

06/04/16



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 <i>Scott Albright</i>	Job Title <i>Dept Chair</i>	Office / Department <i>DMECH/DIVE</i>	Location <i>COA</i>	Day Phone Number <i>570 427 3876</i>
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)

Case Construction Training

City <i>Reno</i>	State <i>NV</i>	Conference (Working) Dates (Used to compute per diem days)	Opening <i>7/31/2016</i>	Closing <i>8/2/2016</i>	Travel Dates (See instructions tab)	Depart <i>7/31/2016</i>	Return <i>8/2/2016</i>
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Purpose: **To attend mandatory training related to developing curriculum for the Case Construction Degree**

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)
	\$100	\$51	\$151	3	\$453

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		\$453							\$453
Non- Per Diem				\$36		\$236		\$5	\$277
Total (Not to Exceed Amount):									\$730

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	2	01	251	5202	1	601100	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

<i>H.S. Albright</i> Employee / Date <i>6/3/16</i>	<i>[Signature]</i> Supervisor / Date <i>5-31-16</i>	<i>[Signature]</i> President's Signature / Date <i>6/3/16</i>
<i>[Signature]</i> Business Officer / Date <i>6/2/16</i>	<i>[Signature]</i> Chancellor / Date <i>6/3/16</i>	Out of State Travel: Board of Trustees Approval Date

* prepaid exp.



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
Drew Gephart	Int. Services Manager	International Education	District	510-587-7834

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

EducationUSA Forum 2016

City	State	Conference (Working) Dates <i>(Used to compute per diem days)</i>	Opening	Closing	Travel Dates <i>(See instructions tab)</i>	Depart	Return
Washington	DC		8/1/2016	8/5/2016		8/1/2016	8/5/2016

Purpose: Meeting with EducationUSA advisors for international student recruitment, enrollment, and support services

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 \$ <i>(Per Day)</i>	Per Diem Days	\$ Each Day X Per Diem Days <i>(Maximum Permitted)</i>
	\$209	\$100	\$309	5	\$1,545

Section C. Total Requested Expenditures for Conference

Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel <i>(Air/Train)</i>	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem	\$1,545	\$1,545							\$1,545
Non- Per Diem			\$625	\$150	\$579	\$26	\$421 \$700	\$200	2007 \$2,280
Total (Not to Exceed Amount):									3552 \$3,825

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	
	Non-Local	1	01	125	5202	1	649400	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	Institute of International Education		625.00
Employee	Drew Gephart		\$ 2,341.60 2,560.00

Signatures and Approvals

5/9/16	Employee / Date	05/16/16	Supervisor / Date	5-18-16	President's Signature / Date
5/27/16	Business Officer / Date	06-08-16	Chancellor / Date		

Board of Trustees Approval Date

Finance 5/18/16

Bot 06/14/16



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 <i>Scott Albright</i>	Job Title <i>Dept Chair</i>	Office / Department <i>Dm Ech / DIV I</i>	Location <i>CDA</i>	Day Phone Number <i>510-427-3876</i>
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)

Case Construction Training

City <i>Reno</i>	State <i>NV</i>	Conference (Working) Dates (Used to compute per diem days) <i>8/7/2016</i>	Opening <i>8/7/2016</i>	Closing <i>8/9/2016</i>	Travel Dates (See instructions tab)	Depart <i>8/7/2016</i>	Return <i>8/9/2016</i>
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Purpose: To attend mandatory training related to developing curriculum for the Case Construction Degree

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	\$100	\$51	\$151	3	\$453

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		\$453						\$453
Non- Per Diem				\$36	\$236		\$5	\$277
Total (Not to Exceed Amount):								\$730

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	2	01	251	5202	1	601100	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

<i>H. S. Albright</i> Employee / Date <i>6/2/16</i>	<i>[Signature]</i> Supervisor / Date <i>5-31-16</i>	<i>[Signature]</i> President's Signature / Date <i>6/3/16</i>
<i>[Signature]</i> Business Officer / Date <i>6/2/16</i>	<i>[Signature]</i> Chancellor / Date <i>6/3/16</i>	Out of State Travel: Board of Trustees Approval Date

Prepaid Expense 6/14/16



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

MAY 31 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
Matthew Jones	Int'l Stud. Supp. Spec.	International Education	District	510-466-7381

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

NAFSA Management Development Program

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Portland	OR		7/24/2016	7/27/2016		7/24/2016	7/27/2016

Purpose: Intensive NAFSA training to increase knowledge and resources to better serve international 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		
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)
	\$104	\$100	\$204	4	\$816

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	\$816	\$816							\$816
Non- Per Diem			\$789	\$100	\$310	\$0	\$100		\$1,299
Total (Not to Exceed Amount):									\$2,115

