

APR 08 2016

Division 1



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

Merritt College

APR 13 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. EP

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Jennifer Briffa	Faculty	Childhood Development	Merritt College	(510) 436-2549

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

NAEYC's 2016 National Institute for Early Childhood Professional Development

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Baltimore	Maryland		6/5/2016	6/8/2016		6/4/2016	6/8/2016

Purpose: To advocate for early childhood education to become a national priority during this year's election early childhood educators.

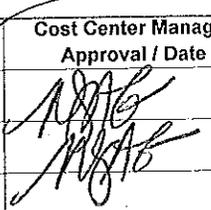
Estimated Expenses

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)
	\$151	\$69	\$220	4	\$880

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	\$880	\$597							\$597
Non-Per Diem			\$375		\$400				\$775
Total (Not to Exceed Amount):									\$1,372

Funding

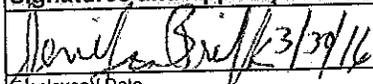
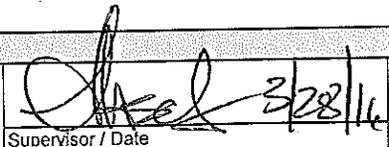
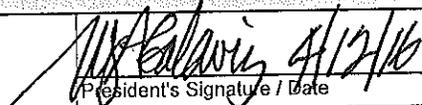
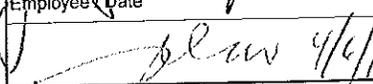
Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	6	01	651	5205	1	601100	3102	00	
Non-Local	6	01	651	5202	1	601100	3102	00	
Local				5203					
Membership				5301					

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			

Signatures and Approvals

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



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

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APR 08 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
Dwayne Cain	Head Custodian	Business Services	BCC	510-981-2967

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

Cleaning Management Institute: Supervisor & Management Boot Camp

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Columbus	Ohio		6/7/2016	6/9/2016		6/6/2016	6/9/2016

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)
	\$109	\$59	\$168	3	\$504

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	\$504	\$504							\$504
Non- Per Diem			\$999	\$45	\$420	\$16	\$60		\$1,540
Total (Not to Exceed Amount):									\$2,044

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	8	01	831	5205	1	672000	0000	00	[Signature] 4/5/16 [Signature] 4/5/16
	Non-Local	8	01	831	5202	1	672000	000	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	ISSA c/o CMI 3300 Dundee Road, Northbrook, IL 60062	2000101881	999.00
Employee	Dwayne Cain	2000101884	1,045.00

Signatures and Approvals

[Signature] 4/5/2016 Employee / Date	[Signature] 4/6/16 Supervisor / Date	[Signature] 4-7-16 President's Signature / Date
[Signature] 4/5/16 Business Officer / Date	[Signature] 4/11/16 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

PLOT 4/26/16

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

APR 5 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
Cynthia Correia	Dept Chair	Carpentry	G160	510 301-6010

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

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Greenville	SC	5/2/16	5/2/16	5/4/16	5/2/16	5/4/16	

Purpose: Demonstration of Sim PLY CNC Tiny house advanced manufacturing techniques and consultation

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)
	\$89	\$50	\$139	3	\$417

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		417							417
Non-Per Diem				\$18	\$404	\$50	\$99	\$20	\$591
Total (Not to Exceed Amount):									1008

Funding									
Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	free			5205					
Non-Local	5	12	552	5202	1	095216	2550	03	
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	Cynthia Correia	2-101813	\$1008 ⁰⁰

Signatures and Approvals			
Cynthia Correia Employee / Date 3/30/16	Pete [Signature] Supervisor / Date 3/31/16	[Signature] President's Signature / Date 4-4-16	
[Signature] Business Officer / Date 4/1/16	[Signature] Chancellor / Date	Out of State Travel: Board of Trustees Approval Date	

11/16

VPI Cathy on behalf of Preside Stanley



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

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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
Marisha Farnsworth	Lecturer/Adjunct	Carpentry	G160	510.495.5790

