
<b>City</b>	<b>State</b>	<b>Conference (Working) Dates</b> (Used to compute per diem days)	<b>Opening</b>	<b>Closing</b>
Honolulu	HI	10/25/2015	10/30/2015	
<b>Travel Dates</b> (See instructions tab)			<b>Depart</b>	<b>Return</b>
			10/25/2015	10/30/2015

**Purpose:** Attend workshops and seminars relating to immigration, SEVIS, study abroad, promotion, recruitment and retention

**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	\$245	\$100	\$345	6	\$2,070

Section C. Total Requested Expenditures for Conference									
Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel (Air/Train)	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem	\$2,070	\$2,070							\$2,070
Non- Per Diem			\$370	\$205	\$850	\$0	\$75	\$0	\$1,500
<b>Total (Not to Exceed Amount):</b>									<b>\$3,570</b>

**Funding**

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	125	5205	1	649400	0000	00	
	Non-Local	1	01	125	5202	1	649400	0000	00	
	Local				5203					
	Membership				5301					

**Advance Payment Request**

• Must be submitted with designated approvals 15 working days prior to event.  
 • Advance payments are limited to registration plus 80% of the employee's remaining expenses.

Category	Payee on Check	Requisition Number	Amount
Registration	THOMAS TORRES-GIL		370.00
Employee	THOMAS TORRES-GIL		2,560.00

**Signatures and Approvals**

<i>[Signature]</i> Employee / Date 8/2/15	<i>[Signature]</i> Supervisor / Date 08/21/15	President's Signature / Date
<i>[Signature]</i> Business Officer / Date 8/27/15	<i>[Signature]</i> Chancellor / Date 9-2-15	Out of State Travel: Board of Trustees Approval Date

ICES

*[Signature]* 8/31/15  
VC FINANCE

to Bot: 9/28/15

RECEIVED  
MAY 08 2015

Peralta Community College District  
1000 10th St., Oakland, CA 94606

RECEIVED  
SEP 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.

Office of the Chancellor Peralta Community Colleges	Employee Name Sherlyn Chew	Job Title Instructor	Office / Department Music	Location Laney	Day Phone Number 510.464-3461
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)

CHIME CONFERENCE - THE NEW FACE OF CHINESE MUSIC

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Geneva	Switzerland		10/21/15	10/24/15		10/19/15	10/25/15

Purpose: I was selected to be a presenter at this conference; I will talk about The Great Wall Youth Orchestra of Laney College. My topic is World Peace Through Chinese Music. This will allow me to network with people all over the world in my field.

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)
	\$200	\$50	\$250	4	\$1,000

Section C. Total Requested Expenditures for Conference									
Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel (Air/Train)	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem	1,000.00								1,000.00
Non-Per Diem			131.01		1500.00				1631.01
Total (Not to Exceed Amount):									2631.01

Funding									
Source	Professional Development 1,000.00 Awarded.								
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	01	551	5202	1	601100	3102	00	
Local				5203					
Membership				5301					

Advance Payment Request  
Must be submitted with designated approvals 15 working days prior to event.  
Advance payments are limited to registration plus 80% of the employee's remaining expenses.

Category	Payee on Check	Requisition Number	Amount
Registration	Sherlyn Chew	2-95925	

Signatures and Approvals

Employee / Date: Sherlyn Chew 5/4/15

Supervisor / Date: [Signature] 6/11/15

Business Officer / Date: [Signature] 9/15/15

President's Signature / Date: [Signature] 9/15/15

Out of State Travel: [Signature] 9/15/15

Board of Trustees Approval Date: [Signature] 9/15/15

5/8/15

TO BOT: 9/28/15



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

SEP 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.

