

1/12/16
 (P) prepaid expense

731036

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

JUN 28 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
Rebecca Lacocque	Director, East Bay Career P	Educational Services	PCCD	510-466-7324

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
 Study visit (meeting) to Education Alliance of Washoe County

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

Purpose: East Bay Career Pathways (CCPT) Study Visit

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	\$46	\$46	1	\$46

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		46 (P)							46 (P) \$0
Non- Per Diem			\$0	\$0	\$104	\$0	\$0	\$0	\$104
Total (Not to Exceed Amount):									150 \$105 (P)

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	1	11	121	5202	1	660300	1075	00	(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

Rebecca Lacocque 6/21/16 Employee / Date	(Signature) 6-21-16 Supervisor / Date	President's Signature / Date
(Signature) 6/22/16 Business Officer / Date	(Signature) for DC Clerical / Date	Out of State Travel: Board of Trustees Approval Date

Finance 6/23/16

7/12/16

JUN 23 2016



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
Robert Alexander	Adjunct Counselor	General Counseling	CoA	510 748-2209
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
Study in Ghana, Africa (see attachment)				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
Ghana	Africa		7/27/2016	8/12/2016
			Travel Dates (See instructions tab)	Depart
				7/27/2016
				Return
				8/12/2016

Purpose: my purpose for the trip is to connect our students background to ancestry, history and culture to better serve 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)
	\$142	\$75	\$217	17	\$3,689

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	\$3,689	\$3,689							\$3,689
Non- Per Diem				\$200	\$600				\$800
Total (Not to Exceed Amount):									\$4,489

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	S. Smith
Local					5203					
Membership					5301					

Approved by CDC \$600 only

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		
Robert Alexander 5/17/16 Employee / Date	Sherron Smith 6/20/16 Supervisor / Date	[Signature] President's Signature / Date
[Signature] 6/21/16 Business Officer / Date	Y Crawford for JC Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

7/12/16

JUN 15 2016



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
MaryBeth Benvenuti	Director Finance & Admin	Business Office	COA	748-2211

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
2016 Annual Community College Business Officers Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Orlando	FL		9/23/2016	9/27/2016		9/23/2016	9/28/2016

Purpose: Best practices in educational business & administration innovation.

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	\$189	\$100	\$289	5	\$1,445

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	\$289	\$1,445							\$1,445
Non- Per Diem			\$900	\$300	\$500	\$0	\$100	\$75	\$1,875
Total (Not to Exceed Amount):									\$3,320

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	2	01	231	5205	1	672000	0000	00	mbb
Non-Local	2	01	231	5202	1	672000	0000	00	mbb
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 <i>M. Benvenuti</i> 6/13/16	Supervisor / Date <i>[Signature]</i> 6/13/16	President's Signature / Date <i>[Signature]</i> 6/15/16
Business Officer / Date <i>[Signature]</i> 6/13/16	Chancellor / Date <i>[Signature]</i> 6/13/16	Out of State Travel: Board of Trustees Approval Date

7/12/16

JUN 29 2016



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 Vikki Chavez #72-4528	Job Title Instructor	Office / Department Cosmotology	Location Laney College	Day Phone Number 1-925-323-8408
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Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
CEA Career Educators Alliance

City Las Vegas	State NV	Conference (Working) Dates (Used to compute per diem days) 7/30/2016 - 8/2/2016	Opening 7/30/2016	Closing 8/2/2016	Travel Dates (See instructions tab)	Depart 7/30/2016	Return 8/2/2016
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Purpose: Professional Development for Cosmotology Tech

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)
	\$120	\$64	\$184	4	\$736

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	\$736	\$736							\$736
Non- Per Diem			\$300 250	\$141	\$300 227.45		\$45		\$786
Total (Not to Exceed Amount):									\$1,522

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	01	551	5205	1	601100	3102	00	\$250
Non-Local	5	01	551	5202	1	601100	3102	00	\$750
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 Vikki Chavez 5/9/2016	Supervisor / Date [Signature] 6/22/16	President's Signature / Date [Signature] 6/24/16
Business Officer / Date [Signature] 6/16/16	Charcellor / Date [Signature] 6/22/16	Out of State Travel: Board of Trustees Approval Date

RF
6/15/16

7/12/16



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

JUN 28 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
Yashica Crawford	Chief of Staff	Chancellor's office	PCCD	510-466-7202

