

Bot 06/14/16

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MAY 23 2016



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

JUN 07 2016

TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor
Peralta Community College District
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
Larry Chang	BEST Ctr proj. mgr.	L305/ CTE Division	Laney College	510-464-3240

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

BEST Center Building Automation V Workshop

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

Purpose: Workshop support and logistics

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	\$138	\$69	\$207	5	\$1,035

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	\$1,035	\$1,035							\$1,035
Non- Per Diem			\$0	\$111	\$800	\$26	\$150	\$60	\$1,147
Total (Not to Exceed Amount):									\$2,182

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	11	552	5202	1	6727001931		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	Larry Chang	2-103748	\$2182

Signatures and Approvals

 Employee / Date 5/17/16	 Supervisor / Date 5/19/16	 President's Signature / Date 6/3/16
 Business Officer / Date 5/20/16	 Chancellor / Date 6/7/16	Out of State Travel: Board of Trustees Approval Date

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TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor
Peralta Community College District
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 Crabtree	Dean/PI	CTE	Laney	510 464-3218

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
BEST Center Building Automation Systems V: Lab Setup & Exercises

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Atlanta/Clarkston	GA		6/7/2016	6/11/2016		6/7/2016	6/12/2016

Purpose: BEST Center PI national workshops.

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	\$69	\$178	5	\$890

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		\$890							\$890
Non-Per Diem				\$107	\$741		\$406	\$150	\$1,403
Total (Not to Exceed Amount):									\$2,293

Funding

Source	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		2-103751	\$2293

Signatures and Approvals

<i>Peter Crabtree</i> 5/19/16 Employee / Date	<i>Lisa E</i> 5/23/16 Supervisor / Date	<i>Patricia Sturley</i> 6/3/16 President's Signature / Date
<i>[Signature]</i> 5/26/16 Business Officer / Date	<i>[Signature]</i> Chairperson / 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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TRAVEL REQUEST AND EXPENSE CLAIM

Office of the Chancellor
Peralta Community College District
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
James Espinas	Coordinator	BEST Center	Laney College	415-254-0704

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
BEST Center Building Automation Systems Workshop V in Georgia Piedmont Technical College

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Clarkston	GA		6/7/16	6/11/16		6/7/16	6/11/16

Purpose: To support in the execution and documentation of the BEST Center workshop that is a main offering to our member colleges.

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	\$69	\$207	5	\$1,035

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	\$1,035	\$1,035							\$1,035
Non-Per Diem			\$0	\$150	\$500/	\$0	\$150	\$0	\$800
Total (Not to Exceed Amount):									\$1,835

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 James Espinas	2-103749	\$1,835

Signatures and Approvals

Employee / Date <i>James Espinas</i> 5/16/16	Supervisor / Date <i>Peter...</i> 5/19/16	President's Signature / Date <i>...</i> 6/3/16
Business Officer / Date <i>...</i> 5/20/16	Chairman / Date <i>...</i>	Out of State Travel: Board of Trustees Approval Date



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

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MAY 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. Peralta Community College District

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Maria Guzman	Adjunct Instructor	Art	CoA	510 393 3590

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

Brooklyn Museum - Agitprop Exhibition

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Brooklyn Museum - Agit	NY		5/31/2016	6/5/2016		5/31/2016	6/5/2016

Purpose: To view art works that relate to Arts History course design which will inform future multimedia resources for 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		
	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	\$150	\$75	\$225	6	\$1,350

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	\$1,350	\$1,350							\$1,350
Non- Per Diem				\$100					\$100
Total (Not to Exceed Amount):									\$1,450

SD app \$6 ON

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		2	01	251	5202	1	675000	3102	00	M Guzman 5/13/16
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

<i>m. Guzman</i>	<i>m Guzman 5/15/16</i>	<i>[Signature] 5/16/16</i>
Employee / Date	Supervisor / Date	President's Signature / Date
<i>[Signature] 5/16/16</i>	<i>[Signature] 5-12-16</i>	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	



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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
Jeff Haagenon	Teacher	Kin/PE	Laney	925-325-4022

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

2016 Greenwich Football Clinic

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Greenwich	Ct		3/11/2016	3/13/2016		3/10/2016	3/13/2016

Purpose: Attend football clinics to improve my knowledge base.

