

## Evidence of Counselors Attending Professional Development Training 2012-2013

### Fall 2012

	<b>Counselor</b>	<b>Conference/Training/Meeting</b>	<b>Dates:</b>	
1	Sohrabi	TCDA Regional Meeting	September 13, 2012	September 14, 2012
2	Barrales	UC Counselors Conference	September 15, 2012	
3	Mendez	UC Counselors Conference	September 15, 2012	
4	Martin	UC Counselors Conference	September 15, 2012	
5	Barrales	EOPS.CARE.CalWORKs New Directors Training	September 17, 2012	September 21, 2012
6	Reyes	CSU CC Counselors Conference	September 27, 2012	
7	Alforja	CSU CC Counselors Conference	September 27, 2012	
8	Mata	CSU CC Counselors Conference	September 27, 2012	
9	Barrales	CSU CC Counselors Conference	September 27, 2012	
10	Aranyakul	CSU CC Counselors Conference	September 27, 2012	
11	Darafshi	CSU CC Counselors Conference	September 27, 2012	
12	Martin	CSU CC Counselors Conference	September 27, 2012	
13	Mendez	CSU CC Counselors Conference	September 27, 2012	
14	Mendoza	CSU CC Counselors Conference	September 27, 2012	
15	Sigona	CSU CC Counselors Conference	September 27, 2012	
16	Basques	CSU CC Counselors Conference	September 27, 2012	
17	Martin	MBTI Certification Course	October 8, 2012	October 12, 2012
18	Barrales	CCCCEOPSA	October 9, 2012	October 12, 2012
19	Mata	CCCCEOPSA	October 9, 2012	October 12, 2012
20	Reyes	SJSU Regional Counselor Conference	October 11, 2012	

### Spring 2013

	<b>Counselor</b>	<b>Conference/Training/Meeting</b>	<b>Dates:</b>	
21	Barrales	2013 E4FC Educator Conference	January 19, 2013	
22	Barrales	EOPS.CARE.CalWORKs Statewide Tech Asst Training	March 4, 2013	March 5, 2013
23	Barrales	CalWORKs Association Training	April 15, 2013	April 17, 2013
24	Barrales	ETS Conference	May 20, 2013	
25	Aranyakul	ETS Conference	May 20, 2013	
26	Darafshi	ETS Conference	May 20, 2013	
27	Sohrabi	ETS Conference	May 20, 2013	
28	Martin	ETS Conference	May 20, 2013	
29	Mendez	ETS Conference	May 20, 2013	
30	Basques	ETS Conference	May 20, 2013	
31	Sigona	ETS Conference	May 20, 2013	
32	Mendoza	ETS Conference	May 20, 2013	
33	Barrales	CalWORKs Region 3 Meeting	June 7, 2013	
34	Martin	Career Changes and Choices Implementation Workshop	June 13, 2013	June 14, 2013
35	Barrales	EOPS Region 3 Meeting	June 13, 2013	

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name: Soraya Sohrabi

Date August 21, 2012

Title or Purpose of Conference TCDA Regional Meeting

Location (City, State) Sacramento

Dates of Conference September 13 and 14, 2012

School Days Involved: Yes

If applicable, have you applied for Professional Development for conference or replacement costs? Yes

Substitute required? No Substitute Name \_\_\_\_\_

## Estimated Expenses

Transportation (check applicable mode)

* _____ Common Carrier	\$ _____
_____ <u>X</u> _____ Personal Car (55.0 cents per mile)	\$ <u>129.0</u>
* Lodging	\$ <u>94.0</u>
* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS)	\$ <u>40.0</u>
* Conference Registration Fees	\$ <u>0.0</u>
* Shuttle/Bus/Taxi fares to and from terminals	\$ _____
* Miscellaneous (bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)	\$ <u>5.0</u>
* Car Rental (prior approval required)	\$ _____
TOTAL ESTIMATED EXPENSE	\$ <u>268.0</u>

Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_

(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

## Administrative Approval

Dean KY

Vice President Robin Richard 8/27/12

President \_\_\_\_\_

(Required for Out-Of-State travel)

