

Out of State Travel / 2/23/16 (ST)

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FEB 09 2016
Office of the Chancellor
Peralta Community College District



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
Paula Armstead	Manager, EOPS/CalWORK EOPS/Care/CalWORKs		A-building, COA	510-748-2100

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

Historically Black Colleges Tour- Georgia, Alabama, Tennessee, Louisiana

City	State	Conference (Working) Dates <small>(Used to compute per diem days)</small>	Opening	Closing	Travel Dates <small>(See instructions tab)</small>	Depart	Return
New Orleans, Atlanta, Bi	LA, GA, A		3/27/2016	4/1/2016		3/27/2016	4/1/2016

Purpose: Tour of Historically Black Colleges through the EST Black College Tour experience. Students will feel the pride and power of HBCU's and a solid foundation upon which to make the very best college choice.

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 <small>(Maximum Expenses Per Day)</small>	Section B. Total \$ Each Day X Per Diem Days				
<i>See Per Diem Rates Tab for amount to enter</i>	Lodging	Meals & Incidentals	Total \$ <small>(Per Day)</small>	Per Diem Days	\$ Each Day X Per Diem Days <small>(Maximum Permitted)</small>
	\$150	\$100	\$250	6	\$1,500

Section C. Total Requested Expenditures for Conference

Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel <small>(Air/Train)</small>	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem	\$1,500	\$967							\$967
Non- Per Diem					\$645		\$237		\$882
Total (Not to Exceed Amount):									\$1,849

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	2	11	241	5202	1	645000	1090	26	
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>Paula Armstead</i> 2/15/16 Employee / Date	<i>Heather</i> 2/15/2016 Supervisor / Date	<i>Michael</i> 2/9/16 President's Signature / Date
<i>M. J. ...</i> 2/5/16 Business Officer / Date	<i>[Signature]</i> 2-10-16 Chancellor / Date	Board of Trustees Approval Date



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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 College District

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Charles Washington	Counselor	EOPS/Care/CalWORKs	A-building, COA	510-748-2394

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

Historically Black Colleges Tour- Georgia, Alabama, Tennessee, Louisiana

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans, Atlanta, Bi	LA, G.A.A		3/27/2016	4/1/2016		3/27/2016	4/1/2016

Purpose: Tour of Historically Black Colleges through the EST Black College Tour experience. Students will feel the pride and power of HBCU's and a solid foundation upon which to make the very best college choice.

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.

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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	\$100	\$250	6	\$1,500

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	\$1,500	\$967							\$967
Non- Per Diem					\$645		\$237		\$882
Total (Not to Exceed Amount):									\$1,849

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	2	11	241	5202	1	645000	1090	26	
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 2/5/16	 Supervisor / Date 2/5/2015	 President's Signature / Date 2/5/16
 Business Officer / Date 2/5/16	 Chancellor / Date 2/5/16	Out of State Travel: Board of Trustees Approval Date

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

Office of the Chancellor
Peralta Community College District

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
Frank Chez	Senior Applications Softw	District IT	District Offices	(510) 587-7862

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: Frank Chez will be attending this alliance conference for training 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.
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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)
	\$199	\$71	\$270	4	\$1,080

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	\$1,080	\$1,080							\$1,080
Non- Per Diem			\$1,185	\$132	\$246		\$214		\$1,777
Total (Not to Exceed Amount):									\$2,857

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	I	02	115	5205	I	678000	0000	00	AVC Madlock
Non-Local	I	02	115	5202	I	678000	0000	00	AVC Madlock
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	HEUG Alliance 2016	2-99993	1,185.00
	Employee Frank Chez	2-99998	1,672.00

Signatures and Approvals

 Employee / Date 2/9/16	 Supervisor / Date 2/9/16	President's Signature / Date
 Business Officer / Date	 Chancellor / Date 02-10-16	Out of State Travel: Board of Trustees Approval Date

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Peralta Community College District
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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.)

