



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

reg 2-107559
Vendor 601420

TRAVEL REQUEST AND EXPENSE CLAIM

902 2 2 100

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
Charlene Dinsdale	Instructor	Cosmetology	Laney B-100	707 334 6555

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

CEA-Cosmetology Educators of America

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		7/30/2016	8/2/2016		7/29/2016	8/3/2016

Purpose: Learn new teaching skills for the classroom.

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)
	\$175	\$50	\$225
			Per Diem Days
			4
			Total Request
			\$900

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	900	900							900
Non- Per Diem			\$250	187.50	\$268		\$100		805.50
Total (Not to Exceed Amount):									1705.50

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	W
Non-Local	5	01	551	5202	1	601100	3102	00	W
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	Registration	Employee	Payee on Check	Requisition Number	Amount

Signatures and Approvals

Employee Date	Supervisor / Date	President's Signature / Date
10/21/16	10/21/16	11/5/16
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date
10/21/16	10/21/16	



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

NOV 09 2016

RECEIVED

TRAVEL REQUEST AND EXPENSE CLAIM

Part 1: Travel Request (Complete and submit before attending conference. Office of the Chancellor Peralta Community Colleges 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
Danny Nguyen	FT Instructor	Dance Department	COA	415-336-3154
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
National Gugak Center, Student Dance Workshop in Korea				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
Seoul, Korea			12/13/2016	12/30/2016
Purpose: Attend a two-week Korean Dance workshop in Korea			Travel Dates (See instructions tab)	Depart
				12/13/2016
				12/30/2016

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
	\$70	\$75	\$145
		Per Diem Days	18
		Total \$ Each Day X Per Diem Days (Maximum Permitted)	\$2,610

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	\$2,880	\$2,880							\$2,880
Non-Per Diem			\$400	\$100	\$1,200		\$175		\$1,875
Total (Not to Exceed Amount):									\$4,755

Funding									
Source	SBC approved for \$1,000 ONLY on 11/7/16								
Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	2	01	251	5205	1	675000	3102	00	
Non-Local	2	01	251	5202	1	675000	3102	00	
Local				5203					
Membership				5301					

Advance Payment Request

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

Category	Payee on Check	Requisition Number	Amount
Registration			
Employee			

Signatures and Approvals

Employee / Date	<i>[Signature]</i> 11/8/16	Supervisor / Date	<i>[Signature]</i> 11/9/16
Business Officer / Date	<i>[Signature]</i> 11/8/16	Checklist / Date	<i>[Signature]</i> 11/9/16
President's Signature / Date		Out of State Travel: Board of Trustees Approval Date	
<i>[Signature]</i> 11/9/16			



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

RECEIVED

NOV 09 2016

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

TRAVEL REQUEST AND EXPENSE CLAIM

Employee Name: **Luis Pedraja** Job Title: **Interim Vice Chancellor** Office / Department: **Academic Affairs** Location: **District** Day Phone Number: **510 466-7218**

Conference or other Travel Name: **AAAR 2016 Annual Meeting** (Attach conference announcement, brochure, or other descriptive document.)

City	State	Conference (Working) Dates (Used to compute per diem days)			Travel Dates (See instructions tab)	Depart	Return
		Opening	Closing				
San Antonio	Texas	11/19/2016	11/22/2016	11/18/2016	11/21/2016		

Purpose: **Service to the Academy: I was asked to evaluate one of the standing culture and society groups of the Academy.**

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)

Category	Maximum Permitted	Amount Requested	Section B. Total \$ Each Day X Per Diem Days		Total Request
			Lodging	Meals & Incidentals	
Per Diem	\$765	\$765	\$155	\$75	\$765
Non-Per Diem					\$0
Total (Not to Exceed Amount):					\$765

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	\$765	\$765							\$765
Non-Per Diem									\$0
Total (Not to Exceed Amount):									\$765

Funding

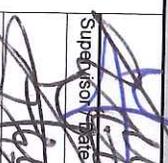
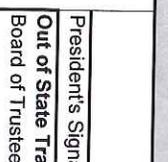
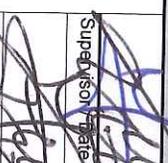
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	121	5205	1	660300	0000	00	
	Non-Local	1	01	121	5202	1	660300	0000	00	
	Local				5203					
	Membership				5301					

Advance Payment Request

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

Category	Registration	Employee	Payee on Check	Requisition Number	Amount
		Luis Pedraja			

Signatures and Approvals

Employee / Date	 11/27/16	Supervisor / Date	 11-09-16	President's Signature / Date	
Business Officer / Date	 11/09/16	Chancellor / Date	 11-09-16	Out of State Travel: Board of Trustees Approval Date	



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

R-9, 2-106372

RECEIVED
OCT 03 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.