Rules and Regulations

## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Lorraine Barrales-Ramirez Date 7/19/12

Title or Purpose of Conference UC Counselors Conference

Location (City, State) Berkeley, CA

Dates of Conference September 15, 2012

School Days Involved 0

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? na Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

.555 Personal Car (.585 cents per mile) \$ 48.28

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ \_\_\_\_\_

\* Shuttle/Bus/Taxi fares to and from terminals \$ 40.00

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_


TOTAL ESTIMATED EXPENSE \$ 88.28


Budget account(s) to be charged 31003-3340-5211-642600 \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President 

President \_\_\_\_\_  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Sandra Mendez Date 8/29/12  
Title or Purpose of Conference UC Counselor Conference  
Location (City, State) Berkeley, CA  
Dates of Conference 9/15/12  
School Days Involved N/A  
If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_  
Substitute required? \_\_\_\_\_ Substitute Name \_\_\_\_\_

## Estimated Expenses

Transportation (check applicable mode)

- \* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_
- \* 87 miles Personal Car (55.5 cents per mile) \$ 48.29
- \* Lodging \$ \_\_\_\_\_
- \* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_
- \* Conference Registration Fees \$ 40
- \* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_
- \* Miscellaneous (bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls) \$ \_\_\_\_\_
- \* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 88.29

Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ 88.29  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

## Administrative Approval

Dean [Signature]

Vice President John Richards 9/6/12

President \_\_\_\_\_  
(Required for Out-Of-State travel)

## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Nick Martin Date 8/30/12

Title or Purpose of Conference UC Counselor Conference

Location (City, State) Benbeley, Ca

Dates of Conference 9/15/12 - Saturday

School Days Involved n/a

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? \_\_\_\_\_ Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

* _____ Common Carrier	\$ _____
_____ Personal Car (55.5 cents per mile)	\$ <u>15.98</u>
* Lodging	\$ <u>n/a</u>
* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS)	\$ <u>n/a</u>
* Conference Registration Fees	\$ <u>40</u>
* Shuttle/Bus/Taxi fares to and from terminals	\$ <u>n/a</u>
* Miscellaneous (bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)	\$ <u>n/a</u>
* Car Rental (prior approval required)	\$ <u>n/a</u>
TOTAL ESTIMATED EXPENSE	\$ <u>55.98</u>

Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ 55.98  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President Robin Richard 9/6/12

President \_\_\_\_\_  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOE requiring an advance.

Name Lorraine Barrales-Ramirez Date 7/19/12

Title or Purpose of Conference EOPS/CARE and CalWORKs Directors Training

Location (City, State) Sacramento, CA

Dates of Conference September 17-21, 2012

School Days Involved 5

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? no Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

.555 Personal Car (.585 cents per mile) \$ 129.87

\* Lodging \$ 477.90

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ 200.00

\* Conference Registration Fees \$ \_\_\_\_\_

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ 50.00

TOTAL ESTIMATED EXPENSE \$ 857.77

Budget account(s) to be charged EOPS: 31003-3340-5211-642600/CalWORKs: 31031-3340-5211-639003 \$ \_\_\_\_\_

Professional Development, if applicable CCCCO will reimburse for lodging, travel, and per diem expenses. \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President 

President \_\_\_\_\_  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name William Reyes Date 8/30/12

Title or Purpose of Conference CSU Norcal Community College Counselors Conference

Location (City, State) CSM - San Mateo

Dates of Conference Thurs. 9/27/12

School Days Involved 8-12:30pm - Half Day

If applicable, have you applied for Professional Development for conference or replacement costs? NO

Substitute required? NO Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

19.9 Personal Car (55.5 cents per mile) \$ 11.04

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 65.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

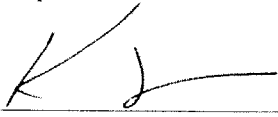
TOTAL ESTIMATED EXPENSE \$ 76.04

Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ 76.04v  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_  
(Required for Out-Of-State travel)



# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name MELISSA ALFORJA Date AUGUST 29, 2012