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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Kyu Lee	Software Programmer An	District IT	District Offices	510-466-7328

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: Kyu Lee will be attending this alliance conference for training development

Estimated Expenses
Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.
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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)
	\$199	\$71	\$270	4	\$1,080

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	\$1,080	\$1,080							\$1,080
Non-Per Diem			\$785	\$132	\$347		\$245		\$1,509
Total (Not to Exceed Amount):									\$2,589

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		I	02	115	5205	I	678000	0000	00	AVC Madlock
Non-Local		I	02	115	5202	I	678000	0000	00	AVC Madlock
Local					5203					
Membership					5301					

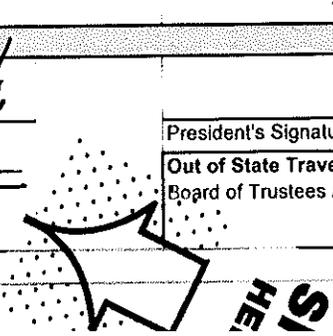
Advance Payment Request

- 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 HEUG Alliance 2016		2-99989	785.00
Employee Kyu Lee		2-99990	1,804.00

Signatures and Approvals

Employee / Date <i>[Signature]</i> / 2/09/2016	Supervisor / Date <i>[Signature]</i> / 2/9/16	President's Signature / Date <i>[Signature]</i> / 2-10-16
Business Officer / Date <i>[Signature]</i> / 2/9/2016	Chancellor / Date <i>[Signature]</i> / 2-10-16	Out of State Travel: Board of Trustees Approval Date



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JAN 21 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
Sean Brooke	Director	International Education	District	510-466-7295

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

VETEC Spring 2016 S.E. Asia Recruitment Events in Thailand

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Bangkok	Thailand		3/11/2016	3/15/2016		3/11/2016	3/22/2016

Purpose: Recruit international students from Thailand

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.
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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)
	\$146	\$100	\$246	5	\$1,230

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	\$1,230	\$1,230							\$1,230
Non- Per Diem			\$3,000	\$150	\$1,777	\$13	\$200	\$100	\$5,240
Total (Not to Exceed Amount):									\$6,470

Funding

Source:									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	1	01	125	5205	1	649400	0000	00	<i>[Signature]</i>
Non-Local	1	01	125	5202	1	649400	0000	00	<i>[Signature]</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	California ETEC	2000098495	3,000.00
Employee	Sean Brooke	2000099426	2,776.00

Signatures and Approvals

<i>[Signature]</i> Employee / Date 01/19/16	<i>[Signature]</i> Supervisor / Date	<i>[Signature]</i> President's Signature / Date M. ORKIN
<i>[Signature]</i> Business Officer / Date 1/20/16	<i>[Signature]</i> Charter / Date 01/20/16	Out of State Travel: Board of Trustees Approval Date

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Peralta Community College District

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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
Sean Brooke	Director	International Education	District	510-466-7295

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
VETEC Spring 2016 S.E. Asia Recruitment Events in Myanmar

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Yangon	Myanmar		3/15/2016	3/17/2016		3/11/2016	3/22/2016

Purpose: Recruit international students from Myanmar

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.
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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)
	\$234	\$100	\$334	2	\$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	\$150	\$213		\$200	\$100	\$663
Total (Not to Exceed Amount):									\$1,331

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		1	01	125	5202	1	649400	0000	00	<i>W</i>
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: Sean Brooke	2000099427	1,064.80

Signatures and Approvals			
<i>[Signature]</i> Employee / Date 02/19/16	<i>[Signature]</i> Supervisor / Date	<i>[Signature]</i> President / Date	<i>[Signature]</i> Approval Date
<i>[Signature]</i> Business Officer / Date 1/20/16	<i>[Signature]</i> Chancellor / Date 01-20-16	OFFICE OF THE CHANCELLOR	



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

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TRAVEL REQUEST AND EXPENSE CLAIM

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Office of the Chancellor
Peralta Community Colleges

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Drew Gephart	Int. Services Manager	International Education	District	510-587-7834