Office of the Chancellor
Peralta Community Colleges

Employee Name: **Leslie Blackie** Job Title: **Instructor** Office / Department: **Biology** Location: **Laney College** Day Phone Number: **707-853-4112**

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.): **Hi Tc Conference 2016**

City: **Pittsburgh** State: **PA** Conference (Working) Dates (Used to compute per diem days): **7/25/2016 - 7/28/2016** Opening: **7/25/2016** Closing: **7/28/2016** Travel Dates (See instructions tab): **7/24/2016 - 7/29/2016**

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					
Category	Maximum Permitted	Amount Requested	Lodging Taxes	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							
			Lodging \$169	Meals & Incidentals \$54	\$223	4	\$892

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	\$892	\$892							\$892
Non-Per Diem			\$125	\$81	\$800				\$1,006
Total (Not to Exceed Amount):									\$1,898

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Professional Development 1,000.00 only									
Coding	5	01	551	5205	1	601100	3102	00	\$125.00
Registration	5	01	551	5202	1	601100	3102	00	\$885
Non-Local									
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	Registration	Employee	Payee on Check	Requisition Number	Amount
				9-106372	

Signatures and Approvals

Employee / Date: *Leslie Blackie 5/11/16*

Supervisor / Date: *[Signature]*

Business Director / Date: *[Signature]*

Chancellor / Date: *[Signature]*

President's Signature / Date: *Fabian Stealy 10/3/16*

Out of State Travel: Board of Trustees Approval Date



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

Ray #106361

OCT 03 2016

RECEIVED

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: **Barbara Withalm** Job Title: **Instructor** Office / Department: **Humanities and Philosophy** Location: **Laney College** Day Phone Number: **510-529-6321**

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

Association for the Advancement of Sustainability in Higher Education

City: **Baltimore** State: **MD** Conference (Working) Dates (Used to compute per diem days): **10/9/2016 - 10/12/2016** Opening: **10/9/2016** Closing: **10/12/2016** Travel Dates (See instructions tab): **10/8/2016 - 10/12/2016**

Purpose: **Give presentation on my experience teaching online at Laney College**

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	
Category	Maximum Permitted	Lodging	Meals & Incidentals
See Per Diem Rates Tab for amount to enter		\$30	\$30
		4	\$120

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
Non-Per Diem		\$525			\$500		\$100		\$1,125
Total (Not to Exceed Amount):									\$1,125

Funding									
Source	Loc	Fund	Center Cost	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	01	551	5205	1	601100	3102	00	\$525 9/16/16
Non-Local				5202					
Local	5	01	551	5203	1	601100	3102	00	47500 9/16/16
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: _____

Signatures and Approvals: *Barbara Withalm* 5-24-2016

Employee / Date: _____ Supervisor / Date: _____ President's Signature / Date: *Thomas Stanley* 10/3/16

Business Officer / Date: _____ Chancellor / Date: _____ Board of Trustees Approval Date: _____



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

Registration 2-106655
Vendor 503917



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: Burt Dragin Job Title: Instructor Office / Department: Journalism Location: Laney Day Phone Number:

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.): Associated College Press National College Media Convention

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Washington	D.C.		10/20/2016	10/23/2016		10/19/2016	10/23/2016

Purpose: attend national convention as Journalism Chair and Faculty Advisor of the district-wide newspaper, Laney Tower

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)	Lodging	Meals & Incidentals	Section B. Total \$ Each Day X Per Diem Days	
			Total \$ (Per Day)	Per Diem Days
See Per Diem Rates Tab for amount to enter	\$222	\$66	\$288	4
				\$1,152

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	1152	1152.00							1152
Non-Per Diem			\$145						\$145
PD Maximum		\$1000							1297

Funding

Source: Professional Development Maximum Allowed \$1000.00

Source	Loc	Fund	Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	01	551	5205	1	601100	3100	00	\$145.00
Non-Local	5	01	551	5202	1	601100	3102	00	\$885.00
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	Registration	Employee	Payee on Check	Requisition Number	Amount

Signatures and Approvals

Employee Name: Burt Dragin Date: 10/15/16
 Supervisor Name: [Signature] Date: 10/19/16
 Chancellor Name: [Signature] Date: 10-26-16
 President's Signature / Date: [Signature] 10/16/16
 Board of Trustees Approval Date: [Signature]



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			
Juana Alicia Araiza	Instructor	Art	Berkeley City College	510-978-1060			
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)							
Ennis Hall Art Gallery Exhibition of my work February 29-April 1, 2016							
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Milledgeville	GA		3/17/2016	3/21/2016		3/12/2016	3/19/2016
Purpose:							