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		1	01	125	5202	1	649400	0000	00	
Local		1	01	125	5203	1	649400	0000	00	
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	Matthew Jones		✓ 789.00
Employee	Matthew Jones		1,060.80

Signatures and Approvals

Employee / Date 5/17/16	Supervisor / Date 05/17/16	VCAA President's Signature / Date 5/25/16
Business Officer / Date 5/27/16	Chancellor / Date 05-31-16	Out of State Travel: Board of Trustees Approval Date

Finance 6/25/16

6/14/16



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
Yazid Kahil	DMECH Instr. Assistant	DMECH	Building E	5105203051

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

Case Construction Training

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Reno	NV		8/7/2016	8/9/2016		8/7/2016	8/9/2016

Purpose: To attend mandatory training related to developing curriculum for the Case Construction Degree

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)
	\$100	\$51	\$151	3	\$453

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		\$453							\$453
Non- Per Diem				\$36		\$236		\$5	\$277
Total (Not to Exceed Amount):									\$730

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	601100	0000	00	<i>K. Jean</i> UNIVERSITY OF CALIFORNIA
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>[Signature]</i> 5/26/16	<i>[Signature]</i> 5-26-16	<i>[Signature]</i> 6/3/16
Employee / Date	Supervisor / Date	President's Signature / Date
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

6/14/16



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
Yazid Kahil	DMECH Inst. Assistant	DMECH	Build. E	5105203051

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

Case Construction Training

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Reno	NV		7/31/2016	8/2/2016		7/31/2016	8/2/2016

Purpose: To attend mandatory training related to developing curriculum for the Case Construction Degree

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)
	\$100	\$51	\$151
			Per Diem Days: 3
			\$ Each Day X Per Diem Days (Maximum Permitted): \$453

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		\$453							\$453
Non- Per Diem				\$36		\$236		\$5	\$277
Total (Not to Exceed Amount):									\$730

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	601100	0000	00	<i>[Signature]</i> K. Jean on 6/14/16
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>[Signature]</i> 5/26/16 Employee / Date	<i>[Signature]</i> 5-26-16 Supervisor / Date	<i>[Signature]</i> 6/3/16 President's Signature / Date
<i>[Signature]</i> 6/3/16 Business Officer / Date	<i>[Signature]</i> 6/3/16 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date



Peralta Community College District

333 East 8th St., Oakland, CA 94606

MAY 10 2016
Office of the Controller
Peralta Community College District

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
Amany Masry	Curriculum and Tech An	Academic Affairs	District	466-7301

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

2016 CollegeNET User Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Portland	OR		7/17/2016	7/21/2016		7/17/2016	7/21/2016

Purpose:

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)
	\$179	\$100	\$279	4	\$1,116

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	\$1,116	\$1,116							\$1,116
Non- Per Diem			\$450	\$104	\$245	\$8	\$24		\$831
Total (Not to Exceed Amount):									\$1,947

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	121	5205	1	660300	0000	00	
	Non-Local	1	01	121	5202	1	660300	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	CollegeNet User		450.00
Employee	Amany Elmasry		1,198.00

Signatures and Approvals

 Employee / Date 5-5-16	 Supervisor / Date 5.5.16	 President's Signature / Date
 Business Officer / Date 5/19/16	 Chancellor / Date 05-12-16	Out of State Travel: Board of Trustees Approval Date

Finance 5/19/16



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
Arthur Morgan	Adjunct Instructor		College of Alameda	510 717-1444

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

MHI 2016 CTE Educators Summit

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Lehigh Valley	PA		7/9/2016	7/16/2016		7/9/2016	7/16/2016

Purpose: Professional Development in line with Career Pathways within the Transportation 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	\$175	\$100	\$275	8	\$2,200

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	\$2,120	\$1,025							\$1,025
Non- Per Diem				\$60	\$1,000				\$1,060
Total (Not to Exceed Amount):									\$2,085

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	alg 5/24/16
Local					5203					
Membership					5301					

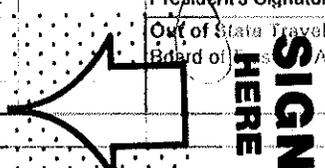
Advance Payment Request

- 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

 Employee / Date 5-23-16	 Supervisor / Date 5-24-16	 President's Signature / Date 5/24/16
 Business Officer / Date 5/24/16	 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.)

