

9/13/16



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

AUG 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
Sean Brooke	Director	International Education	District	510-466-7295

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

Southeast Asia Recruitment

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Bangkok	Thailand		10/13/2016	10/18/2016		10/13/2016	10/18/2016

Purpose: Recruit international students from Thailand

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)
	\$146	\$100	\$246	6	\$1,330

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	\$1,330	\$1,330							\$1,330
Non- Per Diem			\$3,000	\$150	\$1,505	\$26	\$250		\$4,931
Total (Not to Exceed Amount):									\$6,261

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		I	01	125	5205	I	649400	0000	00	
Non-Local		I	01	125	5202	I	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	California ETEC	2000105749	3,000.00
Employee	Sean Brooke		2,608.80

Signatures and Approvals

Employee / Date 08/24/16	Supervisor / Date 8/31/16	President's Signature / Date VC 4A
Business Officer / Date 8/31/16	Chancellor / Date 8/31/16	Out of State Travel: Board of Trustees Approval Date



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

9/13/16

AUG 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
Sean Brooke	Director	International Education	District	510-466-7295

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

Southeast Asia Recruitment

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Rangoon	Myanmar		10/18/2016	10/20/2016		10/18/2016	10/20/2016

Purpose: Recruit international students from Myanmar

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)
	\$234	\$100	\$334	3	\$768

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	\$768	\$768							\$768
Non- Per Diem				\$150	\$230		\$100		\$480
Total (Not to Exceed Amount):									\$1,248

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					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	Sean Brooke		998.40

Signatures and Approvals

Employee / Date 08/24/16	Supervisor / Date JC Crawford JC Lawrence 8/31/16	President's Signature / Date JC Crawford
Business Officer / Date 8/31/16	Chancellor / Date 8/31/16	Out of State Travel: Board of Trustees Approval Date

9/13/16



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

AUG 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
Sean Brooke	Director	International Education	District	510-466-7295

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

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Ho Chi Minh	Vietnam		10/20/2016	10/26/2016		10/20/2016	10/26/2016

Purpose: Recruit international students from Vietnam

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)
	\$220	\$100	\$320	7	\$2,020

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	\$2,020	\$2,020							\$2,020
Non- Per Diem			\$1,500	\$150	\$441		\$200		\$2,291
Total (Not to Exceed Amount):									\$4,311

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	California ETEC	2000105750	1,500.00
Employee	Sean Brooke		998.40

Signatures and Approvals

 Employee / Date 8/24/16	 Supervisor / Date 8/31/16	 President's Signature / Date VC AH
Business Officer / Date 	Chancellor / Date 	Out of State Travel: Board of Trustees Approval Date

9/13/16



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

JUL 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.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Amy Casselman	PT Adjunct Instructor	ETHST/NATAM	Laney	415-717-5950 (cell)

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

City	State	Conference (Working) Dates	Opening	Closing	Travel Dates	Depart	Return
Villanova	PA	(Used to compute per diem days)	6/2/16	6/5/16	(See instructions tab)	6/1/16	6/5/16

Purpose: Attend the 2016 Cultural Studies Association Annual Conference for professional development, staying current in the field, networking, and presenting research.

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)
	\$222	\$25	\$247	4	\$986

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	\$986	\$349							\$349
Non-Per Diem			\$90	\$0	\$561	\$0	\$0	\$0	\$651
Total (Not to Exceed Amount):									\$1,000

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	\$90
Non-Local	5	01	551	5202	1	601100	3102	00	\$90
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	Cultural Studies Association - Paid by Amy	2-104752	90
Employee	Amy Casselman	late for advance 2-104752	900

Signatures and Approvals

Employee / Date Amy Casselman 7/15/16	Supervisor / Date <i>[Signature]</i> 7/15/16	President's Signature / Date <i>[Signature]</i> 7/13/16
Business Officer / Date <i>[Signature]</i> 7/15/16	Chancellor / Date <i>[Signature]</i> 7/15/16	Out of State Travel: Board of Trustees Approval Date



AUG 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
Thomas Torres-Gil	Program Manager	Office of International Education	District	510-587-7835

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

TerraDotta Boot Camp

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Beijing	China		10/18/2016	10/23/2016		10/18/2016	10/23/2016

