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MAY 03 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
Peter Olds	Chem/Geo Instructor	Physical Sciences	College of Alameda	510 283-8256

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

Southern Colorado KT Boundary field work with COA students and Norm Sleep

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Trinidad	CO		6/1/2016	6/6/2016		6/1/2016	6/6/2016

Purpose: Expose students to geology of the Rocky Mountains and history of local coal mining. Study and collect Raton Basni KT boundary impact layer claystone. Search for and document association of barite with opening mode cracks.

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)
		63	$0	6	$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	63	63							63 ~~$0~~
Non- Per Diem						~~$63~~	$937	6/937 ~~$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				5205					
Non-Local	2	71	244	5202	1	696600	6000	00	CP 5.2.16
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
	5.2.16	5/3/16
Business Officer / Date	Chancellor	Out of State Travel: Board of Trustees Approval Date
5/2/16		