Estimated Expenses

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

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)	See Per Diem Rates Tab for amount to enter	Section B. Total \$ Each Day X Per Diem Days		
		Lodging	Meals & Incidentals	Total \$ (Per Day)
		\$91	\$51	\$142
				5
				\$710

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		\$195							\$195
Non-Per Diem					\$360				\$360
Total (Not to Exceed Amount):									\$555

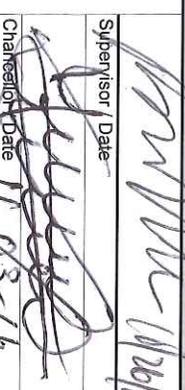
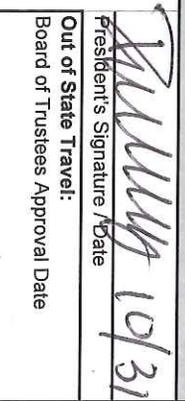
Funding									
Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	8	01	851	5202	1	601100	3102	02	
Local				5203					
Membership				5301					

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 employees remaining expenses.

Category	Registration	Employee	Payee on Check	Requisition Number	Amount

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date	Out of State Travel: Board of Trustees Approval Date
 11/1/16	 11-03-16	 10/31/16	



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

RECEIVED

Reg # 2-10
Number 731360

NOV 03 2016

Logged

TRAVEL REQUEST AND EXPENSE CLAIM

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

Employee Name	Job Title	Office / Department	Location
Maria Aguilar	Financial Aid Specialist	Financial Aid	Laney College
			Day Phone Number
			510-464-3419

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)		Travel Dates (See instructions tab)	Depart	Return
		Opening	Closing			
Atlanta	GA	11/28/2016	12/3/2016		11/28/2016	12/3/2016

Purpose: Federal financial aid training on updated regulations and procedures.

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)	Total Request	
						Permitted	Requested
	\$140 ✓	\$69	\$209	6	\$1,114		

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	\$1,114	\$1,114							\$1,114
Non-Per Diem				\$137	\$770		\$423		\$1,330
Total (Not to Exceed Amount):									\$2,444

Funding									
Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	11	543	5202	1	649000	1008	00	ML 10/13/16
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	Registration	Employee	Payee on Check	Requisition Number	Amount
		Maria Aguilar			

Signatures and Approvals

Employee / Date <i>Maria Aguilar</i> 9/28/16 <i>BCO Corda</i>	Supervisor / Date <i>[Signature]</i> 10/13/16 <i>[Signature]</i> 10/28/16	President's Signature / Date <i>[Signature]</i> 10/13/16 Board of Trustees Approval Date
Business Officer / Date	Charcellor / 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. **NOV 03 2016**

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Natalee Alderman	Financial Aid Specialist	Financial Aid	Laney	Office of the Chancellor 510-986-6959 Peralta Community Colleges

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		11/28/2016	12/2/2016		11/28/2016	12/2/2016

Purpose: Federal financial aid training on updated regulations and procedures.

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 Diem Days (Maximum Permitted)
	\$140	\$69	\$209
			5
			\$905

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	\$905	\$905							\$905
Non-Per Diem			\$0	\$110	\$779	\$0	\$203	\$0	\$1,092
Total (Not to Exceed Amount):									\$1,997

Funding									
Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	5	11	543	5202	1	646000	1008	00	MC - 10/24/16
Local				5203					
Membership				5301					

Advance Payment Request

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

Category	Registration	Payee on Check	Requestion Number	Amount
Employee	Natalee Alderman			

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
<i>Natalee Alderman</i> 10/14/16	<i>Michelle Garcia</i> 10/14/16	<i>Patricia Steady</i> 10/24/16
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date

RECEIVED

Log 8-9



Paralta 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
Sean Brooke	Director	Office of International Education	District	510-466-7265

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
Costa Rica Community College Education Fair 2017

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates	Depart	Return
San Jose, Costa Rica	Costa Ric		4/25/2017	4/30/2017	(See instructions tab)	4/25/2017	4/30/2017

Purpose: To build network with high schools & counselors, and recruit international students from Costa Rica

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
	\$147	\$100	\$247
			Per Diem Days
			6
			\$ Each Day X Per Diem Days (Maximum Permitted)
			\$1,482

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	\$1,482	\$1,482							\$1,482
Non-Per Diem			\$1,950	\$140	\$1,111		\$240		\$3,441
Total (Not to Exceed Amount):									\$4,923

Funding									
Source	Loc	Fund	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	Registration	Sean Brooke	Payee on Check	Requisition Number	Amount
				2000106940	1,950.00
Employee	Sean Brooke				2,378.39