Purpose: Meet and present to Kaplan staff and representatives; update on PCCD admissions; Attend JJJ and EIC China Fair

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)
	\$258	\$100	\$358	6	\$2,148

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	\$2,148	\$2,148							\$2,148
Non- Per Diem			\$0	\$157	\$698	\$0	\$150	\$0	\$1,005
Total (Not to Exceed Amount):									\$3,153

Funding

Source	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				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	THOMAS TORRES-GIL		2,522.00

Signatures and Approvals

 Employee / Date 8/23/16	 Supervisor / Date 08/23/16	 President's Signature / Date VCAA
 Business Officer / Date 8/31/16	 Treasurer / Date 8/31/16	Out of State Travel: Board of Trustees Approval Date



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

AUG 04 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
Thomas Torres-Gil	Program Manager	Office of International Education	District	510-587-7835

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

TerraDotta Boot Camp

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		11/9/2016	11/12/2016		11/9/2016	11/12/2016

Purpose: Attend sessions to build SEVIS module; build programs, applications and processes; staff development training

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)
	\$158	\$100	\$258	4	\$1,032

Section C. Total Requested Expenditures for Conference * meals are provided at the conference

Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel (Air/Train)	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem	\$1,032	\$1,032							\$1,032
Non- Per Diem			\$295	\$80	\$370	\$0	\$80	\$0	\$825
Total (Not to Exceed Amount):									\$1,857

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	TERRA DOTTA		295.00
Employee	THOMAS TORRES-GIL		1,562.00
			\$ 1249.50

Signatures and Approvals

	7/12/16		07/12/16	President's Signature / Date
	8/3/16		8/8/16	Out of State Travel: Board of Trustees Approval Date

Finance 7/26/16



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

AUG 17 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	Officé / Department	Location	Day Phone Number
Melvinia King	AVC	Workforce Dev & Cont. Ed	District	5104667228

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
Morehouse School of Medicine

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Atlanta	GA					8/24/2016	8/26/2016

Purpose: MSM/Peralta--MOU proposal review

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)
	\$0	\$0	\$0
			Per Diem Days
			\$ Each Day X Per Diem Days (Maximum Permitted)

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

Funding

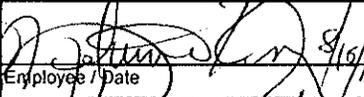
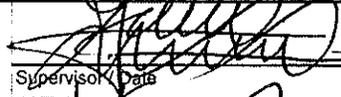
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local					5202					
Local					5203					
Membership					5301					

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  8/16/16	Supervisor / Date  8/16/16	President's Signature / Date  8/16/16
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

AUG 17 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
Melvinia King	AVC	Workforce Dev & Cont. Ed	District	5104667228

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

Morehouse School of Medicine

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

Purpose: Pearson-panelist

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)
	\$0	\$0	\$0
			Per Diem Days
			\$ Each Day X Per Diem Days (Maximum Permitted)

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

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local				5202					
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 8/16/16	Supervisor / Date 	President's Signature / Date
Business Officer / Date	Change / Date 08-18-16	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 Ronald McPeak	Job Title Admin. SPC International	Office / Department Office of International Education	Location District	Day Phone Number (510) 587-7803
---------------------------------------	--	---	-----------------------------	---

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

TerraDotta Boot Camp

City New Orleans	State LA	Conference (Working) Dates (Used to compute per diem days) 11/9/2016 - 11/12/2016	Opening 11/9/2016	Closing 11/12/2016	Travel Dates (See instructions tab)	Depart 11/9/2016	Return 11/11/2016
----------------------------	--------------------	---	-----------------------------	------------------------------	-------------------------------------	----------------------------	-----------------------------

Purpose: Attend sessions to build SEVIS module; build programs, applications and processes; staff development training

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)
	\$158	\$100	\$258	4	\$1,032

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	\$1,032	\$1,032							\$1,032
Non-Per Diem			\$295	\$93	\$395	\$0	\$132	\$0	\$915
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	125	5205	1	649400	0000	00	LSY
	Non-Local	1	01	125	5202	1	649400	0000	00	LGP
	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	TERRA DOTTA	2000/05412	295.00
Employee	Ronald McPeak		1,562.00

