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OCT 27 2015

Peralta Community College District

333 East 8th St., Oakland, CA 94606

NOV 05 2015

TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor **Part 1: Travel Request** (Complete and submit before attending conference.)
Peralta Community College District *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
Joseph Koroma	Financial Aid Supervisor	Financial Aid Office	Laney	510-464-3420

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

2015 Federal Student Aid Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		11/30/2015	12/4/2015		11/30/2015	12/5/2015

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)
	\$108	\$64	\$172	5	\$860

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	\$860	\$860							\$860
Non- Per Diem				\$132	\$450		\$100		\$682
Total (Not to Exceed Amount):									\$1,542

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		5	11	543	5202	1	646000	1008	00	<i>muhammad . 10/22/15</i>
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: Joseph T. Koroma	2-97503	\$1542.00

Signatures and Approvals

<i>[Signature]</i> Employee / Date 10/22/15	<i>[Signature]</i> Supervisor / Date 10/22/15	<i>[Signature]</i> President's Signature / Date 11/15/15
<i>[Signature]</i> Business Officer / Date 10/29/15	<i>[Signature]</i> Chancellor / Date 11-05-15	Out of State Travel: Board of Trustees Approval Date

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333 East 8th St., Oakland, CA 94606

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TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor **Part 1: Travel Request (Complete and submit before attending conference.)**

Peralta Community College District *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
Harizon Odembo	Student Emp Specialist	Financial Aid	Laney	(510) 464-3415

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

2015 FSA Training Conference for Financial Aid Professionals

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	Nv		11/30/2015	12/4/2015		11/30/2015	12/5/2015

Purpose: This will be a one week 2015 FSA Training Conference for Financial Aid Professionals

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)
	\$108	\$71	\$179	5	\$895

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	\$1,074	\$1,074							\$1,074
Non-Per Diem				\$140	\$450		\$60		\$650
Total (Not to Exceed Amount):									\$1,724

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	11	543	5202	1	646000	1008	00	<i>M. Odembo 11/20/15</i>
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 FSA Training Conference for Financial Aid Professionals		
Employee	Harizon Odembo	2-99506	1724.00

Signatures and Approvals

<i>Harizon Odembo</i> Harizon Odembo / 10/20/2015	<i>M. Odembo</i> Supervisor / Date	<i>Carol Webb</i> President's Signature / Date
<i>PLC</i> Business Officer / Date	<i>PLC</i> Chancellor / Date 11-05-15	Out of State Travel: Board of Trustees Approval Date

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

TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor
Peralta Community College District
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
Natalee Alderman	Financial Aid Specialist	Financial Aid	Laney	510-986-6959

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

2015 FSA Training Conference for Financial Aid Professionals

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		11/30/2015	12/4/2015		11/30/2015	12/4/2015

Purpose: Training conference on Financial Aid regulation changes and updates

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)
	\$108 ✓	\$64 ✓	\$172	5	\$860

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	\$860 ✓	\$448 ✓							\$448
Non- Per Diem				\$132 ✓	\$450 ✓		\$130 ✓		\$712
Total (Not to Exceed Amount):									\$1,160

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	11	543	5202	1	646000	1008	00	Natalee Alderman 11/2/15
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	Natalee Alderman		
Employee	Natalee Ann Alderman	2-97002	\$1160.00

Signatures and Approvals

Natalee Alderman 10/15/15	[Signature] 10/15/15	[Signature] 10/15/15
Employee / Date	Supervisor / Date	President's Signature / Date
[Signature] 10/20/15	[Signature] 11-05-15	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

NOV 05 2015

TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor
Peralta Community College District
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
Maria Aguilar	Financial Aid Specialist	Financial Aid	Laney	510-464-3419

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

2015 FSA Training Conference for Financial Aid Professionals

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	CA		11/30/2015	12/5/2015		11/30/2015	12/5/2015

Purpose: Training Conference on Financial Aid regulations changes and updates

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)
	\$108	\$64	\$172	6	\$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				\$160 ✓	\$450 ✓		\$170 ✓		\$780
Total (Not to Exceed Amount):									\$1,812

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		5	11	543	5202	1	646000	1008	00	Maria Aguilar 10/21/15
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			
Employee		2-97501	\$1,812.00