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
<i>MSB 11/01/16</i>	<i>[Signature]</i>	<i>[Signature]</i>
Business Officer / Date	Chancellor / Date	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
Dr. Joseph Koroma	Financial Aid Supervisor	Financial Aid	Laney	510-464-3420

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		11/28/2016	12/3/2016		11/28/2016	12/3/2016

Purpose: Federal financial aid training on updated regulations and procedures

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)
		\$140	\$69	\$209
				Per Diem Days
				6
				Permitted
				\$1,254

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	\$1,254	\$1,254							\$1,254	
Non-Per Diem			\$0	\$110	\$308	\$0	\$30	\$0	\$448	
									Total (Not to Exceed Amount):	\$1,702

Funding										
Source	Coding	Loc	Fund	Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration				5205					
	Non-Local	5	11	543	5202	1	646000	1008	00	<i>MC-Dialk</i>
	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	Registration	Payee on Check	Requisition Number	Amount
Employee	Joseph Koroma		2-107296	1702.00

Signatures and Approvals

Employee / Date	<i>Joseph Koroma</i> 10/17/16	Supervisor / Date	<i>[Signature]</i> 10/15/16	Chancellor / Date	<i>[Signature]</i> 10/15/16
Business Officer / Date	<i>[Signature]</i> 10/15/16	President / Date	<i>[Signature]</i> 10/15/16	Board of Trustees Approval Date	



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

Page # 2 - 106587

TRAVEL REQUEST AND EXPENSE CLAIM

Part 2: Expense Claim (Complete and submit after 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
Sadiq B. Ikharo	V/C General Services	General Services	District	510 466-7346

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

AACC Future Presidents Institute

City	State	Conference Dates (Inclusive)	Opening	Closing	Travel Dates (Inclusive)	Depart	Return
Las Vegas	CA	10/9/2016 - 10/13/2016	10/9/2016	10/13/2016	10/8/2016	10/13/2016	

- Claim cannot exceed amounts authorized on page 1, Expense Request.
- Receipts, when required, must be attached to Expense Claim when submitted for processing.
- If balance is a negative and employee received an advance, employee must repay part of advance.

Date →	10/8/2016	10/9/2016	10/10/2016	10/11/2016	10/12/2016	10/13/2016	Amount Claimed
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Per Diem Expenses (Receipts Required)

Lodging	249.22	189.00	189.00	189.00	189.00	38.64	15.23
Meals	28.11	19.17					

Incidentals

Per Diem Reconciliation

Per Diem Limit	172.00	172.00	172.00	172.00	172.00	227.64	15.23	
Total Expenses	277.33	208.17	189.00	189.00	189.00	227.64	15.23	
Claim*	172.00	172.00	172.00	172.00	172.00	15.23		
							Sub-Total:	\$875.23

*Claim is limited each day to the Per Diem Limit for the total of Lodging, Meals, & Incidentals expenses.

Non-Per Diem Expenses (Receipts Required) - If expense not on list below, use "Incidentals" category.

Fees

* Registration							
* Membership							
* Lodging Tax	229.06						229.06

Travel (Commercial travel to conference location.)

* Air Fare	391.96						391.96	
* Car/Taxi/Shuttle	367.53						367.53	
* Train / Bus								
* Taxi/Shuttle								
* Parking/Tolls	96.00						96.00	
* Personal Vehicle*		Total Miles:		Mileage Rate:	\$0.540			
							Sub-Total:	\$1,084.55

*Personal Vehicle cost cannot exceed normal air fare; miles computed from the shorter of work or home.
Employees receiving a travel stipend may not claim mileage or parking for a trip of 60 miles or less.

Advanced Payments Processed

Registration	Requisition No: 2-106579	Amount:	1,200.00	
Employee	Requisition No: 2-106585	Amount:	1,143.20	
			Sub-Total:	\$2,343.20

Signatures and Approvals

Employee / Date	Supervisor / Date	Expense Claim Total:	\$1,959.78
Sadiq B. Ikharo	10/12/16	Not to Exceed Amount:	2,629.00
		Total Claim Allowed:	1,959.78
		Less Advance Payments:	2,343.20
		Balance:	-\$383.42

President / Date	Business Officer / Date	Board Ratification Date

Charceller / Date	

OCT 04 2016



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

TRAVEL REQUEST AND EXPENSE CLAIM

BY: DW

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
Monica Amabalal	Faculty	Music	Merritt College	510-436-2480

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

American Musicological Society Annual Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Vancouver	Canada		11/3/16	11/6/16		11/2/16	11/7/16

Purpose: To learn the updated expected level of professional development in music.

