

10/11/16



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
Kimberly Blackwell	Counselor	Counseling Department	Laney College	510-464-3144

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

2016 Nationla Council on Student Development (NCD) Conference-"America's Community Colleges: Sharpening Our Focus"

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		10/14/2016	10/18/2016		10/14/2016	10/19/2016

Purpose: To learn about promising student development research and practices at community and technical colleges

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.
 • Total lodging, meals & incidentals cannot exceed the total per diem rate for the destination times the number of working days. Incidentals cannot exceed \$25/day and do not require receipts. Exception: Lodging can be higher if sponsor's lowest hotel discounted rate is higher. See Instructions for additional details and restrictions.
 • Per Diem Amount requested must be equal or less than maximum.
 • Use "Google Maps" to determine mileage. Personal vehicle travel cannot exceed economy airfare.

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)			Section B. Total \$ Each Day X Per Diem Days		
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$332	\$64	\$396	5	\$1,980

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	\$1,980	\$1,980							\$1,980
Non- Per Diem			\$475		\$526		\$38		\$1,039
Total (Not to Exceed Amount):									\$3,019

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	542	5205	1	645200	1091	00	[Signature] 9.29.16
Non-Local	5	11	542	5202	1	645200	1091	00	[Signature] 9.29.16
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	NCSD	2000106710	475.00
Employee	Kimberly Blackwell		

Signatures and Approvals

Employee / Date	[Signature] 9/29/16 Supervisor / Date	[Signature] 9/30/16 President's Signature / Date
Business Officer / Date	[Signature] 10/11/16 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

RECEIVED

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

req # 106424

10/11/16 Scanned & Logged

SEP 28 2016

TRAVEL REQUEST AND EXPENSE CLAIM

SEP 21 2016

Office of the Chancellor
Peralta Community College District

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

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

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Larry Chang	BEST Ctr proj. mgr.	L305/ CTE Division	Laney College	510-464-3240

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

2016 NSF Advanced Technological Education Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Washington, DC			10/25/2016	10/28/2016		10/25/2016	10/28/2016

Purpose: Annual NSF conference related directly to Center grant; assemble and table display booth for BEST Ctr.

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)
	\$257	\$69	\$326	4	\$1,304

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	\$1,304	\$1,304							\$1,304
Non- Per Diem			\$50	\$112	\$710	\$26	\$80	\$60	\$1,038
Total (Not to Exceed Amount):									\$2,342

Funding

Source:	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		5	11	552	5205	1	672700	1931	08	50
Non-Local		5	11	552	5202	1	672700	1931	08	
Local					5203					
Membership					5301					

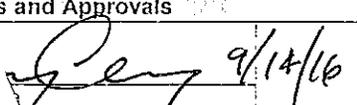
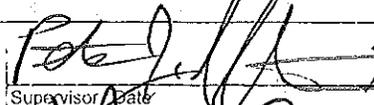
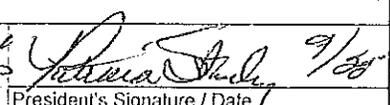
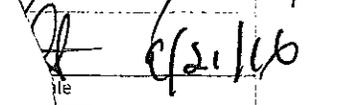
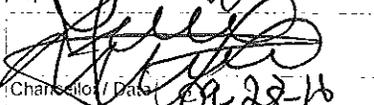
Advance Payment Request

Must be submitted with designated approvals 15 working days prior to event.

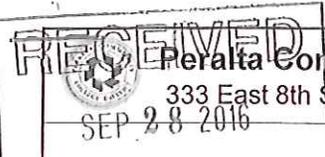
Advance payments are limited to registration plus 80% of the employee's remaining expenses.

Category	Payee on Check	Requisition Number	Amount
Registration	Larry Chang	2-106424	\$50
	REGIST + 80% = 50 + 2894 = \$2894		

Signatures and Approvals

 9/14/16
 9/20/16
 9/20/16
 9/21/16
 09-28-16

Scanned & Logged
10/11/16



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

TRAVEL REQUEST AND EXPENSE CLAIM

SEP 21 2016

Office of the Chancellor
Peralta Community College District
Part 1: Travel Request (Complete and submit before attending conference.)
Please type or print and ensure all information is provided as omissions can delay processing.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Peter Crabtree	Dean	CTE	Laney	510 464-3218

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

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Washington	DC		10/25/2016	10/29/2016		10/25/2016	10/29/2016

Purpose: Participating in the yearly ATE/PI meeting as part of the grant agreement.

