

Out of State
3/22/16



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

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

Visit to Morehouse College

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Atlanta	GA		3/24/2016	3/27/2016		3/24/2016	3/27/2016

Purpose: To build partnerships with Morehouse College

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)
	138 \$276	\$100	\$370	4	\$1,480 \$552

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	552 \$1,480	652 \$1,480							552 \$1,480
Non- Per Diem				\$200	\$500		\$200		\$900
Total (Not to Exceed Amount):									\$2,380

Funding \$1,452

Source				Activity					Cost Center Manager	
Coding	Loc	Fund	Cost Center	Object	Program	Suffix	Proj	Line	Approval / Date	
Registration				5205						
Non-Local	I	10	112	5202	I	660200	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	Payment Method	Requisition Number	Amount
Registration	Payee on Check		
Employee			

Signatures and Approvals

	3-15-16 Supervisor / Date	3-15-16 President's Signature / Date
	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

3/22/16



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.)

AACC

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Chicago	IL		4/9/2016	4/12/2016		4/9/2016	4/12/2016

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
	160 \$270	\$100	\$370 4
			\$1480 \$640

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	640 \$1480	640 \$1480							640 \$1480
Non- Per Diem				\$200	\$500		\$200		\$900
Total (Not to Exceed Amount):									\$2,380

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		1	10	112	5202	1	660200	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	Supervisor / Date	President's Signature / Date
		Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

3/22/16



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
William Riley	Trustee	Chancellor's office	District Office	510/466-7202

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

Visit to Morehouse College

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Atlanta	GA		3/24/2016	3/27/2016		3/24/2016	3/27/2016

Purpose: To build partnerships with Morehouse College

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)
	132 \$270	\$100	\$370	4	\$1480 \$552

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	552 \$1480	552 \$1480							552 \$1480
Non- Per Diem				\$200	\$500		\$200		\$900
Total (Not to Exceed Amount):									\$2,880

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		1	10	112	5202	1	660200	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	 Supervisor / Date 3-15-16	 President's Signature / Date 3-15-16
 Business Officer / Date	 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

3/22/16



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.)
Recruit international students and form partnerships with institutions in China

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Varioius cities			3/9/2016	3/19/2016		3/8/2016	3/19/2016

Purpose: International Student recruitment and Chinese partnerships

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)
	\$200	\$100	\$300	11	\$3,300

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	\$3,300	\$3,300							\$3,300
Non- Per Diem				\$30	\$1,500		\$300		\$1,830
Total (Not to Exceed Amount):									\$5,130

Funding

Source									Cost Center Manager Approval / Date
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	
Registration				5205					
Non-Local	I	10	112	5202	I	660200	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

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

3/22/16



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 (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New York City	NY		4/8/2016	4/12/2016		4/8/2016	4/12/2016

Purpose: Meet with credit ratings agencies in preparation of our bond sale

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)
	\$270	\$100	\$370	5	\$1,850

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				\$200	\$467		\$171		\$838
Total (Not to Exceed Amount):									\$1,219

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
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.
- 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 3/15/16	 Supervisor / Date	 President's Signature / Date
 Business Officer / Date 3/15/2016	 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

3/22/16



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, Int. Education	International Education	District	510-466-7295

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

Costa Rica Community College Education Fair

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
San Jose	C.R.		4/18/2016	4/25/2016		4/18/2016	4/25/2016

Purpose: To recruit International Students from Costa Rica

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)
	\$147	\$100	\$247	8	\$1,976

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	\$1,976	\$1,976			\$750				\$1,976
Non- Per Diem			\$1,450	\$100	\$1,141		\$300		\$2,600 \$2,091
Total (Not to Exceed Amount):									\$4,567

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	Community Colleges for International Development (CCID)	<i>[Signature]</i>	1,450.00
Employee	Sean Brooke	<i>[Signature]</i>	2,813.60

Signatures and Approvals

<i>[Signature]</i> Employee / Date 3/24/16	<i>[Signature]</i> Supervisor / Date 03-07-16	<i>[Signature]</i> 3/21/16 President's Signature / Date KCS
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

3/8/22
RECEIVED
 MAR 04 2016

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.