Title or Purpose of Conference CSU ANNUAL CONFERENCE 2012

Location (City, State) COLLEGE OF SAN MATEO, CA

Dates of Conference 9/12/12

School Days Involved 1

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_  
Substitute required? \_\_\_\_\_ Substitute Name \_\_\_\_\_

## Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

\_\_\_\_\_ Personal Car (55.5 cents per mile) \$ \_\_\_\_\_

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 65.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

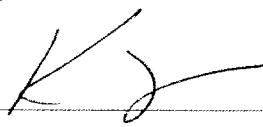
TOTAL ESTIMATED EXPENSE \$ 65.00

Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ 65.00 ✓  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

## Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_

(Required for Out-Of-State travel)



# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Cindy Mata Date 5/23/2012

Title or Purpose of Conference CSU Community College Counselor Conference

Location (City, State) San Mateo, CA

Dates of Conference September 27, 2012

School Days Involved \_\_\_\_\_

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? \_\_\_\_\_ Substitute Name \_\_\_\_\_

## Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

x Personal Car (48.5 cents per mile) \$ 10.25

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 65

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 75.25

Budget account(s) to be charged 31003-3340-5211-642600 \$ \_\_\_\_\_

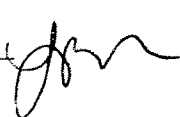
Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_

(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

## Administrative Approval

Dean 

Vice President  

President \_\_\_\_\_

(Required for Out-Of-State travel)

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## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Lorraine Barrales-Ramirez Date 7/19/12

Title or Purpose of Conference CSU Counselors Conference

Location (City, State) San Mateo, CA

Dates of Conference September 27, 2012

School Days Involved 0

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? na Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

.555 Personal Car (.585 cents per mile) \$ 10.77

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ \_\_\_\_\_

\* Shuttle/Bus/Taxi fares to and from terminals \$ 65.00

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 75.77

Budget account(s) to be charged 31003-3340-5211-642600 \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_

(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President  8/16/12

President \_\_\_\_\_

(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Siriporn (Sarah) Aranyakul Date 5/23/2012

Title or Purpose of Conference: CSU Community College Counselor Conference

Location (City, State) San Mateo, CA

Dates of Conference September 27, 2012

School Days Involved \_\_\_\_\_

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? \_\_\_\_\_ Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

\_\_\_\_\_ Personal Car (~~48.5~~<sup>55.5</sup> cents per mile) 186.48 x \$55.5 \$ 10,25

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 65

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 75,25

Budget account(s) to be charged 31003-3340-5211-642600 \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_

(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean  

Vice President Robin Richard

President \_\_\_\_\_  
(Required for Out-Of-State travel)

## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Gloria Datarafski Date 8/30/12  
Title or Purpose of Conference CSU NorCal Community College Counselors Conf.  
Location (City, State) CSM - San Mateo  
Dates of Conference Thurs. 9/27/12  
School Days Involved 8 - 12:30 PM - half day  
If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_  
Substitute required? NO Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

\_\_\_\_\_ Personal Car (55.5 cents per mile) \$ \_\_\_\_\_

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

✓ \* Conference Registration Fees \$ 65.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

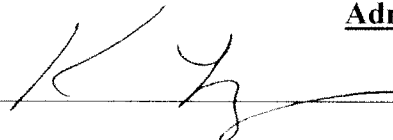
TOTAL ESTIMATED EXPENSE \$ 65.00

Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ 65.00  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_

(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Nick Martin Date 08/30/2012

Title or Purpose of Conference CSU Community College Counselors Conference

Location (City, State) San Mateo, CA

Dates of Conference Sept. 27, 2012

School Days Involved 1/2 a day

If applicable, have you applied for Professional Development for conference or replacement costs? Yes

Substitute required? NO Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

20.2 Personal Car (55.5 cents per mile) \$ 11.21

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 65.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 76.21


Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ 76.21

(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_

(Required for Out-Of-State travel)

## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOF requiring an advance.

