

1-26-16
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 JAN 13 2016
 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
Laura Ruberto	Instructor	Humanities/Arts & Cultural Studies	BCC	510 499 0236 (cell)

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
 John D. Calandra CUNY/Queens College- Italian American Institute's Conference "Migrating Objects: Material Cultura and Italian Identit

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New York	NY		4/28/2016	4/30/2016		4/28/2016	5/1/2016

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)
		\$74	\$74	3	\$222

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		\$113							\$113
Non- Per Diem					\$387				\$387
Total (Not to Exceed Amount):									\$500

Funding									
Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	8	01	851	5202	1	601100	3102	02	Bernard 12/18/15
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

Employee / Date Laura E. Ruberto 12/18/15	Supervisor / Date Bernard 12/18/15	President's Signature / Date [Signature] 12-18-15
Business Officer / Date [Signature] 10/23/15	Chancellor / Date [Signature] 12-13-16	Out of State Travel: Board of Trustees Approval Date

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Part 1: Travel Request (Complete and submit before attending conference.)
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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Joyce Brown-Willis	System Analyst - Student	Finance	District	510-466-7227

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
 Alliance 2016 HEUG Conference

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: This is the one annual event where I can network & train with 3000+ other Oracle/Peoplesoft working users, discuss the applications we use, our unique implementations, our successes and the pitfalls we've overcome.

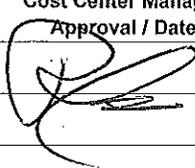
Estimated Expenses
 Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.
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 • Per Diem Amount requested must be equal or less than maximum.
 • Use "Google Maps" to determine mileage. Personal 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)
	\$189	\$100	\$289	4	\$1,156

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	\$1,156	\$1,156				\$9			\$1,156
Non- Per Diem			\$785	\$95	\$285	\$11	\$160	\$0	\$1,336
Total (Not to Exceed Amount):									\$2,492

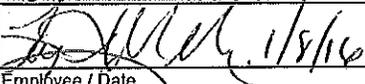
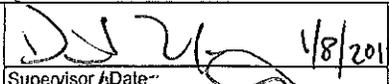
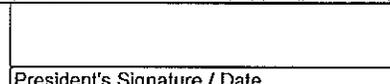
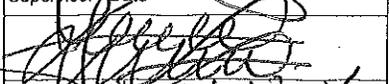
Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	141	5205	1	672000	0000	00	
	Non-Local	1	01	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.
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Category	Payee on Check	Requisition Number	Amount
Registration	Higher Education User Group		785.00
Employee	Joyce Brown-Willis		1,707.00

Signatures and Approvals

 Employee / Date 1/8/16	 Supervisor / Date 1/8/2016	 President's Signature / Date
 Business Officer / Date 1/12/16	 Chancellor / Date 01-13-16	Out of State Travel: Board of Trustees Approval Date