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)
	\$130	\$71	\$201	4	\$674

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	\$674	\$385							\$385
Non-Per Diem			\$225	\$115	\$275				\$615
Total (Not to Exceed Amount):									\$1,000

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	6	01	01	651	5205	1	601100	3102	00	
Non-Local	6	01	01	651	5202	1	601100	3102	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	Registration	Employee	Payee on Check	Requisition Number	Amount
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Signatures and Approvals

Employee / Date: Monica Ape 10-4-2016
 Supervisor / Date: [Signature] 10/4/16
 President's Signature / Date: Maie-Clara Burns

Business Officer / Date: Berni 10/17/16
 Chairman / Date: [Signature] 10/18/16
 Board of Trustees Approval Date: _____

Director of Business and Administrative Services
 Date Received 10/11/16
 Document # 22



TRAVEL REQUEST AND EXPENSE CLAIM

OCT 18 16 AM 10:38

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
Ernesto Nery	Financial Aid Supervisor	Financial Aid	Merritt	510-436-2467

2016 - Federal Student Aid (FSA) National 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		11/28/2016	12/2/2016		11/28/2016	12/2/2016

Purpose: Annual Training 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
See Per Diem Rates Tab for amount to enter	
Lodging	\$140
Meals & Incidentals	\$69
Total \$ (Per Day)	\$209
Per Diem Days	5
Permitted	\$905

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	\$905	\$905							\$905
Non-Per Diem				\$130	\$600		\$80		\$810
Total (Not to Exceed Amount):									\$1,715

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	6	11	641	5202	1	646000	1008	00	RR b
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	Registration	Payee on Check	Requisition Number	Amount
Employee	Ernesto Nery (Vendor #: 0000732102)		2000107099	1,715.00

Signatures and Approvals

Employee / Date <i>Ernesto Nery</i> 10/19/16	Supervisor / Date <i>A. Cedeno</i> 10/19/16	President's Signature / Date <i>Mario-Glenn Bulwa</i>
Business Officer / Date Form 7400A - 5/12/2016 Finance and Administration	Chancellor / Date <i>[Signature]</i> 10/15/16	Out of State Travel: Board of Trustees Approval Date



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

OFFICE OF THE PRESIDENT
OCT 10 10:33 AM 10:33

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
Pauline Pang-Sagara	Financial Aid Specialist	Financial Aid	Merritt	510-436-2466

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

2016 - Federal Student Aid (FSA) National 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		11/28/2016	12/2/2016		11/28/2016	12/2/2016

Purpose: Annual Training 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)	See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Section B. Total \$ Each Day X Per Diem Days	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
		\$140	\$69	\$209	5	\$905

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	\$905	\$905							\$905	
Non-Per Diem				\$130	\$600		\$120		\$850	
									Total (Not to Exceed Amount):	\$1,755

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	6	11	641	5202	1	646000	1008	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	Registration	Registration	Employee	Payee on Check	Requisition Number	Amount
			Pauline Pang-Sagara (Vendor #: 0000731649)		2000107032	1,755.00

Signatures and Approvals

Employee / Date	Supervisor / Date	Chancellor / Date	President's Signature / Date	Out of State Travel: Board of Trustees Approval Date
<i>My 10/11/16</i>	<i>[Signature]</i> 10/14/16	<i>[Signature]</i> 10/18/16	<i>Mary Anne Burns</i>	
Business Officer / Date				
<i>[Signature]</i> 10/17/16				

Form 7400A - 5/12/2016 Finance and Administration

Director of Business and Administrative Services
Date Received 10/14/16
Document # 42



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

OFFICE OF THE PRESIDENT

TRAVEL REQUEST AND EXPENSE CLAIM

NOV 18 2016 AM 10:38

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
Sahra A. Omar	Financial Aid Specialist	Financial Aid Office	Merritt College	(510) 434-3946

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

2016 - Federal Student Aid (FSA) National 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		11/28/2016	12/2/2016		11/28/2016	12/4/2016

Purpose: Annual training to gain knowledge/updates on State and Federal policies in regards to Financial Aid Rules/Regulations.