Name Sandra Mendez Date 8/29/12

Title or Purpose of Conference CSU Community College Counselor Conference

Location (City, State) San Mateo, CA

Dates of Conference 9/27/12

School Days Involved \_\_\_\_\_

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? \_\_\_\_\_ Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

\_\_\_\_\_ Personal Car (55.5 cents per mile) \$ \_\_\_\_\_

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 65.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 65.00

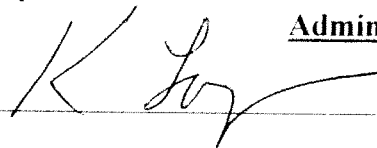
Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ 65.00

(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_

(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Michelle Mendoza Date 08/30/2012

Title or Purpose of Conference CSU Community College Counselors Conference

Location (City, State) San Mateo, CA

Dates of Conference Sept. 27, 2012

School Days Involved 1/2 a day

If applicable, have you applied for Professional Development for conference or replacement costs? Yes

Substitute required? NO Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

\_\_\_\_\_ Personal Car (55.5 cents per mile) \$ \_\_\_\_\_

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 65.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 65.00


Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ 65.00

(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_

(Required for Out-Of-State travel)



## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference  
To be submitted for conference: NOT return for advance

Name: Nadia Sigona

Date: July 30, 2012

Title or Purpose of Conference: CSU Annual Conference 2012

Location (City, State): College of San Mateo - San Mateo, CA

Dates of Conference: September 27, 2012

School Days Involved:

If applicable, have you applied for Professional Development for conference or replacement costs?

Substitute required:                      Substitute Name:

### Estimated Expenses

Transportation (check applicable mode)

* _____ Common Carrier	\$ _____
_____ Personal Car (48.5 cents per mile)	\$ _____
* Lodging	\$ _____
* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS - \$20.00 WITHOUT RECEIPTS)	\$ _____
* Conference Registration fees	\$ 65.00
* Shuttle/Bus/Taxi fares to and from terminals	\$ _____
* Miscellaneous (bridge tolls, parking charges, business transit fares to conference, rental hotel for business phone calls)	\$ _____
* Car Rental (prior approval required)	\$ _____
<b>TOTAL ESTIMATED EXPENSE:</b>	<b>\$ 65.00</b>

Budget account(s) to be charged: \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable: Applying for Professional Development \$ 65.00  
(If this is not Professional Development, please indicate benefit to the College on back.)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean



Vice President



President

(Required by Out-Of-State Use)

## **CONFERENCE ATTENDANCE APPROVAL**

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Tony Basques Date 09/19/2012

Title or Purpose of Conference CSU Conference

Location (City, State) San Mateo, CA

Dates of Conference 09/27/2012

School Days Involved 1

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? NO Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

\_\_\_\_\_ Personal Car (55.5 cents per mile) \$ \_\_\_\_\_

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 95.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

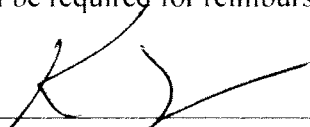
TOTAL ESTIMATED EXPENSE \$ 95.00

Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ 95.00  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Nick Mantra Date 8/30/12

Title or Purpose of Conference MBTI Certification Course

Location (City, State) Portland, OR

Dates of Conference 10/8/12 → 10/12/12

School Days Involved 10/8/12 → 10/12/12

If applicable, have you applied for Professional Development for conference or replacement costs?

Substitute required? yes Substitute Name Victoria Worch (10/8 only)

## Estimated Expenses

Transportation (check applicable mode)

\*  Common Carrier - Southwest airlines \$ 177

Personal Car (55.5 cents per mile) \$ n/a

\* Lodging \$ 800

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ n/a

\* Conference Registration Fees - already paid \$ n/a

\* Shuttle/Bus/Taxi fares to and from terminals \$ n/a

\* Miscellaneous \$ n/a  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ n/a

TOTAL ESTIMATED EXPENSE \$ 977


Budget account(s) to be charged \$ \_\_\_\_\_

Professional Development, if applicable \$ 500

(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

## Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_

(Required for Out-Of-State travel)

### CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOI requiring an advance.

Name Lorraine Barrales-Ramirez Date 7/19/12

Title or Purpose of Conference CCCEOPSA Association Conference

Location (City, State) Fresno, CA

Dates of Conference October 9-12, 2012

School Days Involved 3

If applicable, have you applied for Professional Development for conference or replacement costs?  
Substitute required?  Substitute Name \_\_\_\_\_

#### Estimated Expenses

Transportation (check applicable mode)

\*            Common Carrier \$           

.555 Personal Car (.585 cents per mile) \$ 203.13 ✓

\* Lodging \$ 285.57 ✓

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ 160.00

\* Conference Registration Fees \$ 300.00 ✓

\* Shuttle/Bus/Taxi fares to and from terminals \$           

\* Miscellaneous \$             
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$           

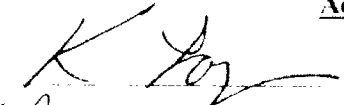
TOTAL ESTIMATED EXPENSE \$ 948.70

Budget account(s) to be charged 31003-3340-5211-642600 \$           

Professional Development, if applicable will apply for PD \$             
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

#### Administrative Approval

Dean 

Vice President 

President \_\_\_\_\_  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Cindy Mata Date 9-08-12

Title or Purpose of Conference CCCEOPSA Conference

Location (City, State) Fresno, CA

Dates of Conference October 9-12, 2012

School Days Involved 4

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? n/a Substitute Name \_\_\_\_\_

## Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

.555 Personal Car (.585 cents per mile) \$ 203.13

\* Lodging \$ 0.00

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ 160.00

\* Conference Registration Fees \$ 350.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 713.13

Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable Will apply for PD \$ \_\_\_\_\_

(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

## Administrative Approval

Dean [Signature]

Vice President Robin Richards 9/18/12

President \_\_\_\_\_  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name William Reyes Date 10/04/11

Title or Purpose of Conference 2012 SJSU Bay Area Regional Counselor Conference

Location (City, State) San Jose State University, San Jose, CA

Dates of Conference 10/11/12

School Days Involved 1

If applicable, have you applied for Professional Development for conference or replacement costs? n/a

Substitute required? n/a Substitute Name n/a

## Estimated Expenses

Transportation (check applicable mode)

\*            Common Carrier \$           

61 miles Personal Car (55.5 cents per mile) \$ 33.85

\* Lodging \$           

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$           

\* Conference Registration Fees \$           

\* Shuttle/Bus/Taxi fares to and from terminals \$           

\* Miscellaneous \$             
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$           

TOTAL ESTIMATED EXPENSE \$ 33.85

Budget account(s) to be charged 31009-3340-5211-631000 \$ 33.85

Professional Development, if applicable            \$             
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

## Administrative Approval

Dean 

Vice President Robin Richards 10/22/12

President             
(Required for Out-Of-State travel)

**CONFERENCE ATTENDANCE APPROVAL**

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Lorraine Barrales-Ramirez Date 11-20-12

Title or Purpose of Conference 2013 E4FC Educator Conference

Location (City, State) Berkeley, CA

Dates of Conference Sat, 1/19/13

School Days Involved none

If applicable, have you applied for Professional Development for conference or replacement costs? no

Substitute required? n/a Substitute Name n/a

**Estimated Expenses**

Transportation (check applicable mode)

\*          Common Carrier \$         

.555 Personal Car (.585 cents per mile) \$ 45.51

\* Lodging \$         

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$         

\* Conference Registration Fees \$ 35.00

\* Shuttle/Bus/Taxi fares to and from terminals \$         

\* Miscellaneous \$           
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$         

TOTAL ESTIMATED EXPENSE \$ 80.51


Budget account(s) to be charged 31003-3340-5211-642600 \$ 80.51

Professional Development, if applicable          \$           
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

**Administrative Approval**

Dean 

Vice President  12/16/12

President           
(Required for Out-Of-State travel)



## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Lorraine Barrales-Ramirez Date 1/23/13

Title or Purpose of Conference EOPS/CARE Statewide Technical Assistance Training

Location (City, State) Sacramento, CA

Dates of Conference March 4-5, 2013

School Days Involved 2

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? N/A Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