Signatures and Approvals

Maria Aguilar 10-7-15 Employee / Date	[Signature] 10/21/15 Supervisor / Date	[Signature] 10/21/15 President's Signature / Date
[Signature] 10/21/15 Business Officer / Date	[Signature] 11-05-15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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

TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Director
Peralta Community College

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
Pauline Pang-Sagara	Fin Aid Placement Asst	Financial Aid	Laney	510-464-3559
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
2105 FSA Training Conference for Financial Aid Professionals				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
Las Vegas	NV		11/30/2015	12/4/2015
			Travel Dates (See instructions tab)	Depart
				11/30/2015
				Return
				12/4/2015

Purpose: Training Conference

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)	
	\$108	\$64	\$172	5	\$860	

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	\$860	\$860							\$860
Non- Per Diem				\$130	\$450		\$100		\$680
Total (Not to Exceed Amount):									\$1,540

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	11	543	5202	1	646000	1008	00	Muller 10/27/15
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			
Employee	Pauline Pang-Sagara	2-96960	1,540.00

Signatures and Approvals

Employee / Date <i>Pauline Pang-Sagara</i> 10/27/15	Supervisor / Date <i>Muller</i> 10/27/15	President's Signature / Date <i>David P. [Signature]</i> 11/3/15
Business Officer / Date	Cancellor / 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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NOV 16 2015

TRAVEL REQUEST AND EXPENSE CLAIM

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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
Peter Crabtree	Dean	CTE	Laney	510.464.3218
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document)				

BAS IV Siemens Workshop

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Buffalo Grove	IL		11/18/2015	11/21/2015		11/18/2015	11/21/2015

Purpose: To support the BEST Center's BAS IV workshop for educators including videography 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	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$79	\$74	\$153	4	\$612

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	\$612	\$612							\$612
Non- Per Diem				\$28	\$539		\$150	\$120	\$838
Total (Not to Exceed Amount):									\$1,450

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	07	
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 11/17/15	 Supervisor / Date 11-10-15	 President's Signature / Date 11/20/15
 Business Officer / Date 11-20-15	 Chancellor / Date 11-20-15	Out of State Travel: Board of Trustees Approval Date

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NOV 25 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
Kent Nguyen	FA Specialist	Financial Aid Office	BCC	510-981-5021
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
2015 FSA Conference				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
Las Vegas	NV		12/1/2015	12/4/2015
			Travel Dates (See instructions tab)	Depart
				12/4/2015

Purpose: Receive Financial Aid Regulatory Updates for the current and new year.

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)
See Per Diem Rates Tab for amount to enter	\$96	\$71	\$167
			Per Diem Days: 4
			\$ Each Day X Per Diem Days (Maximum Permitted): \$668

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	\$668	\$668							\$668
Non- Per Diem			\$0	\$0	\$250	\$17	\$40	\$0	\$307
Total (Not to Exceed Amount):									\$975

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration				5205					
	Non-Local	8	11	841	5202	1	646000	1008	00	<i>[Signature]</i> 11/9/15
	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			
Employee			

Signatures and Approvals

<i>[Signature]</i> 11/6/15 Employee / Date	<i>[Signature]</i> 11/9/15 Supervisor / Date	<i>[Signature]</i> President's Signature / Date
<i>[Signature]</i> 11/9/15 Business Officer / Date	<i>[Signature]</i> 11-25-15 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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 Division
 NOV 05 2015

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.)
 Office of the Chancellor, Community Colleges
 Please type or print and ensure all information is provided as omissions can delay processing.

Employee Name Monica Ambalal	Job Title Faculty	Office / Department Music Department	Location Merritt College	Day Phone Number (510) 436-2450
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
 Society Ethnomusicology Conference 2015

City Austin	State TX	Conference (Working) Dates (Used to compute per diem days)	Opening 12/3/2015	Closing 12/6/2015	Travel Dates (See instructions tab)	Depart 12/3/2015	Return 12/6/2015
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Purpose: To inform faculty of music topics in ethnic studies and ethnomusicology that are of concern at this time.