Estimated Expenses

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

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

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)	See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
		\$140	\$69	\$209	5	\$905

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	\$905	\$905							\$905
Non-Per Diem				\$130	\$600		\$120		\$850
Total (Not to Exceed Amount):									\$1,755

Funding

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	6	11	641	5202	1	646000	1008	00	RB
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	Registration	Payee on Check	Requisition Number	Amount
Employee	Sahra A. Omar (Vendor: 0000729937)		2000107236	1,755.00

Signatures and Approvals

Employee / Date	Sahra Omar 10/11/16	Supervisor / Date	Acacia 10/17/16	President's Signature / Date	Mandi-Clare Burns
Business Officer / Date	Brown 10/17/16	Chancellor / Date	10/18/16	Out of State Travel: Board of Trustees Approval Date	



TRAVEL REQUEST AND EXPENSE CLAIM

OCT 27 15 PM 3:01

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
Antonia Andrew	Financial Aid Specialist	Financial Aid	Merritt	510-436-2695
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
2016 - Federal Student Aid (FSA) National Training Conference for Financial Aid Professionals				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
Atlanta	GA	11/28/2016	11/28/2016	12/2/2016
Travel Dates (See instructions tab)				
Depart			Return	
11/28/2016			12/2/2016	

Purpose: Annual Training 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 \$26/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		
Category	Maximum Permitted	Requested	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
See Per Diem Rates Tab for amount to enter				
Lodging	\$140		5	\$905
Meals & Incidentals	\$69			
Total \$ (Per Day)	\$209			

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	\$905	\$905							\$905
Non-Per Diem				\$130	\$600	\$11	\$60	\$96	\$897
Total (Not to Exceed Amount):									\$1,802

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration				5205					
Non-Local	6	11	641	5202	1	646000	1008	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	Registration	Payee on Check	Requisition Number	Amount
Employee	Antonia Andrew (Vendor #: 0000509024)		2000107349	1,802.00

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
<i>Antonia Andrew</i> 10/28/16	<i>Wendy Johnson</i> 10/28/16	<i>Maria Clara Bunn</i>
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date
<i>Kevin Lopez</i> 10/27/16	<i>Agave</i> 10/28/16	



URGENT

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
Antoine Mehoulley	Interim Director of Tech		District	5105877871

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

National Council on Black America Affairs (NCBAA)

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
St. Paul	Minnesota		10/23/2016	10/28/2016		10/23/2016	10/29/2016

Purpose:

Estimated Expenses

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

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

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)	Section B. Total \$ Each Day X Per Diem Days	
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals
	\$140	\$75
		Total \$ (Per Day)
		\$215
		Per Diem Days
		6
		\$ Each Day X Per Diem Days (Maximum Permitted)
		\$1,290

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	\$1,290	\$1,290							\$1,290
Non-Per Diem			\$1,500	\$150	\$379		\$20		\$2,049
Total (Not to Exceed Amount):									\$3,339

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	1	01	115	5205	1	678000	0000	00	AVC DEB
	Non-Local	1	01	115	5202	1	678000	0000	00	AVC DEB
	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	Registration	Employee
	NCBAA	Antoine Mehoulley
Payee on Check	Requisition Number	Amount
	2000107199	1,500.00
	2000107200	1,839.00

Signatures and Approvals

Employee / Date	10/13/16	Supervisor / Date	10-13-16	President's Signature / Date	
Business Officer / Date	10/12/16	Chancellor / Date	10-14-16	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
Matthew Jones	International Specialist	International	District	5.10e+09
Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)				
JustHope Nicaragua Service Learning Partnership Trip				
City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing
Managua, Nicaragua		11/30/2016	12/4/2016	
Travel Dates (See instructions tab)		Travel Dates		
11/30/2016		12/4/2016		
Purpose: Site visit to "Just Hope" Nicaragua to establish partnership for Peralta student participation in Service Learning Programs.				

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.

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)		Section B. Total \$ Each Day X Per Diem Days		
Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes
See Per Diem Rates Tab for amount to enter				
Lodging	\$105	\$105	\$100	\$205
Meals Incidentals	\$100	\$100	\$15	\$205
Total \$ (Per Day)	\$205	\$205	\$37	\$205
Per Diem Days	5	\$1,025		

Section C. Total Requested Expenditures for Conference				
Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes
Per Diem	\$1,025	\$605		
Non-Per Diem		\$380	\$15	\$1,309
Total (Not to Exceed Amount):				\$2,346

Funding						
Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix
Registration	1	01	125	5205	1	649400
Non-Local	1	01	125	5202	1	649400
Local				5203		
Membership				5301		

Advance Payment Request

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

Category	Payee on Check	Requisition Number	Amount
Registration	Just Hope		380.00
Employee	Matthew Jones (Hold for Pickup)		1,572.80

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date
10/14/16	10/14/16	
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date
5/3/16	10/21/16	



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
Kim Dinh	Senior Clerk	Financial Aid Office	College of Alameda	(510) 748-2392

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

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

Purpose: FSA Training Conference for Financial Aid Professionals to update new rules and regulations of the U.S. Department of Education.