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)
	\$257	\$69	\$326	5	\$1,630

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		\$1,630							\$1,630
Non- Per Diem			\$0	\$112	\$486		\$100	\$150	\$848
Total (Not to Exceed Amount):									\$2,478

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	11	552	5202	1	672700	1931	08	
Local				5203					
Membership				5301					

Advance Payment Request

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

Category	Payee on Check	Requisition Number	Amount
Registration			
Employee		2-106447	

Signatures and Approvals

Employee / Date <i>Peter Crabtree</i> 9/20/16	Supervisor / Date <i>[Signature]</i>	President's Signature / Date <i>[Signature]</i> 9/20/16
Business Officer / Date <i>[Signature]</i> 9/20/16	Chancellor / Date <i>[Signature]</i> 9/20/16	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	Job Title	Office / Department	Location	Day Phone Number
Jacqueline Graves	Associate Dean	Student Services	Laney College	510-464-3393

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

2016 National Council on Student Development (NCD) Conference-"America's Community Colleges: Sharpening Our Focus"

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		10/14/2016	10/18/2016		10/14/2016	10/19/2016

Purpose: To learn about promising student development research and practices at community and technical colleges

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.

- Total lodging, meals & incidentals cannot exceed the total per diem rate for the destination times the number of working days. Incidentals cannot exceed \$25/day and do not require receipts. Exception: Lodging can be higher if sponsor's lowest hotel discounted rate is higher. See Instructions for additional details and restrictions.
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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)
	\$332	\$64	\$396	5	\$ 1,980

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	\$1,980	\$1,980							\$1,980
Non- Per Diem			\$475		\$526		\$38		\$1,039
Total (Not to Exceed Amount):									\$3,019

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	542	5205	1	645200	1091	00	[Signature] 9.29.16
Non-Local	5	11	542	5202	1	645200	1091	00	[Signature] 9.29.16
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	NCSD	2000106697	475.00
Employee	Jacqueline Graves		

Signatures and Approvals

[Signature] p.p. 9.29.16 Employee / Date	[Signature] 9.29.16 Supervisor / Date	[Signature] 9/30/16 President's Signature / Date
[Signature] 9/30/16 Business Officer / Date	[Signature] 10/1/16 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

10/11/16



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.)
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Employee Name	Job Title	Office / Department	Location	Day Phone Number
Rebecca Lacoque	Dir. East Bay Career Pathw	Educational Services	District	510-466-7324

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

Alignment USA

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Nashville	TN		10/12/16	10/14/16		10/12/16	10/14/16

Purpose: Team of PCCD, OUSD, Oakland City to learn about a model for alignment of educational 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.
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	\$0	\$60	\$66.60	3	\$198

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	\$66	\$60							\$60
Non- Per Diem			\$1,299	\$0	\$521	\$0	\$60	\$0	\$1,880
									\$492 Total (Not to Exceed Amount) \$1,911

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	1	10	120	5205	1	660300	0000	00	<i>Dir. Dong</i> <i>Dir. Dong</i>
Non-Local	1	10	120	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	Alignment Nashville		1,299.00
Employee			

Signatures and Approvals

<i>Rebecca Lacoque</i> Employee / Date 9/29/16	<i>[Signature]</i> Supervisor / Date 9.26.16	President's Signature / Date
<i>[Signature]</i> Business Officer / Date 9/28/16	<i>[Signature]</i> Chancellor / Date 09-29-16	Out of State Travel: Board of Trustees Approval Date



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
Hope Lane	Staff Assistant	SACL	Laney College	510-464-3188

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

2016 National Council on Student Development (NCD) Conference-"America's Community Colleges: Sharpening Our Focus"

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		10/14/2016	10/18 2016		10/14/2016	10/19/2016

Purpose: To learn about promising student development research and practices at community and technical colleges

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.