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

EducationUSA college fair/Meetings with agents

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Tokyo	Japan		4/14/2016	4/21/2016		4/14/2016	4/21/2016

Purpose: Recruit international students from Japan

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.
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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)
	\$254	\$100	\$354	8	\$2,832

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	\$2,832	\$2,832							\$2,832
Non- Per Diem				\$270	\$1,200 1157⁸⁸	\$26	\$300		\$1,796 175:
Total (Not to Exceed Amount):									\$4,828 458:

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		I	01	125	5202	I	649400	0000	00	<i>[Signature]</i>
Local					5203					
Membership					5301					

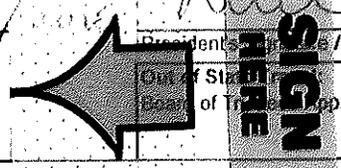
Advance Payment Request

- 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 Drew Gephart	2000099750	3,702.40 366

Signatures and Approvals

<i>[Signature]</i> Employee / Date 2/1/16	<i>[Signature]</i> Supervisor / Date 02/01/2016	<i>[Signature]</i> President / Date
<i>[Signature]</i> Business Officer / Date 2/5/16	<i>[Signature]</i> Chancellor / Date 02-10-16	<i>[Signature]</i> Officer of Travel / Approval Date



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Peralta Community Colleges

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TRAVEL REQUEST AND EXPENSE CLAIM

Part 1: Travel Request (Complete and submit before attending conference)
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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Sean Brooke	Director	International Education	District	510-466-7295

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

VETEC Spring 2016 S.E. Asia Recruitment Events in Vietnam

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Ho Chi Minh City	Vietnam		3/17/2016	3/22/2016		3/11/2016	3/22/2016

Purpose: Recruit international students from Vietnam

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.
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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)
	\$220	\$100	\$320	6	\$2,240 1,920

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	\$2,240	\$2,240							\$2,240 1,920
Non- Per Diem	1,920	1,920		\$150	\$234	\$13	\$200	\$100	\$697
Total (Not to Exceed Amount):									\$2,937 2,16

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		1	01	125	5202	1	649400	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 Sean Brooke	2000099428	2,349.60 2,093

Signatures and Approvals

 Employee / Date 01/19/16	Supervisor / Date	 President's Signature / Date
 Business Officer / Date 1/20/16	Chancellor / Date 01-21-16	Out of State Travel: Board of Trustees Approval Date

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JAN 25 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
Neil Dunlop	Instructor	CIS	Berkeley	5102341436

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

Microsoft Visual Studio Live

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		3/7/2016	3/11/2016		3/6/2016	3/11/2016

Purpose: To get latest information on Microsoft's initiatives on web programming and database management

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.
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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	5	\$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			\$1,000	\$0	\$0				\$1,000
Total (Not to Exceed Amount):									\$1,000

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		8	01	851	5205	1	601100	3102	02	Burman 1/21/16
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

Employee / Date 1/21/16	Supervisor / Date 1/21/16	President's Signature / Date 1-21-16
Business Officer / Date 1/22/16	Chancellor / Date 01-25-16	Out of State Travel: Board of Trustees Approval Date



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

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JAN 27 2016

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	B-150	510-22-8602

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
National HVACR Educators and Trainers Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NE		3/21/2016	3/23/2016		3/20/2016	3/23/2016

Purpose: Profesional Development and Networking with educator, industry and publishers

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)
	\$93	\$64	\$157	3	\$471

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	\$471	\$394							\$394
Non- Per Diem			\$210	\$42	\$174		\$60	\$50	\$536
Total (Not to Exceed Amount):									\$930

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

Charles B Frost L 1-25-16
 Supervisor / Date: [Signature] 1/25/16
 President's Signature / Date: [Signature] 1/21/16
 Business Officer / Date: [Signature] 1/27/16
 Chancellor / Date: [Signature] 01-04-16
 Out of State Travel: [Signature]
 Board of Trustees Approval Date: [Signature]

27/16



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

RECEIVED
JAN 27 2016

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
Hadley Hartshorn	Instructor	ECT	B-150	510-22-8602