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	Per Diem	Per Diem Days (Maximum Permitted)
	\$140	\$100	\$240	5
			Car/Taxi/ Shuttle	Parking / Tolls
			\$449	\$1,060
				Total Request
				\$1,739

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	\$1,060	\$1,060							\$1,060
Non- Per Diem			\$0	\$110	\$449		\$120		\$679
Total (Not to Exceed Amount):									\$1,739

Source	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	10/11/16
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	Registration	Employee	Payee on Check	Requisition Number	Amount

Signatures and Approvals

Employee / Date <i>Kim Dinh</i> 10/07/16	Supervisor / Date <i>Kim Dinh</i> 10/11/16	President's Signature / Date <i>Kim Dinh</i>
Business Officer / Date <i>Kim Dinh</i> 10/12/16	Chancellor / Date <i>Kim Dinh</i> 10/28/16	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
MIRIAM FERNANDEZ	FA SPECIALIST	FINANCIAL AID OFFICE	COA	510-748-2111

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		11/28/2016	12/2/2016		11/28/2016	12/2/2016

Purpose: To receive an update for Federal and State rules and regulations.

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
	\$140	\$100	\$240	5
			Each Day X Per Diem Days (Maximum Permitted)	\$1,060

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	\$1,060	\$1,060							\$1,060
Non- Per Diem			\$0	\$110	\$449		\$120		\$679
Total (Not to Exceed Amount):									\$1,739

Source	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	
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	Registration	Employee	Payee on Check	Requisition Number	Amount

Signatures and Approvals

Employee / Date 10/7/16	Supervisor / Date 10/11/16	President's Signature / Date
Business Office / Date 10/16/16	Chancellor / Date 10/25/16	Out of State Travel: Board of Trustees Approval Date



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

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OCT 12 2016

TRAVEL REQUEST AND EXPENSE CLAIM

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

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Aaron Mobley	Instructor	Arts & Cultural Studies	Berkeley City College	469-261-8794

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

Forbidden Music + Festival 2016: Forbidden Composers - Schoenberg, Weill, Winterberg

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Tucson	AZ		10/13/2016	10/17/2016		10/13/2016	10/17/2016

Purpose: I am the invited guest scholar and have been invited to speak and present at this multiple-day music festival.

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 Diem Days (Maximum Permitted)
	\$91	\$59	\$150
			5
			\$750

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	\$750	\$236							\$236
Non- Per Diem				\$33	\$479		\$252		\$764
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						5205					
Non-Local	8	01	851		5202		1	601100	3102	02	
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	Registration	Employee	Payee on Check	Requisition Number	Amount

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date	Out of State Travel: Board of Trustees Approval Date
<i>[Signature]</i> 10/14/16	<i>[Signature]</i> 10/14/16	<i>[Signature]</i> 10/14/16	
Business Officer / Date	Chancellor / Date		



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

TRAVEL REQUEST AND EXPENSE CLAIM

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

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

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Ada Clark	FA Clerical Assistant II	Financial Aid Office	BCC	510-981-2941

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	12/2/2016

Purpose:

Estimated Expenses

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

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

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)	Section B. Total \$ Each Day X Per Diem Days			
See Per Diem Rates Tab for amount to enter				
Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
\$140	\$69	\$209	4	\$836

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	\$836	\$836							\$836	
Non-Per Diem				\$110	\$439	\$17	\$40		\$606	
									Total (Not to Exceed Amount):	\$1,442

Funding										
Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date	
Registration				5205						
Non-Local	8	11	842	5202	1	646000	1008	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	Registration	Payee on Check	Requisition Number	Amount
Employee	Ada Clark		2000107134	1,153.60

Signatures and Approvals

Employee / Date	Supervisor / Date	President's Signature / Date	Out of State Travel: Board of Trustees Approval Date
Ada Clark 10/12/16	[Signature] 10/13/16	[Signature] 10/15/16	
Business Officer / Date	Chancellor / Date		
[Signature] 10/19/16	[Signature] 10/16/16		



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
Elena Givental	Adjunct Faculty	Science	BCC	(510)697-0043

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

American Association of Geographers Annual Meeting (<http://www.aag.org/cs/annualmeeting>)

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Boston	MA		4/5/2017	4/9/2017		4/6/2017	4/9/2017

Purpose: Presentation of a scholarly paper

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)
	\$275	\$69	\$344	5	\$1,720

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	\$1,720	\$153							\$153
Non-Per Diem			\$295		\$552				\$847
Total (Not to Exceed Amount):									\$1,000

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	8	01	01	851	5205	1	601100	3102	02	[Signature] 10/15/16
Non-Local	8	01	01	851	5202	1	601100	3102	02	[Signature] 10/17/16
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	Registration	Employee	Payee on Check	Requisition Number	Amount