- Total lodging, meals & incidentals cannot exceed the total per diem rate for the destination times the number of working days. Incidentals cannot exceed \$25/day and do not require receipts. Exception: Lodging can be higher if sponsor's lowest hotel discounted rate is higher. See Instructions for additional details and restrictions.
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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)
	\$332	\$64	\$396	5	\$1,980

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	\$1,980	\$1,980							\$1,980
Non- Per Diem			\$250		\$526		\$38		\$814
Total (Not to Exceed Amount):									\$2,794

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	11	542	5205	1	645200	1091	00	[Signature] 9-29-16
	Non-Local	5	11	542	5202	1	645200	1091	00	[Signature] 9-29-16
	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	NCSD	2000106715	250.00
Employee	Hope Lane		

Signatures and Approvals

Employee / Date	[Signature] 9/29/16	Supervisor / Date	[Signature] 9-29-16	President's Signature / Date	[Signature] 9/30/16
Business Officer / Date	[Signature] 9/29/16	Chancellor / Date	[Signature]	Out of State Travel: Board of Trustees Approval Date	



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
Alexander Lee	Counselor	Counseling Department	Laney College	510-464-3142

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
2016 National Council on Student Development (NCD) Conference-"America's Community Colleges: Sharpening Our Focus"

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		10/14/2016	10/18/2016		10/14/2016	10/19/2016

Purpose: To learn about promising student development research and practices at community and technical colleges

Estimated Expenses
Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.
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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)
	\$332	\$64	\$396	5	\$1,980

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	\$1,980	\$1,980							\$1,980
Non- Per Diem			\$475		\$526		\$38		\$1,039
Total (Not to Exceed Amount):									\$3,019

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	11	542	5205	1	645200	1091	00	[Signature] 9.29.16
	Non-Local	5	11	542	5202	1	645200	1091	00	[Signature] 9.29.16
	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	NCSD	2000106703	475.00
Employee	Alexander Lee		

Signatures and Approvals

Employee / Date	[Signature] 9.29.16	Supervisor / Date	[Signature] 9.29.16	President's Signature / Date	[Signature] 9.29.16
Business Officer / Date	[Signature] 9/30/16	Chancellor / Date	[Signature]	Out of State Travel: Board of Trustees Approval Date	



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

10/11/16
RECEIVED
SEP 23 2016
Office of the Chancellor
Peralta Community Colleges

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
Harizon Odembo	Financial Aid Specialist	Financial Aid	College of Alameda	(510) 748-5298

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

2016 FSA Training Conference for Financial Aid Professionals

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Atlanta	GA		11/29/2016	12/2/2016		11/28/2016	12/2/2016

Purpose: This will be a 4-day 2016 FSA Training Conference for Financial Aid Professionals

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)
	\$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			φ	\$120	\$680		\$120		\$920
Total (Not to Exceed Amount):									\$1,860

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		2	11	242	5202	1	646000	1008	00	[Signature] 9/12/16
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

Harizon Odembo / 09/08/2016 Employee / Date	[Signature] 9/8/16 Supervisor / Date	[Signature] 9/21/16 President's Signature / Date
[Signature] 9/10/16 Business Officer / Date	[Signature] 09-23-16 Chancellor / Date	[Signature] 1/16 Board of Trustees Appr / 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
Danielle Odom	Counselor	Counseling Department	Laney College	510-464-3217

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

2016 National Council on Student Development (NCD) Conference-"America's Community Colleges: Sharpening Our Focus"

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		10/14/2016	10/18/2016		10/14/2016	10/19/2016

Purpose: To learn about promising student development research and practices at community and technical colleges

Estimated Expenses

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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	\$1,980	\$1,980							\$1,980
Non- Per Diem			\$475		\$526		\$38		\$1,039
Total (Not to Exceed Amount):									\$3,019

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	11	542	5205	1	645200	1091	00	[Signature] 9.29.16
	Non-Local	5	11	542	5202	1	645200	1091	00	[Signature] 9.29.16
	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	NCSD	2000106704	475.00
Employee	Danielle Odom		