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

National HVACR Educators and Trainers Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NE		3/21/2016	3/23/2016		3/20/2016	3/23/2016

Purpose: Profesional Development and Networking with educator, industry and publishers

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)
	\$ 93	\$64	\$ 157	3	\$ 471

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	\$ 471	\$394							\$394
Non-Per Diem			\$210	\$42	\$164		\$60	\$50	\$526
Total (Not to Exceed Amount):									\$920

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

 Employee / Date: 1/21/16	 Supervisor / Date: 1/21/16	 President's Signature / Date: 1/21/16
 Business Officer / Date: 1/21/16	 Chancellor / Date: 02-04-16	Out of State Travel: Board of Trustees Approval Date



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



RECEIVED
JAN 27 2016

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
Nick Kyriakopedi	Instructor	ECT	B-150	510-22-8602

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

National HVACR Educators and Trainers Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NE		3/21/2016	3/23/2016		3/20/2016	3/23/2016

Purpose: Profesional Development and Networking with educator, industry and publishers

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)
	\$93	\$64	\$157	3	\$471

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	\$471	\$394							\$394
Non- Per Diem			\$210	\$42	\$164		\$60		\$476
Total (Not to Exceed Amount):									\$870

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	Nick Kyriakopedi		

Signatures and Approvals

 Employee / Date 1-21-16	 Supervisor / Date 1/21/16	 President's Signature / Date 1/21/16
 Business Officer / Date 1/29/16	 Chancellor / Date 02-04-16	Out of State Travel: Board of Trustees Approval Date



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

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FEB 05 2016
Office of the Chancellor
of the 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
Matthew Jones	Int'l Stud. Supp. Spec.	International Education	District	510-466-7381

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

NAFSA Association of International Educators ACADEMY SPRING TRAINING

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Atlanta	GA		3/7/2016	3/11/2016		3/7/2016	3/11/2016

Purpose: Intensive NAFSA training to increase knowledge and resources to better serve international students.

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)
	\$227	\$100	\$327	5	\$1,635

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	\$1,635	\$1,635			\$429	\$9			\$1,635
Non- Per Diem			\$1,999	\$200	\$500	\$24	\$100		\$2,823
Total (Not to Exceed Amount):									\$4,458

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	I	01	125	5205	1	649400	0000	00	<i>[Signature]</i>
Non-Local	I	01	125	5202	1	649400	0000	00	<i>[Signature]</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	NAFSA	2000099889	1,999.00
Employee	Matthew Jones	2000099729	1,967.00

Signatures and Approvals

Employee / Date: *[Signature]* 1/29/16
 Supervisor / Date: *[Signature]* 01/29/2016
 Business Officer / Date: *[Signature]* 2/5/16
 Chancellor / Date: *[Signature]* 02-05-16
 President's Signature / Date: *[Signature]*
 Out of State Travel: Board of Trustees Approval Date



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

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FEB 10 2016

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
Carla Pegues	Instructor	Dental	COA	510-748-2262

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

2016 ADEA Allied Dental Program Director's Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		6/4/2016	6/7/2016		6/3/2016	6/7/2016

Purpose: Program Director 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)
	\$244	\$100	\$344	4	\$1,376

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	\$1,376	\$1,376							\$1,376
Non-Per Diem			\$478	\$116	\$552	\$0	\$55	\$0	\$1,198
Total (Not to Exceed Amount):									\$2,574

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		2	11	252	5205	1	12.0010	1081	00	<i>[Signature]</i> 2/9/16
Non-Local		2	11	252	5202	1	12.0010	1081	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

<i>[Signature]</i> 2-4-16 Employee / Date	<i>[Signature]</i> 2-5-16 Supervisor / Date	<i>[Signature]</i> 2/9/16 President's Signature / Date
<i>[Signature]</i> 2/8/16 Business Officer / Date	<i>[Signature]</i> 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

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FEB 10 2016

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. Community Colleges

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Dave Nguyen	FA Director	Financial Aid	District	510 466 7358

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

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: Attending HEUG conference to gather more information on Peoplesoft Financial Aid system. Sessions pertain to new changes and enhancements to our current system.

