



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.

[Handwritten signature]

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Neil Dunlop	Instructor	CIS	Berkeley City College	510-234-1436

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

Microsoft Visual Studio Live, March 13-17, 2017

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		3/13/2017	3/17/2017		3/12/2017	3/17/2017

Purpose: Learn latest Microsoft technologies for data analytics, web programming and cloud computing.

Estimated Expenses

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

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

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

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

See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
			\$0	5	\$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			\$1,000						\$1,000
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	<i>[Signature]</i> 11/17/16
	Non-Local				5202					
	Local				5203					
	Membership				5301					

Advance Payment Request

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

Category	Payee on Check	Requisition Number	Amount
Registration			
Employee			

Signatures and Approvals

<i>[Signature]</i> Employee / Date	<i>[Signature]</i> 11/17/16 Supervisor / Date	<i>[Signature]</i> 11/21/16 President's Signature / Date
<i>[Signature]</i> 11/21/16 Business Officer / Date	<i>[Signature]</i> SC 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
Thomas Kies	Instructor	Social Sciences	BCC	510-981-2934

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

Society for Latin American and Carribean Anthropology Annual Conference

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Antigua Guatemala			4/5/2017	4/8/2017		4/5/2017	4/15/2017

Purpose: There are many benefits to attending the SLACA conference, 1) Collaborate w/colleagues of immigration. 2) Stay current in my discipline and improve teaching (ANTH 2, 3, and 13) Visit Tikal and develop teaching units on the site for ANTH 18 and ANTH

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)
	\$106	\$76	\$182	4	\$728

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	\$318	\$318							\$318
Non- Per Diem			\$80		\$602				\$682
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	[Signature] 11/17/16
	Non-Local	8	01	851	5202	1	601100	3102	02	[Signature] 11/17/16
	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	Payee on Check	Requisition Number	Amount
Registration			
Employee			

Signatures and Approvals

[Signature] 11/21/16	[Signature] 11/17/16	[Signature] 11/21/16
Employee / Date	Supervisor / Date	President's Signature / Date
[Signature] 11/21/16	[Signature] 11/23/16	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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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
Amany Masry	Curriculum and Tech An	Educational Services	District	466-7301

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

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	Nevada		2/27/2017	3/2/2017		2/26/2017	3/2/2017

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)
	\$189	\$100	\$289	4	\$1,156

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	\$1,256	\$1,256							\$1,256
Non- Per Diem			\$900	\$91	\$439	\$9	\$80		\$1,519
Total (Not to Exceed Amount):									\$2,775

Funding										
Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration		1	121	1	5205	1	603100	0000	00	<i>[Signature]</i>
Non-Local		1	121	1	5202	1	603100	0000	00	<i>[Signature]</i>
Local					5203		<i>600300</i>			
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	Higher Education User Group	108 054	900.00
Employee	A. Elmasry	108 057	1,400.00

Signatures and Approvals

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

Req # 2-108341

DEC 02 2016 **TRAVEL REQUEST AND EXPENSE CLAIM**

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

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Nick Kyriakopedi	Instructor	Environmental Control Technology	B-150	510-464-3292

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
 ASHRAE Winter Conference and Expo

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		1/31/2017	2/1/2017		1/30/2017	2/1/2017

Purpose: Networking with fellow colleagues and the industry to learn and see more of the new technological advancements.

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)
	\$49	\$70	\$119	2	\$238

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	\$238	\$238							\$238
Non- Per Diem			\$0	\$47	\$128	\$9	\$65	\$75	\$324
Total (Not to Exceed Amount):									\$562

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	Nick Kyriakopedi	2-108341	\$562

Signatures and Approvals

Employee / Date: [Signature] 11/17/16
 Supervisor / Date: [Signature] 11/17/16
 President's Signature / Date: [Signature] 11/17/16
 Out of State Travel: [Signature]
 Board of Trustees Approval Date: [Signature]

Ref # 2-108342

NOV 21 2016

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

TRAVEL REQUEST AND EXPENSE CLAIM

DEC 09 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
Charles Frost	Instructor	Environmental Control Technology	B-150	510-464-3292

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
ASHRAE Winter Conference and Expo

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Las Vegas	NV		1/31/2017	2/1/2017		1/30/2017	2/1/2017

Purpose: Networking with fellow colleagues and the industry to learn and see more of the new technological advancements.

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)
	\$49	\$70	\$119	2	\$238

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	\$238	\$238							\$238
Non- Per Diem			\$0	\$47	\$128	\$9	\$65	\$75	\$324
Total (Not to Exceed Amount):									\$562

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	1731	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	Charles Frost JR.	2-108342	562.00

Signatures and Approvals

Employee / Date Charles Frost JR. 11/16/16	Supervisor / Date Pete J. [Signature] 11/17/16	President's Signature / Date Patricia Stanley 12/1/16
Business Officer / Date [Signature] 11/16/16	Chancellor / Date [Signature] 11/16/16	Out of State Travel: Board of Trustees Approval Date

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Req 2-108354
Vendor 730215
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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.)