Signatures and Approvals

Employee / Date	[Signature] 9/29/16	Supervisor / Date	[Signature] 9.29.16	President's Signature / Date	[Signature] 9/29/16
Business Officer / Date	[Signature] 9/29/16	Chancellor / Date	[Signature] 9/29/16	Out of State Travel: Board of Trustees Approval Date	

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SEP 23 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
Jackie Vo	Financial Aid Supervisor	Financial Aid Department	College of Alameda	510-748-2229

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

2016 FSA Training Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Atlanta	GA		11/29/2016	12/2/2016		11/28/2016	12/1/2016

Purpose: FSA Training Conference training is provided for financial aid professionals by the government for those schools/institutions receiving Title IV funds.

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)
	\$140	\$100	\$240	4	\$960

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	\$820	\$820							\$820
Non- Per Diem			0	\$150	\$392		\$150		\$692
Total (Not to Exceed Amount):									\$1,512

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		2	11	242	5202	1	646000	1008	00	09/15/16
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 09/14/16	 Supervisor / Date 09/15/16	 President's Signature / Date 9/21/16
 Business Officer / Date 9/15/16	 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date TSM 1 1/16



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
Phoumy Sayavong	Dean of Research & Planning	Research	Berkely City College/Lar	510-981-5014

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

2016 National Council on Student Development (NCD) Conference-"America's Community Colleges: Sharpening Our Focus"

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		10/16/2016	10/19/2016		10/14/2016	10/19/2016

Purpose: To learn about promising student development research and practices at community and technical colleges

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.

- Total lodging, meals & incidentals cannot exceed the total per diem rate for the destination times the number of working days. Incidentals cannot exceed \$25/day and do not require receipts. Exception: Lodging can be higher if sponsor's lowest hotel discounted rate is higher. See Instructions for additional details and restrictions.
- Per Diem Amount requested must be equal or less than maximum.
- Use "Google Maps" to determine mileage. Personal vehicle travel cannot exceed economy airfare.

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)			Section B. Total \$ Each Day X Per Diem Days		
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$216	\$64	\$280	3	\$840

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	\$840	\$840							\$840
Non- Per Diem			\$475		\$425		\$38		\$938
Total (Not to Exceed Amount):									\$1,778

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	11	542	5205	1	645200	1091	00	[Signature] 9.29.16
Non-Local	5	11	542	5202	1	645200	1091	00	[Signature] 9.29.16
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	NCSD	2000106714	475.00
Employee	Phoumy Sayavong		

Signatures and Approvals

[Signature] p.p. 9.29.16 Employee / Date	[Signature] 9/30/16 Supervisor / Date	[Signature] 9/30/16 President's Signature / Date
[Signature] 9/30/16 Business Officer / Date	[Signature] 9/30/16 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.)

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
Kevin Wade	DEAN	Student Services	Laney College	510-464-3393

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

2016 National Council on Student Development (NCD) Conference-"America's Community Colleges: Sharpening Our Focus"

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		10/14/2016	10/19/2016		10/14/2016	10/19/2016

Purpose: To learn about promising student development research and practices at community and technical colleges

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.

- Total lodging, meals & incidentals cannot exceed the total per diem rate for the destination times the number of working days. Incidentals cannot exceed \$25/day and do not require receipts. Exception: Lodging can be higher if sponsor's lowest hotel discounted rate is higher. See Instructions for additional details and restrictions.
- Per Diem Amount requested must be equal or less than maximum.
- Use "Google Maps" to determine mileage. Personal vehicle travel cannot exceed economy airfare.