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)
	\$219.184	\$75.100	\$294.284	4	\$1,176.88 \$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	\$1,176 1,156	\$1,176 1,156							\$1,176 1,1
Non- Per Diem			\$785	\$102	\$148	\$10	\$100		\$1,445 1,1
Total (Not to Exceed Amount):									\$2,321

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	415	5205	1	646000	0000	00	Dave Nguyen / 2/6/16
	Non-Local	1	01	415	5202	1	646000	0000	00	Dave
	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	Dave Nguyen (employee paid in advance. Reimburse directly to Employee) Pickup	2000099940	785.00
Employee	Dave Nguyen (80% Advance)	2000099940	1,229.00

Signatures and Approvals

Employee / Date: [Signature] 02/10/16
 Supervisor / Date: Adela E. [Signature] 2/05/16
 Business Officer / Date: [Signature] 2/10/16
 Chancellor / Date: [Signature]
 President's Signature / Date: [Signature] V.C.
 Out of State Travel: Board of Trustees Approval Date

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JAN 21 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
Drew Gephart	Intl Services Manager	International Education	District	510-587-7834

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
American International Education Foundation (AIEF) Recruitment Fair/Meetings with SY Academy agents

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Seoul	Korea		3/23/2016	3/28/2016		3/23/2016	3/28/2016

Purpose: Recruit international students from South Korea

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)
	\$230	\$100	\$330	6	\$1,980

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	\$2,190	\$2,190			1,144	\$26			\$2,190
Non- Per Diem			\$2,850	\$250	\$1,250	\$50	\$200		\$4,600
Total (Not to Exceed Amount):									\$6,790

Funding

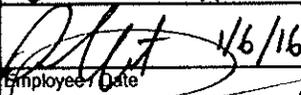
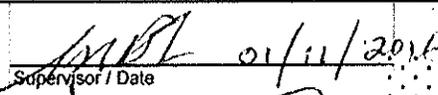
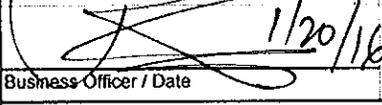
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	125	5205	1	649400	0000	00	M
	Non-Local	1	01	125	5202	1	649400	0000	00	M
	Local				5203					
	Membership				5301					

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	American International Education Foundation	2000099306	2,850.00
Employee	Drew Gephart	2000099210	3,152.00

Signatures and Approvals

 Employee / Date 1/6/16	 Supervisor / Date 01/11/2016	 President's Signature / Date 1/11/16 M. ORR
 Business Officer / Date 1/20/16	 Chancellor / Date 01-21-16	Board of Trustees Approval Date

Form 7400A - 2/12/2015 Finance and Administration Part 1 of 2

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

FEB 10 2016

TRAVEL REQUEST AND EXPENSE CLAIM

Part 1: Travel Request (Complete and submit before attending conference.) Office of the Chancellor
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
Dominique Benavides	FA Systems Analyst	Financial Aid	District	

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

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: HEUG Conference See attached

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)
	\$219.189	\$78.100	\$294.289	4	\$1176.88 \$4,156

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	\$1176.1156	\$1176.1156							\$1176.1156
Non- Per Diem			\$785	\$102	\$179	\$10	\$100		\$1176.11
Total (Not to Exceed Amount):									\$2,352.23

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		I	01	415	5205	I	646000	0000	00	Dave Nguyen 2/6
Non-Local		I	01	415	5202	I	646000	0000	00	Dave Nguyen 2/6
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	Dominique Benavides (registration paid by employee - to be picked up)	20000 999943	785.00
Employee	Dominique Benavides (to be picked up)	20000 999943	1284.00

Signatures and Approvals

	2/15/2016		2/5/16		2/10/16
Employee / Date		Supervisor / Date		President's Signature / Date	
Business Officer / Date		Chancellor / Date		Out of State Travel: Board of Trustees Approval Date	