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

Office of the Chancellor
Peralta Community College District

Employee Name	Job Title	Office / Department	Location	Day Phone Number
Robert Crowley	Part-Time Inst/Coach	Athletics	Field House	(510) 439-6541

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

AFCA National Convention

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See Instructions tab)	Depart	Return
Nashville	TN		1/8/2017	1/11/2017		1/7/2017	1/11/2017

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.
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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)	
	\$132	\$61	\$193	4	\$772	

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	\$772	\$772							\$772
Non- Per Diem			\$90	\$88	\$404		\$30		\$612
Professional Development \$750 Max									Total (Not to Exceed Amount): \$1,384

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	[Signature] 11/21
Non-Local		5	01	551	5202	1	601100	3102	00	[Signature] 11/21
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. Professional Development. Max \$750^{xx}

Category	Payee on Check	Requisition Number	Amount
Registration			
Employee	Robert Crowley	2-108354	750 ^{xx}

Signatures and Approvals

[Signature] 11/8/16	[Signature] 11/8/16	[Signature] 12/1/16
Employee / Date	Supervisor / Date	President's Signature / Date
[Signature] 11/22/16	[Signature] 11-02-16	Out of State Travel: Board of Trustees Approval Date
Business Officer / Date	Chancellor / Date	

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Office of the Chancellor
Peralta Community College District

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
Sean Brooke	Director	International Education	District	510-466-7295

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
Meetings with IDP Education Offices

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Hong Kong	HK		1/22/2017	1/28/2017		1/22/2017	1/28/2017

Purpose: Meetings with IDP Education counselors and prospective students to recruit students from Taiwan and Hong Kong

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Lodging</th> <th style="width: 15%;">Meals & Incidentals</th> <th style="width: 15%;">Total \$ (Per Day)</th> <th style="width: 15%;">Per Diem Days</th> <th style="width: 40%;">\$ Each Day X Per Diem Days (Maximum Permitted)</th> </tr> <tr> <td style="text-align: center;">\$355 ✓</td> <td style="text-align: center;">\$100 ✓</td> <td style="text-align: center;">\$455</td> <td style="text-align: center;">7</td> <td style="text-align: center;">\$2,830</td> </tr> </table>	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)	\$355 ✓	\$100 ✓	\$455	7	\$2,830
Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)							
\$355 ✓	\$100 ✓	\$455	7	\$2,830							

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	\$2,830	\$2,830							\$2,830
Non- Per Diem				\$150	\$1,593 ✓	\$50	\$200	\$150	\$2,143
Total (Not to Exceed Amount):									\$4,973

Funding

Source	Coding	Loc	Fund	Cost Center	Object	Program	Activity Suffix	Proj	Line	Cost Center Manager Approval / Date
Registration					5205					
Non-Local		1	01	125	5202	1	649400	0000	00	
Local					5203					
Membership					5301					

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

Category	Payee on Check	Requisition Number	Amount
Registration	Employee: Sean Brooke		3,978.40

Signatures and Approvals

Employee / Date 11/18/16 11/30/16 Business Officer / Date	Supervisor / Date VCFA Chancellor / Date 12-02-16	President's Signature / Date Out of State Travel: Board of Trustees Approval Date
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Req 2-108353
Vendor 729642

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

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TRAVEL REQUEST AND EXPENSE CLAIM

NOV 21 2016

Office of the Chancellor
Peralta Community College

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
Josh Ramos	Kin Instructor/Coach	Kinesiology/Athletics	Laney	(510)464-3475

Conference or other Travel Name (Attach conference announcement, brochure, or other descriptive document.)
2017 AFCA National Convention

City	State	Conference (Working) Dates (Used to compute per diem days)	Opening	Closing	Travel Dates (See instructions tab)	Depart	Return
Nashville	TN		1/7/2017	1/11/2017		1/7/2017	1/10/2017

Purpose: Professional Development

Estimated Expenses

Identify all anticipated expenses for this conference. Claim may be less than, but cannot exceed requested amount.
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 • Per Diem Amount requested must be equal or less than maximum.
 • Use "Google Maps" to determine mileage. Personal vehicle travel cannot exceed economy airfare.

Section A. Daily Per Diem Limits (Maximum Expenses Per Day)			Section B. Total \$ Each Day X Per Diem Days		
See Per Diem Rates Tab for amount to enter	Lodging	Meals & Incidentals	Total \$ (Per Day)	Per Diem Days	\$ Each Day X Per Diem Days (Maximum Permitted)
	\$187	\$61	\$248	5	\$1,239

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			\$100	\$560	\$500		\$100		\$1,260
Professional Development \$750 Max									Total (Not to Exceed Amount): \$1,260

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	[Signature] 11/21
	Non-Local	5	01	551	5202	1	601100	3102	00	[Signature] 11/21/16
	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.

Professional Development \$750 Max

Category	Payee on Check	Requisition Number	Amount
Registration			
Employee	Josh Ramos	2-108353	750 ⁰⁰

Signatures and Approvals

[Signature] 10/22/16 Employee / Date	[Signature] 10/11/16 Supervisor / Date	[Signature] 12/1/16 President's Signature / Date
[Signature] 11/21/16 Business Officer / Date	[Signature] 11-02-16 Chancellor / Date	Out of State Travel: Board of Trustees Approval Date