* _____ Common Carrier	\$ _____	
<u>.565</u> Personal Car (.585 cents per mile)	\$ <del>126.54</del> <u>128.82</u>	
* Lodging	\$ <u>96.60</u>	
* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS)	\$ <u>40.00</u>	
* Conference Registration Fees	\$ <u>125.00</u>	
* Shuttle/Bus/Taxi fares to and from terminals	\$ _____	
* Miscellaneous (bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)	\$ <u>34.00</u>	
* Car Rental (prior approval required)	\$ _____	
TOTAL ESTIMATED EXPENSE	\$ <del>422.14</del> <u>424.42</u>	

Budget account(s) to be charged 31003-3345-5211-642600 \$ ~~322.14~~ 324.42

Professional Development, if applicable CCCCO will reimburse \$100 \$ 100.00  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_  
(Required for Out-Of-State travel)

## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Lorraine Barrales-Ramirez Date 2/20/13

Title or Purpose of Conference CalWORKs Association Training Institute

Location (City, State) Long Beach, CA

Dates of Conference April 15-17, 2013

School Days Involved 3

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? N/A Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ 202.80

.585 Personal Car (.585 cents per mile) \$ \_\_\_\_\_

\* Lodging \$ 341.76

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ 120.00

\* Conference Registration Fees \$ 325.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ 50.00

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_


TOTAL ESTIMATED EXPENSE \$ 1,039.56

Budget account(s) to be charged 31031-3341-5211-639003 \$ 377.56

Professional Development, if applicable CalWORKs Region 3 will cover registration fee of \$325. I will also apply for PD 5337 \$ 662.00  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_  
(Required for Out-Of-State travel)

## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Lorraine Barrales-Ramriez Date 4/12/13  
Title or Purpose of Conference UC Ensuring Transfer Success (ETS)  
Location (City, State) Foster City, CA  
Dates of Conference Monday, May 20, 2013  
School Days Involved 1  
If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_  
Substitute required? n/a Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

* _____ Common Carrier	\$ _____
<u>.585</u> Personal Car (.585 cents per mile)	\$ <u>15.44</u>
* Lodging	\$ _____
* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS)	\$ _____
* Conference Registration Fees	\$ <u>100.00</u>
* Shuttle/Bus/Taxi fares to and from terminals	\$ _____
* Miscellaneous (bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)	\$ _____
* Car Rental (prior approval required)	\$ _____
TOTAL ESTIMATED EXPENSE	\$ <u>115.44</u>

Budget account(s) to be charged 31003-3345-5211-642600 \$ \_\_\_\_\_  
Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_  
(Required for Out-Of-State travel)

## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name SARAH ARANYAKUC Date 4/8/13

Title or Purpose of Conference Ensuring Transfer Success

Location (City, State) Foster City, CA

Dates of Conference 5/20/13

School Days Involved MONDAY

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? NO Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

X Personal Car (56.5 cents per mile) \$ 15.49

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 100.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_


TOTAL ESTIMATED EXPENSE \$ \_\_\_\_\_

Budget account(s) to be charged Prof. Development \$ 115.49

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_  
(Required for Out-Of-State travel)

## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Gloria Darafski Date 4/9/13  
Title or Purpose of Conference Ensuring Transfer Success  
Location (City, State) Foster City, CA  
Dates of Conference May 20, 2013  
School Days Involved one day  
If applicable, have you applied for Professional Development for conference or replacement costs? yes  
Substitute required? N/A Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

- \* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_
- \_\_\_\_\_ Personal Car (56.5 cents per mile) \$ \_\_\_\_\_
- \* Lodging \$ \_\_\_\_\_
- \* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_
- \* Conference Registration Fees \$ 100.00
- \* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_
- \* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)
- \* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 100.00

Budget account(s) to be charged Prof Development \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_

(Required for Out-Of-State travel)

## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name: Soraya Solimani Date March 20, 2013