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	<table border="1"> <tr> <th>Lodging</th> <th>Meals & Incidentals</th> <th>Total \$ (Per Day)</th> <th>Per Diem Days</th> <th>\$ Each Day X Per Diem Days (Maximum Permitted)</th> </tr> <tr> <td></td> <td>\$59</td> <td>\$59</td> <td>4</td> <td>\$236</td> </tr> </table>	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)		\$59	\$59	4	\$236
Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)							
	\$59	\$59	4	\$236							

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	\$236	\$236							\$236
Non- Per Diem			\$220		\$312				\$532
Total (Not to Exceed Amount):									\$768

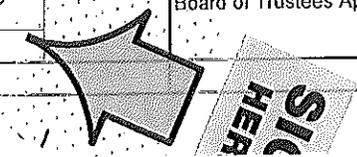
Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		6	01	651	5202	1	601100	3102	00	RFP \$3,618
Local					5203					
Membership		6	01	651	5301	1	601100	3102	00	RFP \$2,200.00

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	Indiana University (Reference 39-15) Payment for Monica Ambalal		
Employee	Monica Ambalal		

Signatures and Approvals

Employee / Date Monica Ambalal 11/11	Supervisor / Date <i>[Signature]</i> 11/11	President's Signature / Date <i>[Signature]</i> 11/11
Business Officer / Date <i>[Signature]</i> 11/9	Chancellor / Date <i>[Signature]</i> 11-17-15	Out of State Travel: Board of Trustees Approval Date



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NOV 18 2015



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

NOV 25 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
Charles Frost	Instructor	ECT	Laney	510 464-3292

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
BAS IV Siemens Workshop

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Buffalo Grove	IL		11/18/2015	11/21/2015		11/18/2015	11/21/2015

Purpose: To support the BEST Center's BAS IV workshop for educators including videography 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	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$79	\$74	\$153	4	\$612

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	\$612	\$612							\$612
Non- Per Diem				\$28	\$501		\$100	\$120	\$749
Total (Not to Exceed Amount):									\$1,361

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			

Signatures and Approvals

9/15

		VP Callahan on behalf of President Webb
Employee / Date 11/20/15	Supervisor / Date 11/14/15	President's Signature / Date 11-24-15
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

Form 7400A - 4/10/2012 Finance and Administration Part 1 of 2

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

NOV 10 2015



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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
James Espinas	Coordinator	BEST Center	Laney College	510-464-3382

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

BAS IV Siemens Workshop

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Buffalo Grove	IL		11/18/2015	11/21/2015		11/18/2015	11/21/2015

Purpose: To support the BEST Center's BAS IV workshop for educators including videography 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	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$212	\$74	\$286	4	\$1,144

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	\$1,144	\$500							\$500
Non- Per Diem			\$0	\$100 ✓	\$500 ✓		\$200	\$0	\$800
Total (Not to Exceed Amount):									\$1,300

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		2-97763	\$1300

Signatures and Approvals

11/3/15	11/3/15	11/9/15
Employee / Date	Supervisor / Date	President's Signature / Date
11/3/15	11-10-15	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Supervisor / Date	

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

NOV 10 2015

Office of the Chancellor
Peralta Community Colleges



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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
Pamela Wallace	Director	BEST Center	Laney College	510-336-9108

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

Building Automation Systems Workshop - Chicago

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Chicago,	IL		11/17/2015	11/21/2015		11/17/2015	11/21/2015

Purpose: Annual NSF conference related directly to Center grant; assemble and table display booth for BEST Ctr.

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)
	\$212	\$74	\$286	5	\$1430

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	\$1430	\$1,272							\$1,272
Non- Per Diem			\$0	\$23	\$527	\$0	\$216	\$120	\$886
Total (Not to Exceed Amount):									\$2,158

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			11	552	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		2-97758	\$2158

Signatures and Approvals

 Employee / Date 11/3/15	 Supervisor / Date 11/3/15	 President's Signature / Date 11/3/15
 Business Officer / Date 11/5/15	 Chancellor / Date 11-10-15	Out of State Travel: Board of Trustees Approval Date

8/11/15

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

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TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor
Part 1: Travel Request (Complete and submit before attending conference.)
Reralta Community College District
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
Arturo Davila-Sanchez	Full time Instructor	Spanish	Lancy College	(510) 464 3199
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
University of Hyderabad / Poetry in Nature and the Nature of Poetry				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
Hyderabad	India		12/20/15	12/23/15
Travel Dates (See instructions tab)			Depart	Return
			12/20/15	12/23/15
Purpose: Conference and Poetry Reading				

