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

NOV 19 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	PE Instructor/Coach	Physical Education/Athletics	Laney	(510)464-3474

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
2016 AFCA National Convention

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
San Antonio	TX		1/10/2016	1/13/2016		1/8/2016	1/13/2016

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)
	\$140	\$64	\$204	4	\$816

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	\$816	\$816							\$816
Non-Per Diem			\$90 ✓	\$70	\$432 ✓				\$592
Total (Not to Exceed Amount):									\$1408

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	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		2-97903	\$90
Employee		2-97903	\$910

Signatures and Approvals

Employee / Date: [Signature] 11/3/15

Supervisor / Date: [Signature]

Business Officer / Date: [Signature] 11/13/15

Chancellor / Date: [Signature]

President's Signature / Date: [Signature] 11/18/15

Out of State Travel: Board of Trustees Approval Date

5115



Peralta Community College District

333 East 8th St., Oakland, CA 94606

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NOV 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.

Office of the Chancellor
Peralta Community Colleges

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Amany Masry	Curriculum and Tech An	Educational Services	District	466-7301

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

Alliance 2016

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Seattle	WA		3/6/2016	3/9/2016		3/6/2016	3/9/2016

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.

NOV 17 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)
	\$190	\$75	\$265	4	\$1,060

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	\$1,060	\$1,060							\$1,060
Non- Per Diem			\$785	\$96	\$350	\$10	\$50		\$1,291
Total (Not to Exceed Amount):									\$2,351

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	121	1	5205	1	603100	0000	00	
	Non-Local	1	121	1	5202	1	603100	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	Higher Education User Group		785.00
Employee			

Signatures and Approvals

Amany Elmasry Employee / Date 11-16-2015	 Supervisor / Date 11/16/15	 President's Signature / Date
 Business Officer / Date 11/23/15	 Chancellor / Date 11-23-15	Out of State Travel: Board of Trustees Approval Date