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

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Greenville	SC		5/2/16	5/4/16		5/2/16	5/4/16

Purpose: Demonstration of Sim PLY CNC Tiny house advanced manufacturing techniques and consultation

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	\$50	\$50	3	\$150

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	\$150	\$150							\$150
Non-Per Diem				\$0	\$404	\$0	\$0	\$0	\$404
Total (Not to Exceed Amount):									\$554

Lodging

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	free			5205					
Non-Local	5	12	552	6202	1	095210	2550	03	
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	Requestion Number	Amount
Registration			
Employee	Marisha Farnsworth		

Signatures and Approvals

Employee / Date <i>Marisha Farnsworth</i> 03/29/16	Supervisor / Date <i>McCrawford for JC</i> 4/18/16	President's Signature / Date <i>[Signature]</i> 4/16/16
Business Officer / Date <i>[Signature]</i> 4/18/16	Finance / Date <i>[Signature]</i> 4/18/16	Out of State Travel: Board of Trustees Approval Date

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

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
Elena Givental	Adjunct Faculty	Science	Berkely City College	(510) 697-0043
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
International Geographical Congress				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
Beijing	China		8/21/2016	8/25/2016
			Travel Dates (See instructions tab)	Depart
				8/17/2016
				Return
				8/25/2016

Purpose: presenting a paper at the congress

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)
	\$258	\$119	\$377	5	\$1,885

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	\$1,885	\$600							\$600
Non- Per Diem			\$400						\$400
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	
	Non-Local	8	01	851	5202	1	601100	3102	02	
	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 3/28/16	Supervisor / Date 3/30/16	President's Signature / Date 3-30-16
		Out of State Travel: Board of Trustees Approval Date
Business Officer / Date 4/4/16	Chancellor / Date	

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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
Alexander Lee	Counselor	Counseling Dept	Laney, T301	510-464-3197

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

The National Career Development Association

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Chicago	IL		6/29/2016	7/3/2016		6/29/2016	7/3/2016

Purpose: Attend a professional development conference focused on career counseling models, job development, and best practices related to students in higher education.

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)
	\$200 ✓	\$74 ✓	\$274	5	\$1,370

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	\$1,370	\$1,370							\$1,370
Non- Per Diem			\$315 ✓	\$112 ✓	\$500 ✓	\$0	\$100 ✓	\$0	\$1,027
Total (Not to Exceed Amount):									\$2,397

Funding

Source	Professional Development 1,000								
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

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Category	Payee on Check	Requisition Number	Amount
Registration		2-101583	315.00
Employee		2-101584	685.00

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
<i>[Signature]</i> 3/10/16	<i>[Signature]</i> 3-28-16	<i>[Signature]</i> 4-1-16
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date
<i>[Signature]</i> 3/24/16	<i>[Signature]</i> 04-06-16	

18/16

on behalf of President [Signature]



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



Per 4/26/16
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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
Cynthia Taing	Counselor	Counseling	Laney College	510.464.3111

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
National Career Development Association

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Chicago	IL		6/29/2016	7/3/2016		6/29/2016	7/3/2016

Purpose: To learn best practices, along with new and innovative practices that facilitate partnerships and collaboration—all for the purpose of inspiring students in their college and career success.

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)
	\$200	\$74	\$274	5	\$1,370

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	\$1,370	\$1,370							\$1,370
Non- Per Diem			\$315	\$112	\$500	\$0	\$100	\$0	\$1,027
Total (Not to Exceed Amount):									\$2,397

Funding

Source	Professional Development 1,000								
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		2-101585	\$315.00
Employee		2-101588	\$685

Signatures and Approvals

<i>Cynthia Taing</i> 3/7/16 Employee / Date	<i>Sha... 3-25-16</i> Supervisor / Date	<i>... 4-1-16</i> President's Signature / Date
<i>...</i> 3/29/16 Business Officer / Date	<i>...</i> 06-08-16 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

27 3/16