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)			Section B. Total \$ Each Day X Per Diem Days		
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$332	\$64	\$396	5	\$1,980

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	\$1,980	\$1,980							\$1,980
Non- Per Diem			\$475		\$526		\$38		\$1,039
Total (Not to Exceed Amount):									\$3,019

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	11	542	5205	1	645200	1091	00	[Signature] 9.29.16
	Non-Local	5	11	542	5202	1	645200	1091	00	[Signature] 9.29.16
	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	NCSD	2000106696	475.00
Employee	Kevin Wade		

Signatures and Approvals

[Signature] 9.29.16 Employee / Date	[Signature] 9/30/16 Supervisor / Date	[Signature] 9/30/16 President's Signature / Date
[Signature] 9/30/16 Business Officer / Date	[Signature] 10/1/16 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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10/11/16 *Logue*

Peralta Community College District
8331 East 8th St., Oakland, CA 94606

Office of the Chancellor
Peralta Community College

TRAVEL REQUEST AND EXPENSE CLAIM

SEP 21 2016

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
Pamela Wallace	BEST Ctr. Director	L305/ CTE Division	Laney College	510-464-3248

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

2016 ATE ANNUAL PI CONFERENCE

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
WASHINGTON DC	DC		10/25/2016	10/28/2016		10/25/2016	10/28/2016

Purpose: National Conference for Pis and staff of NSF funded projects.

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)	
	\$257	\$69	\$326	4	\$1,304	

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	\$1,304	\$1,304							\$1,304
Non- Per Diem			\$350	\$112	\$700	\$30	\$120	\$50	\$1,362
Total (Not to Exceed Amount):									\$2,666

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		5	11	552	5205	1	672700	1931	08	350
Non-Local		5	11	552	5202	1	672700	1931	08	350
Local					5203					
Membership					5301					

Advance Payment Request - Yes

- 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	\$350 + \$2846 (80%)		\$2806
Employee	Pamela Wallace	2-106422	

Signatures and Approvals

<i>Pamela Wallace</i> 9/14/16 Employee / Date	<i>Patricia Atiles</i> 9/20/16 Supervisor / Date	<i>Patricia Atiles</i> 9/15/16 President's Signature / Date
<i>[Signature]</i> 9/20/16 Business Officer / Date	<i>[Signature]</i> Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

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

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
Charles Frost	Instructor	ECT	Laney	510 464-3292

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

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Washington	DC		10/26/2016	10/28/2016		10/25/2016	10/28/2016

Purpose: Annual NSF conferec related directly to Center grant: assemble and table display booth for BEST Center

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)
	\$257 ✓	\$69 ✓	\$326	3	\$978

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		\$978							\$978
Non- Per Diem			\$300	\$112	\$436 ✓	\$25	\$75	\$60	\$1,008
Total (Not to Exceed Amount):									\$1,986

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	5	11	552	5205	1	672700	1931	08	\$300
	Non-Local	5	11	552	5202	1	672700	1931	08	1486
	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 Charles Frost 9-21-16	Supervisor / Date Patricia Stanley 9/21/16	President's Signature / Date Patricia Stanley 9/21/16
Business Officer / Date [Signature] 9/5/16	Chancellor / Date [Signature]	Out of State Travel: Board of Trustees Approval Date



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

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TRAVEL REQUEST AND EXPENSE CLAIM

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

V# 604857 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
Kathy Ma	Counselor	Counseling	T-311	(510) 464-3132

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

2016 National Council on Student Development (NCSD) Conference - "America's Community Colleges: Sharpening Our Focus"

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
New Orleans	LA		10/16/2016	10/17/2016		10/14/2016	10/18/2016

Purpose: To learn promising student development research and practices at community colleges

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.

- Total lodging, meals & incidentals cannot exceed the total per diem rate for the destination times the number of working days. Incidentals cannot exceed \$25/day and do not require receipts. Exception: Lodging can be higher if sponsor's lowest hotel discounted rate is higher. See Instructions for additional details and restrictions.
- Per Diem Amount requested must be equal or less than maximum.
- Use "Google Maps" to determine mileage. Personal vehicle travel cannot exceed economy airfare.

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)

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

See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$77	\$64	\$141	2	\$282

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	\$282	\$282							\$282
Non- Per Diem			\$265		\$436		\$150		\$851
Total (Not to Exceed Amount):									\$1,133

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		5	01	551	5205	1	601100	3102	00	265
Non-Local		5	01	551	5202	1	601100	3102	00	735
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 9/22/16	 Supervisor / Date 9-26-16	 President's Signature / Date 9/28/16
 Business Officer / Date	 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date