

AUG 15 2016

Merritt College

RECEIVED
SEP 20 2016
Office of the Chancellor
Peralta Community Colleges



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

TRAVEL REQUEST AND EXPENSE CLAIM

Part 1: Travel Request (Complete and submit before attending conference.)

Please type or print and ensure all information is provided as omissions can delay processing.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Barbara Widhalm	Faculty	Humanities	Merritt College	(510) 464-3248

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

12th International Conference on Transforming Learning

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Tacoma	WA		10/20/2016	10/23/2016		10/19/2016	10/24/2016

Purpose: **To engage in the diverse intersections of Community College Online Learning**

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)
	\$112	\$64	\$176	4	\$592

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	\$592	\$592							\$592
Non- Per Diem			\$375		\$377				\$752
Total (Not to Exceed Amount):									\$1,344

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	8/19/16
	Non-Local	6	01	651	5202	1	601100	3102	00	8/19/16
	Local				5203					
	Membership				5301					

Advance Payment Request

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

Category	Payee on Check	Requisition Number	Amount
Registration			
Employee			

Signatures and Approvals

 Employee / Date	 Supervisor / Date 8/19/16	 President's Signature / Date 8/15/16
 Business Officer / Date 8/19/16	 Chancellor / Date 8-20-16	Out of State Travel: Board of Trustees Approval Date