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)
	\$150	\$50	\$200	4	\$800.00

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	\$600							\$600
Non-Per Diem					\$2,175		\$45		\$2,220
Total (Not to Exceed Amount):									\$2,820

Funding									
Source	Professional Development								
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		
<ul style="list-style-type: none"> 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		2-97729 \$1000.00

Signatures and Approvals		
Employee / Date	Supervisor / Date	President's Signature / Date
John P 10/15/2015	Chun Chen 10/19/15	[Signature] 11/3/15
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date
[Signature] 11/2/15	[Signature]	

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

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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
Ada Clark	FA Clerical Assistant II	Financial Aid Office	BCC	510-981-2941

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

2015 FSA Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		12/1/2015	12/4/2015		11/30/2015	12/4/2015

Purpose: Receive Financial Aid Regulatory Updates for the current and new year.

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)
	\$96	\$71	\$167	4	\$668

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	\$668	\$668							\$668
Non- Per Diem			\$0	\$0	\$250	\$17	\$40	\$0	\$307
Total (Not to Exceed Amount):									\$975

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	8	11	841	5202	1	646000	1008	00	DF 11/9/15
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			
Employee	Ada Clark	2000097930	780.00

Signatures and Approvals

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

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
Ron Little	Vice Chancellor	Finance & Administration	District	510-466-7275

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

Neuberger Berman Visit

City	State	Conference (Working) Dates <i>(Used to compute per diem days)</i>	Opening	Closing	Travel Dates <i>(See instructions tab)</i>	Depart	Return
New York City	NY		1/8/2016	1/11/2016		1/8/2016	1/11/2016

Purpose: Chancellor & VC/CRO will visit NB Team(s) responsible for investing \$200+ mil of OPEB Trust funds

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 <i>(Maximum Expenses Per Day)</i>			Section B. Total \$ Each Day X Per Diem Days		
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ <i>(Per Day)</i>	Per Diem Days	\$ Each Day X Per Diem Days <i>(Maximum Permitted)</i>
	\$181	\$100	\$281	4	\$1,124

Section C. Total Requested Expenditures for Conference

Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel <i>(Air/Train)</i>	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem	\$381	\$381							\$381
Non- Per Diem				\$30	\$367		\$150		\$547
Total <i>(Not to Exceed Amount):</i>									\$928

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration				5205					
	Non-Local	1	69	141	5202	1	672000	0000	00	
	Local				5203					
	Membership				5301					

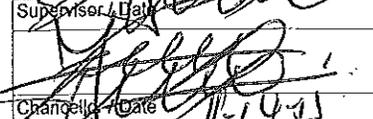
Advance Payment Request

• 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			
Employee			

Signatures and Approvals

Employee / Date  11-12-15	Supervisor / Date 	President's Signature / Date
Business Officer / Date	Chancellor / Date  11-14-15	Out of State Travel: Board of Trustees Approval 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
Jowel C. Laguerre	Chancellor	Chancellor's office	District Office	510/466-7202

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

Neuberger Berman Visit

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New York City	NY		1/8/2016	1/11/2016		1/8/2016	1/11/2016

Purpose: Chancellor Laguerre and VC Ron Little wil visit Neuberger Berman Team

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)
	\$181	\$100	\$281	4	\$1,124

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	\$381	\$381							\$381
Non- Per Diem				\$30	\$367	\$150			\$547
Total (Not to Exceed Amount):									\$928

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		1	69	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			
Employee			

Signatures and Approvals

Employee / Date 1-14-16	Supervisor / Date	President's Signature / Date
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

Amended.



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
Jowel C. Laguerre	Chancellor	Chancellor's office	District Office	510/466-7202

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

Educational Delegation to Cuba

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Havana	Cuba		11/20/2015	11/24/2015		11/20/2015	11/24/2015

Purpose: Chancellor Laguerre will join Congresswoman Barbara Lee and and Educational Delegation to Cuba

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)
		\$25	\$25	5	\$125

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					\$975		\$30	\$100	\$1,105
Total (Not to Exceed Amount):									\$1,105

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

[Signature] 11/9/15

ORIGINAL APPROVED BY Trustee Brown 11/9/15

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

ORIGINAL APPROVED BY TRUSTEE BROWN Part 1 of 2