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
Study Visit (meeting) to Education Alliance of Washoe County

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

Purpose: East Bay Career Pathways (CCPT) Study Visit

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	\$46	\$46	1	\$46	

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	\$46	\$46							\$46
Non- Per Diem			\$0	\$0	\$134		\$0	\$0	\$134
Total (Not to Exceed Amount):									\$180

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration			01	112	5205		660200	0000	00	Credit card
Non-Local			11	121	5202		660300	1075	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	US BANK CAL CARD FOR AIR TRAVEL		133.98

Signatures and Approvals

Y Crawford 6/27/16 Employee / Date		
[Signature] 6/28/16 Business Officer / Date	[Signature] 6/22/16 Chancellor / Date	President's Signature / Date
		Out of State Travel: Board of Trustees Approval Date

7/12/16



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

JUN 23 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.

VP 7319916

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Kimberly R. King	Instructor	Psychology/Social Sciences	Laney T-611	213-910-1991

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
American Association of University Professors Annual Conference on the State of Higher Education and Annual Meeting

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Washington, DC		6/16/2016	6/19/2016	6/19/2016	6/16/2016	6/20/2016	

Purpose: I am presenting a professional/scholarly paper at the conference.

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	\$226	\$74	\$300

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
										\$280
Per Diem	\$300	\$280 X 4 days								\$975
Non-Per Diem			\$375			\$600				\$1,255
Total (Not to Exceed Amount):										\$1,255

Funding

Source	Professional Development for Faculty								Cost Center Manager Approval / Date
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	
Registration	5	01	551	5205	1	601100	3102	00	\$375
Non-Local	5	01	551	5202	1	601100	3102	00	\$625
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	No Advance		

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
Kimberly R. King 5/18/16	[Signature] 6-16-16	[Signature] 6/22/16
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date
[Signature] 6/13/16	[Signature] 6/22/16	

AP 6/13

7/12/16

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
Rebecca Lacocque	Director, EastBay Career P	Educational Services	PCCD	510-466-7324
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
Pathways to Prosperity Institute				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
New Orleans	LA		6/27/16	6/27/16
			Travel Dates (See instructions tab)	Depart
				6/26/16
				Return
				6/28/16
Purpose:	CDE invited East Bay Career Pathways to showcase its work at this national conference			

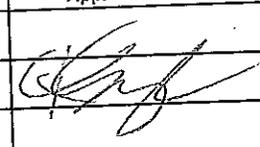
Estimated Expenses

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	\$0	\$46	1	\$46

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		46-							46
Non-Per Diem			\$0	\$0	\$634	\$0	\$0	\$80	\$714
Total (Not to Exceed Amount):									\$760

Funding

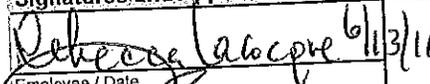
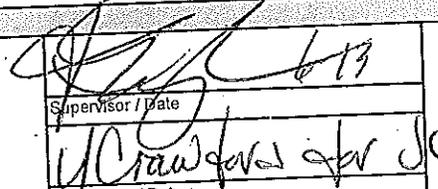
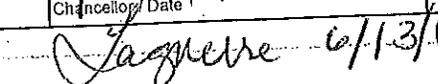
Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	1	11	121	5202	1	660300	1075	00	
Local				5203					
Membership				5301					

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	Rebecca Lacocque	2000104169	\$608-

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
 6/13/16	 6/13	
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date
 6/22/16	 6/13/16	

Finance 6/21/16

7/12/16



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
Jowel Laguerre	Chancellor	Chancellor's office	PCCD	510-466-7202

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

Study Visit (meeting) to Education Alliance of Washoe County

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

Purpose: East Bay Career Pathways (CCPT) Study Visit

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.
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 • 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	\$46	\$46	1	\$46

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	\$46	\$46							\$46
Non-Per Diem			\$0	\$0	\$0	\$230	\$0	\$0	\$230
Total (Not to Exceed Amount):									\$276

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	01	112	5205	1	660200	8000	00	
Non-Local		X	X	121	5202	X	660300	1075	00	Credit card
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 7/12/16	Supervisor / Date Chancellor / Date	President's Signature / Date
Business Officer / Date	Chancellor / Date Laguerre 6/29/16	Out of State Travel: Board of Trustees Approval Date