<b>Employee Name</b>	<b>Job Title</b>	<b>Office / Department</b>	<b>Location</b>	<b>Day Phone Number</b>
Cleavon Smith	DAS President	Ed Services	District	510-388-8024
<b>Conference or other Travel Name</b> (Attach conference announcement, brochure, or other descriptive document.)				
Alignment USA				
<b>City</b>	<b>State</b>	<b>Conference (Working) Dates</b> (Used to compute per diem days)	<b>Opening</b>	<b>Closing</b>
Nashville	TN	10/12/2015	10/14/2015	
			<b>Travel Dates</b> (See instructions tab)	<b>Depart</b>
				10/12/2015
				<b>Return</b>
				10/14/2015

**Purpose:** Team of PCCD, OUSD, Oakland City to learn about a model for lignment of educational services.

**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	<b>Lodging</b>	<b>Meals &amp; Incidentals</b>	<b>Total \$ (Per Day)</b>	<b>Per Diem Days</b>	<b>\$ Each Day X Per Diem Days (Maximum Permitted)</b>
	\$0	\$100	\$100	3	\$300

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	\$100	\$100							\$100
Non- Per Diem			\$1,299	\$0	\$516	\$0	\$60	\$0	\$1,875
<b>Total (Not to Exceed Amount):</b>									<b>\$1,975</b>

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	10	120	5205	1	660300	0000	00	
Non-Local		1	10	120	5202	1	660300	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	Alignment Nashville		1,299.00
	Employee Cleavon Smith		676.00

Signatures and Approvals		
Employee / Date  13 AUG 15	Supervisor / Date  8/27/15	President's Signature / Date _____
Business Officer / Date VC FINANCE 8/31/15	Chair / Date  09-08-15	Out of State Travel: Board of Trustees Approval Date _____

TO BOT: 9/28/15



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

SEP 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.

<b>Employee Name</b> Rebecca Lacoque	<b>Job Title</b> Dir. East Bay Career Path	<b>Office / Department</b> Ed Services	<b>Location</b> District	<b>Day Phone Number</b> 510-466-7324
<b>Conference or other Travel Name</b> (Attach conference announcement, brochure, or other descriptive document.) Alignment USA				
<b>City</b> Nashville	<b>State</b> TN	<b>Conference (Working) Dates</b> (Used to compute per diem days) 10/12/2015 - 10/14/2015	<b>Opening</b> 10/12/2015	<b>Closing</b> 10/14/2015
			<b>Travel Dates</b> (See instructions tab)	<b>Depart</b> 10/12/2015
				<b>Return</b> 10/14/2015

**Purpose:** Team of PCCD, OUSD, Oakland City to learn about a model for lignment of educational services.

**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) X Per Diem Days (Maximum Permitted)
See Per Diem Rates Tab for amount to enter	\$0	\$100	\$100 X 3 = \$300

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	\$100	\$100							\$100
Non-Per Diem			\$1,299	\$0	\$521	\$0	\$60	\$0	\$1,880
<b>Total (Not to Exceed Amount):</b>									<b>\$1,980</b>

**Funding**

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	1	10	120	5205	1	660300	0000	00	
Non-Local	1	10	120	5202	1	660300	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	Alignment Nashville		1,299.00
Employee	Rebecca Lacoque		681.00

**Signatures and Approvals**

Rebecca Lacoque 8/17/15 Employee / Date	 Supervisor / Date 8/31/15	President's Signature / Date
 Business Officer / Date 8/27/15	 Board of Trustees Approval Date 09-08-15	Out of State Travel:

665

10.001 1/22/15

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SEP 11 2015  
Office of the Chancellor  
Peralta Community Colleges

**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.

<b>Employee Name</b> Sean Brooke	<b>Job Title</b> Director	<b>Office / Department</b> International Education	<b>Location</b> District	<b>Day Phone Number</b> 510-466-7295
<b>Conference or other Travel Name</b> (Attach conference announcement, brochure, or other descriptive document.) VETEC Fall 2015 Southeast Asia Marketing events				
<b>City</b> Thailand and Vietnam	<b>State</b>	<b>Conference (Working) Dates</b> (Used to compute per diem days) 10/25/2015	<b>Closing</b> 11/3/2015	<b>Travel Dates</b> (See instructions tab) 10/25/2015
		<b>Depart</b>	<b>Return</b>	
			11/3/2015	

