

10/6 Bot Meeting

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SEP 23 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
Howard Jordan	Adjunct Faculty	Admin of Justice	Merritt College	925-765-4256

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

International Association of Chiefs of Police

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Chicago	CA		10/23/2015	10/28/2015		10/23/2015	10/28/2015

Purpose: To learn about some of the cutting edge programs taking place in the Criminal Justice profession

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.

- Total lodging, meals & incidentals cannot exceed the total per diem rate for the destination times the number of working days. Incidentals cannot exceed \$25/day and do not require receipts. Exception: Lodging can be higher if sponsor's lowest hotel discounted rate is higher. See Instructions for additional details and restrictions.
- Per Diem Amount requested must be equal or less than maximum.
- Use "Google Maps" to determine mileage. Personal vehicle travel cannot exceed economy airfare.

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)			Section B. Total \$ Each Day X Per Diem Days		
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$194	\$71	\$265	6	\$1,590 *

Section C. Total Requested Expenditures for Conference * COST COVERED BY H. JORDAN.

Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel (Air/Train)	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem		\$100							\$100
Non- Per Diem			\$350		\$387		\$25		\$762
Total (Not to Exceed Amount):									\$862

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	3102	00	RP
	Non-Local	6	01	651	5202	1	601100	3102	00	RP
	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	Howard Jordan		

Signatures and Approvals

 Employee / Date 9/16/15	 Supervisor / Date 9/16/15	 President's Signature / Date 9/23/15
 Business Officer / Date 9/17/15	 Chancellor / Date 09-24-15	Out of State Travel: Board of Trustees Approval Date