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)
	\$157	\$60	\$217	3	\$651

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	\$651								\$0
Non- Per Diem			\$119	\$80	\$800		\$100		\$1,099
Total (Not to Exceed Amount):									\$1,099

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		
Non-Local	5	01	551	5202	1	601100	3102		
Local				5203					
Membership				5301					

Advance Payment Request

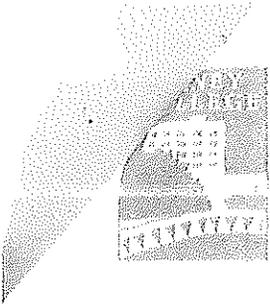
- Must be submitted with designated approvals 15 working days prior to event.
- Advance payments are limited to registration plus 80% of the employee's remaining expenses.

Category	Payee on Check	Requisition Number	Amount
Registration			
Employee		2-101747	\$1000

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
<i>[Signature]</i> 2/21/16	<i>[Signature]</i> 5-2-16	<i>[Signature]</i>
Business Officer / Date	Chairman / Date	Out of State Travel: Board of Trustees Approval Date
<i>[Signature]</i> 5/31/16	<i>[Signature]</i> 5/6/16	

EGH 5/21/16



Laney College

900 Fallon Street · Oakland, California 94607 · (510) 834-5740

March 16, 2016

Dear Administrators,

The Professional Development committee at Laney College approved Jeffrey Haagenson's funding request to attend the Greenwich Football Clinic on Feb. 24th, despite the fact that Mr. Haagenson's request was not accompanied by a registration invoice or receipt. -The instructor has now delivered this documentation.

Please do not hesitate to contact me should you require further information. Thank you.

Peace,

Chris Weidenbach
Chair, Professional Development Committee
Laney College
cweidenbach@peralta.edu

Cc: Laney College President, Patricia Stanley
Peralta Colleges Chancellor Jowell LaGuere.



Peralta Community College District

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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
Petural Shelton	Project Director	Deputy Sector Navigator, GT&L	College of Alameda	925 575-0484

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

InFoComm 2016 Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		6/7/2016	6/10/2016		6/7/2016	6/10/2016

Purpose: Development of AV Technologist Certification - aligned with COA for IT/Robotics for Transportation, Distribution, Logistics 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		
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)
	\$175	\$100	\$275	4	\$1,100

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	\$1,060	\$750							\$750
Non- Per Diem				\$60			\$100	\$100	\$260
Total (Not to Exceed Amount):									\$1,010

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		2	11	255	5202	1	672700	1071	02	5/24/16
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

5-23-16 Employee / Date	5-24-16 Supervisor / Date	5/24/16 President's Signature / Date
5/24/16 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

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
Elñora Webb	Executive Vice Chancellor	Academic Affairs	District Office	510 466-7876

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

National Council on Crime & Delinquency							
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Madison	WI		6/13/2016	6/15/2016		6/13/2016	6/15/2016

Purpose: Dr. Webb serves on the Executive Board of the National Council on Crime and Delinquency (NCCD). Since 1907, NCCD has applied research to policy and practice in criminal justice, juvenile justice, and child welfare to ensure sound approaches to

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)	
		\$75	\$75	3	\$225	

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	\$225	\$225							\$225
Non- Per Diem					\$777	\$11			\$788
Total (Not to Exceed Amount):									\$1,013

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	121	5205	660300	1	0000	00	
	Non-Local	1	01	121	5202	660300	1	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	Dr. Elñora T. Webb	2000103806	810.40

Signatures and Approvals

Employee / Date <i>[Signature]</i> 5/25/16	Supervisor / Date <i>[Signature]</i> 6-07-16	President's Signature / Date <i>[Signature]</i>
Business Officer / Date <i>[Signature]</i> (see attached)	Chancellor / Date <i>[Signature]</i> 06-07-16	Out of State Travel: Board of Trustees Approval Date