MAR 10 2016

Employee Name Vina Cera	Chancellor Community College	Job Title Adjunct Faculty	Office / Department Media Communications	Location Laney College	Day Phone Number 760-504-6417
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)

NABSHOW 2016

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
LAS VEGAS	NV		4/16/16	4/21/16		4/16/16	4/21/16

Purpose: World wide conference where latest in industry technology is displayed and taught in workshops. Will bring this information back into our curriculum and to the digital media areas of the campus where applicable.

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	6	\$942

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	\$942	\$942							\$942
Non- Per Diem			\$150	\$123	\$150		\$65	\$100	\$588
Total (Not to Exceed Amount):									\$1,530

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

- 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	Vina Cera	2-100820	150.00
Employee	Vina Cera	2-100820	850.00

Signatures and Approvals

Employee / Date Vina Cera 2-10-16	Supervisor / Date Cher Chan 2-10-16	President's Signature / Date Patricia Stanley 3/9/16
Business Officer / Date [Signature] 3/8/16	Chancellor / Date JC Lagure 3/11/2016	Out of State Travel: Board of Trustees Approval Date

82
17/16

3/8/16



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
Thomas Torres-Gil	Program Manager	Office of International Education	District	510-587-7835
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
Terra Dotta Users Conference				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
Louisville	KY		4/29/2016	4/27/2016
			Travel Dates (See instructions tab)	Depart
				4/27/2016
			Return	4/28/2016

Purpose: Attend sessions in preparation for Terra Dotta going into production at OIE as well as key updates to the 2016 version

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	\$186	\$100	\$286
			Per Diem Days: 4
			\$ Each Day X Per Diem Days (Maximum Permitted): \$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	\$1,144	\$525	\$114	\$490				\$1,144
Non- Per Diem			\$475	\$00	\$550	\$0	\$125	\$0	\$1,240
Total (Not to Exceed Amount):									\$2,384

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	TERRA DOTTA	2000100440	\$75.00
Employee	THOMAS TORRES-GIL	2000100442	\$1,909.00

Signatures and Approvals

<i>[Signature]</i> Employee / Date 2/24/16	<i>[Signature]</i> Supervisor / Date 02/24/16	<i>[Signature]</i> President's Signature / Date VCE
<i>[Signature]</i> Business Officer / Date 3/2/16	<i>[Signature]</i> Chancellor / Date 03-07-16	Out of State Travel: Board of Trustees Approval Date



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

FEB 23 2016

FEB 11 2016

Division 1 3/22/16

Merritt College

TRAVEL REQUEST AND EXPENSE CLAIM

BY: EP.

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
Kay Fischer	Faculty	Ethnic Studies	Merritt	408-834-0790

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

AAAS Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Miami	FL		4/28/2016	4/30/2016		4/27/2016	4/31/16

Purpose: To highlight current scholarly research and developments within the field.

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)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)	
See Per Diem Rates Tab for amount to enter	\$59	\$64	\$123	3	\$369

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	\$369	\$369							\$369
Non- Per Diem			\$135	\$70	\$372				\$577
Total (Not to Exceed Amount):									\$946

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		6	01	651	5205	1	601100	3102	00	MSA 3/1/16
Non-Local		6	01	651	5202	1	601100	3102	00	MSA 3/1/16
Local					5203					
Membership					5301					

Where's the Dean's approval for this?

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			

Signatures and Approvals			
Employee / Date	Supervisor / Date	President's Signature / Date	Out of State Travel: Board of Trustees Approval Date
MSA 2/10/16	MSA 2/14/16	MSA 3/1/16	
MSB 2/19/16	MSA 3/2/16		