**Purpose:** Recruit international students from Thailand and Vietnam

**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	<b>Lodging</b>	<b>Meals &amp; Incidentals</b>	<b>Total \$ (Per Day)</b>	<b>Per Diem Days</b>	<b>\$ Each Day X Per Diem Days (Maximum Permitted)</b>
	\$220	\$100	\$320	10	\$3,200

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	\$3,200	\$3,200							\$3,200
Non- Per Diem			\$2,600	\$300	\$1,800	\$42	\$250		\$4,992
<b>Total (Not to Exceed Amount):</b>									<b>\$8,192</b>

**Funding**

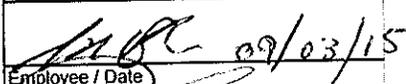
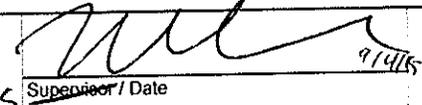
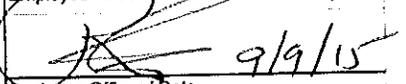
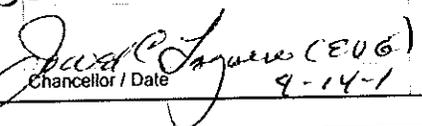
Source		Cost Center Manager Approval / Date							
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	
Registration	1	01	125	5205	1	649400	0000	00	
Non-Local	1	01	125	5202	1	649400	0000	00	
Local				5203					
Membership				5301					

**Advance Payment Request**

• Must be submitted with designated approvals 15 working days prior to event.  
 • Advance payments are limited to registration plus 80% of the employee's remaining expenses.

Category	Payee on Check	Requisition Number	Amount
Registration	California ETEC	2000095711	2,600.00
	Employee Sean Brooke	2000095712	4,473.60

**Signatures and Approvals**

 Employee / Date 09/03/15	 Supervisor / Date 9/14/15	President's Signature / Date
 Business Officer / Date 9/9/15	 Chancellor / Date 9-14-15	Out of State Travel: Board of Trustees Approval Date

14-1201 7/25/15

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 SEP 11 2015  
 Office of the Chancellor  
 Peralta Community Colleges

**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
Sean Brooke	Director	International Education	District	510-466-7295

**Conference or other Travel Name** (Attach conference announcement, brochure, or other descriptive document.)  
 American Int'l Education Foundation (AIEF) Fair and Meetings with SY Academy

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Seoul	S. Korea		9/29/2015	10/5/2015		9/29/2015	10/5/2015

**Purpose:** Attend AIEF Fair to recruit students from South Korea and meeting with SY Academy agents

**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.

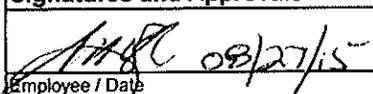
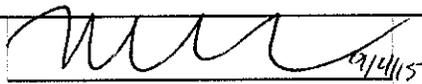
Section A. Daily Per Diem Limits (Maximum Expenses Per Day)			Section B. Total \$ Each Day X Per Diem Days		
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$230	\$100	\$330	7	\$2,310

Section C. Total Requested Expenditures for Conference									
Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel (Air/Train)	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem	\$2,310	\$2,310							\$2,310
Non- Per Diem			\$2,850	\$200	\$1,400	\$50	\$275		\$4,775
<b>Total (Not to Exceed Amount):</b>									<b>\$7,085</b>

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		I	01	125	5205	1	649400	0000	00	
Non-Local		I	01	125	5202	1	649400	0000	00	
Local					5203					
Membership					5301					

Advance Payment Request			
<ul style="list-style-type: none"> <li>Must be submitted with designated approvals 15 working days prior to event.</li> <li>Advance payments are limited to registration plus 80% of the employee's remaining expenses.</li> </ul>			
Category	Payee on Check	Requisition Number	Amount
Registration AIEF		2000095684	2,850.00
Employee Sean Brooke		2000095704	3,388.00

**Signatures and Approvals**

 Employee / Date 08/27/15	 Supervisor / Date 9/14/15	President's Signature / Date
 Business Officer / Date 9/9/15	 Chancellor / Date 9-14-15	Out of State Travel: Board of Trustees Approval Date