



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

URGENT

Bot 4/26/16
RECEIVED
MAR 18 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
Paul Kalbach	Instructor	Media Communications (Media 181)	Laney College	510-655-1283

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

NAB Show

City	State	Conference (Working) Dates	Opening	Closing	Travel Dates	Depart	Return
Las Vegas	Nevada	(Used to compute per diem days)	4/17/16	4/20/16	(See instructions tab)	4/17/16	4/20/16

Purpose: I teach a class in "Red Digital Cinema Production in 4K". NAB is where I go to keep current with the latest technologies and to make new contacts at associated networking events. I want to keep my students on the cutting edge of trends in this industry.

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	\$109	\$71	\$180	4	\$720

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	\$720	\$720							\$720
Non- Per Diem			\$66		\$128				\$194
Total (Not to Exceed Amount):									\$914

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			
Employee		2-101582	\$914

Signatures and Approvals

Paul Kalbach 3/3/16	Supervisor / Date: [Signature] 3-28-16	President's Signature / Date: [Signature] 4-1-16
Business Officer / Date: [Signature] 3/20/16	Change / Date: [Signature] 3/20-16	Out of State Travel: [Signature]
		Board of Trustees Approval Date