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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Blair Norton	DMECH Inst. Assistant	DMECH	Bldg. E	7076550661

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

Case Construction Training

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Reno	NV		7/31/2016	8/2/2016		7/31/2016	8/2/2016

Purpose: To attend mandatory training related to developing curriculum for the Case Construction Degree

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)
	\$100	\$51	\$151	3	\$453

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		\$453							\$453
Non- Per Diem				\$36		\$236		\$5	\$277
Total (Not to Exceed Amount):									\$730

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	I	601100	0000	(0)	<i>[Signature]</i> 8/2/16
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

<i>[Signature]</i> 5/1	<i>[Signature]</i> 5-26-16	<i>[Signature]</i> 6/3/16
Employee / Date	Supervisor / Date	President's Signature / Date
<i>[Signature]</i> 7/18/16 6/3/16	<i>[Signature]</i> 6/3/16	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / 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
Blair Norton	DMECH Instr. Assistant	DMECH	Building F.	7076550661

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

Case Construction Training

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Reno	NV		8/7/2016	8/9/2016		8/7/2016	8/9/2016

Purpose: To attend mandatory training related to developing curriculum for the Case Construction Degree

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)

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)
	\$100	\$51	\$151	3	\$453

Section B. Total \$ Each Day X Per Diem Days

Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel (Air/Train)	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem		\$453							\$453
Non- Per Diem				\$36		\$236		\$5	\$277
Total (Not to Exceed Amount):									\$730

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	601100	0000	00	<i>[Signature]</i> 8/26/16
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>[Signature]</i> 8/26/16 Employee / Date	<i>[Signature]</i> 8/26/16 Supervisor / Date	<i>[Signature]</i> 8/26/16 President's Signature / Date
<i>[Signature]</i> 8/26/16 Business Officer / Date	<i>[Signature]</i> 8/26/16 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

MAY 23 2016

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Merritt College

Parale 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
David Ralston	Faculty	Environmental Program	Merritt College	510-452-1211

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
2016 Fabos Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Budapest	Hungary		6/30/2016	7/3/2016		6/30/2016	7/3/2016

Purpose: To promote an opportunity to do outreach to International 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		
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	\$0	\$0	4	\$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	\$0	\$100							\$100
Non- Per Diem			\$200		\$700				\$900
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	6	01	651	5205	1	601100	3102	00	RP [Signature]
	Non-Local	6	01	651	5202	1	601100	3102	00	RP [Signature]
	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 DAVID RALSTON 5/24/16	Supervisor / Date 5/21/16	President's Signature / Date 5/21/16
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
Petural Shelton	Deputy Sector Navigator	Atlas	College of Alameda	925 575-0484

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

MHI 2016 CTE Educators Summit

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Lehigh Valley	PA		7/9/2016	7/16/2016		7/9/2016	7/16/2016

Purpose: Development of Career Pathways within the Transportation Industry K-14 in alignment with work plan for 2016-2017

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	8	\$2,200

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	\$2,120	\$1,025							\$1,025
Non- Per Diem				\$60	\$1,000		\$600		\$1,660
Total (Not to Exceed Amount):									\$2,685

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					

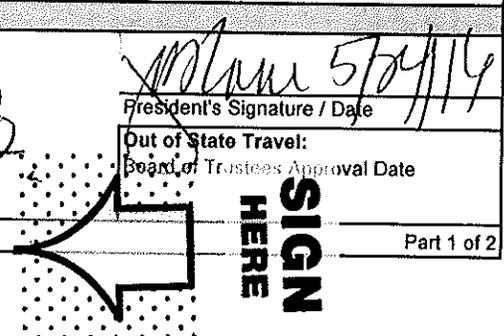
Advance Payment Request

- 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 Office / Date	/ Date	Out of State Travel: Board of Trustees Approval Date





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

URGENT

RECEIVED
MAY 17 2016

MAY 14 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
Shawn Taylor	Director	Gateway to College	Laney College A-203	510-464-3592
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
Gateway to College Peer Learning Conference				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
Minneapolis	MN	6/26/2016 - 6/29/2016	6/26/2016	6/29/2016
			Travel Dates (See instructions tab)	Depart
			6/26/2016	6/29/2016
Return				
6/29/2016				

Purpose: To attend the Annual Gateway to College Peer Learning Conference - I Will Be Presenting

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	\$139	\$64	\$203
			Per Diem Days: 4
			\$ Each Day X Per Diem Days (Maximum Permitted): \$812

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	\$812	\$812							\$812
Non- Per Diem			\$200 ✓	\$56 ✓	\$726 ✓		\$60 ✓		\$1,042
Total (Not to Exceed Amount):									\$1,854

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	11	543	5205	1	672700	0711	00	AC Shuler MT Shuler
	Non-Local	5	11	543	5202	1	672700	0711	00	
	Local				5203	1				
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 Gateway to College		2-103281	200.00
Employee Shawn Taylor		2-103283	1,654.00

Signatures and Approvals

Employee / Date Shawn Taylor 5/9/2016	Supervisor / Date AC Shuler	President's Signature / Date Patricia Shuler 5/11/16
Business Officer / Date [Signature] 5/11/16	Chancellor / Date [Signature] 5-23-16	Out of State Travel: Board of Trustees Approval Date