Signatures and Approvals

Employee / Date [Signature] 10/14/16	Supervisor / Date [Signature] 10/14/16	President's Signature / Date [Signature] 10/12/16
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date



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

TRAVEL REQUEST AND EXPENSE CLAIM

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

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

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Hollie Hardy	English Instructor	English	Berkeley City College	510-917-0919

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

Association of Writers and Writing Programs

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See Instructions tab)	Depart	Return
Washington D.C.	DC		2/8/2017	2/11/2017		2/8/2017	2/12/2017

Purpose: To connect with and learn from authors, teachers, students, writing programs, literary centers, and publishers from across the nation in order to develop engaging curriculum and learn best practices to promote student success.

Estimated Expenses

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

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)	See Per Diem Rates Tab for amount to enter	Section B. Total \$ Each Day X Per Diem Days			
		Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days
		\$182	\$69	\$251	4
					\$1,004

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	\$1,004	\$257							\$257	
Non- Per Diem			\$145	\$115	\$433		\$50		\$743	
									Total (Not to Exceed Amount):	\$1,000

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
	Registration	8	01	851	5205	1	601100	3102	02	Per Diem 10/14/14
	Non-Local	8	01	851	5202	1	601100	3102	02	Per Diem 10/14/14
	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	Registration	Employee	Payee on Check	Requisition Number	Amount

Signatures and Approvals

Employee/ Date <i>Hollie Hardy</i> 10/17/14	Supervisor / Date <i>[Signature]</i> 10/14/14	President's Signature / Date <i>[Signature]</i> 10/10/14
Business Officer / Date <i>[Signature]</i> 10/17/14	Chancellor / Date <i>[Signature]</i> 10/14/14	Out of State Travel: Board of Trustees Approval Date



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

Reg: 2-107182

Vendor: 604441

TRAVEL REQUEST AND EXPENSE CLAIM



RECEIVED
10/14/16

Part 1: Travel Request (Complete and submit before attending conference)
Please type or print and ensure all information is provided as omissions can delay processing.

Employee Name	Job Title	Office / Department	Location	Day Phone Number
DAVID SIMON	INSTRUCTOR	ECONOMICS	LANEY	510-464-3201

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

University of Delaware Doctoral Course

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates	Depart	Return
NEWARK	DE		8/30/2016	12/17/2016	(See instructions tab)		

Purpose: To take a doctoral sustaining course.

Estimated Expenses

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

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

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)	See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Section B. Total \$ Each Day X Per Diem Days	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
				Total \$ (Per Day)	110	\$0

Section C. Total Requested Expenditures for Conference									
Category	Maximum Permitted	Amount Requested	Registration	Lodging Taxes	Travel (Air/Train)	Mileage	Car/Taxi/ Shuttle	Parking / Tolls	Total Request
Per Diem									\$0
Non-Per Diem		\$993							\$993
Total (Not to Exceed Amount):									\$993

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	01	551	5205	1	60100	3102	00	21
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	Registration	Employee	Payee on Check	Requisition Number	Amount

Signatures and Approvals

Employee / Date <i>Simon</i> 9/8/16	Supervisor / Date <i>[Signature]</i>	President's Signature / Date <i>[Signature]</i>
Business Officer / Date <i>[Signature]</i> 10/11/16	Chancellor / Date <i>[Signature]</i> 10/11/16	Out of State Travel: Board of Trustees Approval Date



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

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OCT 03 2016

Logged

TRAVEL REQUEST AND EXPENSE CLAIM

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

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Phyllis Carter	Business Director	Business Office	Laney College	510-464-3252

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

NACBO 2016 Managerial Analysis and Decision Support

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Denver	CO		11/17/2016	11/18/2016		11/16/2016	11/18/2016

Purpose: Skill Enhancement for the field of Community College Business Administration

Estimated Expenses

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

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

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)	See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Section B. Total \$ Each Day X Per Diem Days	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
		\$200	\$64	\$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			\$730	\$62	\$300		\$50		\$1,142
Total (Not to Exceed Amount):									\$1,670

Source	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration	5	01	531	5205	1	672000	0000	00	
Non-Local	5	01	531	5202	1	672000	0000	00	\$940
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	Registration	Employee	Payee on Check	Requisition Number	Amount
NACUBO		Phyllis Carter		2000106555	730.00
					752.00

Signatures and Approvals

Employee / Date <i>Phyllis Carter</i> 9/26/16	Supervisor / Date <i>[Signature]</i> 10/09/16	President's Signature / Date <i>[Signature]</i> 10/13/16
Business Officer / Date	Chancellor / Date	Out of State Travel: Board of Trustees Approval Date