



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

**RECEIVED**

OCT 21 2015

**TRAVEL REQUEST AND EXPENSE CLAIM**

**Part 1: Travel Request** (Complete and submit before attending conference) Office of the Chancellor  
Please type or print and ensure all information is provided as omissions can delay processing Peralta Community Colleges

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Peter Ha	Instructor	Auto Body & Paint	COA	510 7798894

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

SEMA

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		11/3/2015	11/6/2015		11/3/2015	11/7/2015

**Purpose:** I-Car foundation instructor meetings, Locate new vendors to update Auto Body & paint department equipments (auto measuring system, welding technology, paint technology) at SEMA.

**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)
	\$190	\$71	\$261	4	\$1,044

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	\$1,044	\$1,044							\$1,044
Non- Per Diem			\$25	\$145	\$300				\$470
<b>Total (Not to Exceed Amount):</b>									<b>\$1,514</b>

**Funding**

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	2	01	251	5205	1	675000	3102	00	M.P. 10/19/15
	Non-Local	2	01	251	5202	1	675000	3102	00	M.P. 10/19/15
	Local	2	11	252	5202	1	094900	1081	00	M.P. 10/20/15
	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**

P. Ha	M.S. 10/19/15	Blaine 10/20/15
Employee / Date	Supervisor / Date	President's Signature / Date
M.P. 10/20/15	[Signature]	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	
	10-20-15	