Signatures and Approvals

 Employee / Date 8/15/16	 Supervisor / Date 08/10/16	 President's Signature / Date 08-15-16
Business Officer / Date		Out of State Travel: Board of Trustees Approval Date



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

JUL 11 2016

JUN 29 AM 8:48

Merritt College

JUL 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
Jennifer Shanoski	Faculty/Instructor	Chemistry	Merritt	(510) 436-2620

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

Academic Impressions

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Golden	CO		9/29/2016	9/30/2016		9/28/2016	9/30/2016

Purpose: Learn research-based STEM recruitment & retention models for underrepresented students that may be applied to your programs. Designed specifically for Deans and academic leaders, event focuses on recruitment, curriculum, and resourcing

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	\$195	\$69	\$264	2	\$528

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	\$528	\$528							\$528
Non- Per Diem			\$1,195	\$29	\$512		\$100	\$74	\$1,910
Total (Not to Exceed Amount):									\$2,438

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	6	11	641	5205	1	645000	1090	0100	[Signature] 7/7/16
Non-Local	6	11	641	5202	1	645000	1090	0100	[Signature] 7/7/16
Local				5203					[Signature]
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	Jennifer Shanoski		
Employee	Jennifer Shanoski		

Signatures and Approvals

[Signature] 6/28/16 Employee / Date	[Signature] 6/28/16 Supervisor / Date	[Signature] 7/13/16 President's Signature / Date
[Signature] 7/11/16 Business Officer / Date	[Signature] 07-11-16 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

for the President



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

JUL 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
Petural Shelton	Deputy Sector Navigator		College of Alameda	925 575-0484

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

InfoComm Education Meeting

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Fairfax	VA		8/15/2016	8/18/2016		8/15/2016	8/18/2016

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)
	\$195	\$100	\$295	4	\$1,180

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	\$1,180	\$1,180							\$1,180
Non- Per Diem				\$60	\$1,000		\$100		\$1,160
Total (Not to Exceed Amount):									\$2,340

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	04	AS 7/26/16
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

Employee / Date <i>[Signature]</i> 7-25-16	Supervisor / Date <i>[Signature]</i> 7/26/16	President's Signature / Date <i>[Signature]</i> 7/26/16
Business Officer / Date <i>[Signature]</i> 7/27/16	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date



JUL 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
Shirley Slaughter	Director of Business & Ad	Business Services	BCC	510/981-2840

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		
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)
	\$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	\$1,445	\$1,445							\$1,445
Non- Per Diem			\$875	\$100	\$474	\$16	\$100	\$75	\$1,640
Total (Not to Exceed Amount):									\$3,085

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	
Non-Local	8	01	831	5202	1	672000	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	CCBO (3 Boar's Head Lane Suite B, Charlottesville, VA 22903)	2-104962	875.00
Employee	Shirley Slaughter (80% of \$2,210.00 = \$1,768.00)	2-104963	1,768.00

Signatures and Approvals

 Employee / Date	 Supervisor / Date	 President's Signature / Date
 Business Officer / Date	 Change for / 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
Rowena Tomaneng	President	President's Office	BCC	(510) 981-2850

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

2016 ACCT Leadership Congress

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		10/5/2016	10/8/2016		10/5/2016	10/8/2016

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)
	\$180	\$100	\$280	4	\$940

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	\$940	\$940							\$940
Non- Per Diem			\$940	\$100	\$400	\$16	\$100	\$75	\$1,631
Total (Not to Exceed Amount):									\$2,571

Funding

Source									
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	8	01	801	5205	1	660100	0000	00	<i>[Signature]</i> 8/16/16 <i>[Signature]</i> 8/16/16
Non-Local	8	01	801	5202	1	660100	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, Association of Community College Trustees Dept. 6061, Washington, DC 20042		2000105140	940.00
Employee Rowena Tomaneng (80% of \$1631.00 = \$1304.80)		2000105511	1,305.00

Signatures and Approvals

<i>[Signature]</i> 8/16/16 Employee / Date	<i>[Signature]</i> Supervisor / Date	<i>[Signature]</i> 8/16/16 President's Signature / Date
<i>[Signature]</i> 8/19/16 Business Officer / Date	<i>[Signature]</i> 08-22-16 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date