

RECEIVED
 JAN 29 2016

Peralta Community College District
 2393 East 8th St., Oakland, CA 94606



RECEIVED
 DEC 17 2015

TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor
 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
Robert Crowley	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		1/9/2016	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)
	\$166	\$61	\$227
			Per Diem Days
			4
			\$ Each Day X Per Diem Days (Maximum Permitted)
			\$909

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	909	498							\$498
Non- Per Diem			\$100 ✓		\$264		\$75		\$439
Total (Not to Exceed Amount):									\$937

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		5	01	551	5205	1	601100	3102		
Non-Local		5	01	551	5202	1	601100	3102		
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		2-99151	937 ⁰⁰

Signatures and Approvals

<i>[Signature]</i> Employee / Date 1/13/16	<i>[Signature]</i> Supervisor / Date 1/13/16	<i>[Signature]</i> President's Signature / Date 1/13/16
<i>[Signature]</i> Business Officer / Date 1/13/16	<i>[Signature]</i> Chancellor / Date 1-28-16	Out of State Travel Board of Trustees Approval Date

eg
1/14/16

late submitted

1201 2/20/16

RECEIVED
JAN 20 2016

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

URGENT



RECEIVED
JAN 12 2015

TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor
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
Phyllis Carter	Business Director	Business Office	Laney College	510-464-3232

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

SCUP Planning Institute

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Tempe	AZ		1/15/2016	1/16/2016		1/14/2016	1/17/2016

Purpose: Building Sustainable Strategic Culture

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)
	\$0	\$0	\$0	2	\$0

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:			\$1,075						\$1,075
Total (Not to Exceed Amount):									\$1,075

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		5	02	531	5205	1	672000	0000	99	
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		2-99328	1075 ⁰⁰
Employee			

Signatures and Approvals

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

1/12/16



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
Yashica Crawford	Chief of Staff	Chancellor's Office	District	466-7204

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

ACCT 2016 Community College National Legislative Summit

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Washington	D.C.		2/7/2016	2/12/2016		2/7/2016	2/12/2016

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)
	\$281	\$100	\$381	6	\$2,286

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	\$2,286	\$2,286							\$2,286
Non- Per Diem			\$929	\$245	\$600		\$100	\$100	\$1,974
Total (Not to Exceed Amount):									\$4,260

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	1	01	113	5205	1	660600	0000	00	BM 2/03/2016
Non-Local	1	01	113	5202	1	660600	0000	00	BM 2/03/2016
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			929.00
Employee			

Signatures and Approvals

 Yashica Crawford/02-03-16 Employee / Date	 Supervisor / Date	President's Signature / Date Out of State Travel: Board of Trustees Approval Date
 Business Officer / Date	 Chancellor / Date	