Title or Purpose of Conference Ensuring Transfer Success

Location (City, State) Foster City, CA

Dates of Conference May 20, 2013

School Days Involved \_\_\_\_\_

If applicable, have you applied for Professional Development for conference or replacement costs? Yes

Substitute required?      Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\*      Common Carrier \$     

     Personal Car (56.5 cents per mile) \$ 15.48

\* Lodging \$     

\* Meals (Maximum Allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$     

\* Conference Registration Fees \$ 100.00

\* Shuttle/Bus/Taxi fares to and from terminals \$     

\* Miscellaneous \$       
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$     

TOTAL ESTIMATED EXPENSE \$ 115.00

Budget account to be charged Professional Development \$ 115.48

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Nick Martin Date 5/1/13  
Title or Purpose of Conference Ensuring Transfer Success 2013  
Location (City, State) Foster City, CA  
Dates of Conference May 20, 2013  
School Days Involved 1  
If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_  
Substitute required? No Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

\_\_\_\_\_ Personal Car (56.5 cents per mile) \$ \_\_\_\_\_

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 100.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 100.00

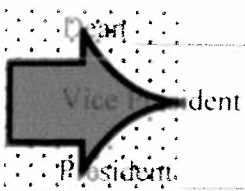
Budget account(s) to be charged 61000, 3340-5211-631000 \$ 100.00

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

K. Lopez



(Required for Out-Of-State travel)



# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOI requiring an advance.

Name Sandra Mendez Date 5/1/13

Title or Purpose of Conference Ensuring Transfer Success 2013

Location (City, State) Foster City, CA

Dates of Conference May 20, 2013

School Days Involved 1

If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_

Substitute required? NO Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

\_\_\_\_\_ Personal Car (56.5 cents per mile) \$ \_\_\_\_\_

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 100.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous (bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls) \$ \_\_\_\_\_

\* Car Rental (prior approval required) \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ 100.00

Budget account(s) to be charged Prof. Development \$ 100.00

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval



[Signature]

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Resident  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOI requiring an advance.

Name TONY Basaves Date 5/1/13  
Title or Purpose of Conference Ensuring Transfer Success 2013  
Location (City, State) Foster City, CA  
Dates of Conference May 20, 2013  
School Days Involved 1  
If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_  
Substitute required? NO Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

- \* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_
  - \_\_\_\_\_ Personal Car (56.5 cents per mile) \$ \_\_\_\_\_
  - \* Lodging \$ \_\_\_\_\_
  - \* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_
  - \* Conference Registration Fees \$ 100.00
  - \* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_
  - \* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)
  - \* Car Rental (prior approval required) \$ \_\_\_\_\_
- TOTAL ESTIMATED EXPENSE \$ 100.00

Budget account(s) to be charged Prof. Development \$ 100.00  
Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval



Division Dean  
Vice President  
President

(Required for Out-Of-State travel)

### CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Nadya Sigona Date 5/1/13  
Title or Purpose of Conference Ensuring Transfer Success 2013  
Location (City, State) Foster City, CA  
Dates of Conference May 20, 2013  
School Days Involved 1  
If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_  
Substitute required? NO Substitute Name \_\_\_\_\_

#### Estimated Expenses

Transportation (check applicable mode)

\* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_

\_\_\_\_\_ Personal Car (56.5 cents per mile) \$ \_\_\_\_\_

\* Lodging \$ \_\_\_\_\_

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_

\* Conference Registration Fees \$ 100.00

\* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_

\* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$ \_\_\_\_\_


TOTAL ESTIMATED EXPENSE \$ 100.00

Budget account(s) to be charged Prof. Development \$ 100.00

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

#### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Michelle Mendoza Date 5/7/13  
Title or Purpose of Conference Ensuring Transfer Success  
Location (City, State) Foster City  
Dates of Conference 5/20/13  
School Days Involved \_\_\_\_\_  
If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_  
Substitute required? \_\_\_\_\_ Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

- \* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_
- \_\_\_\_\_ Personal Car (56.5 cents per mile) \$ \_\_\_\_\_
- \* Lodging \$ \_\_\_\_\_
- \* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ \_\_\_\_\_
- \* Conference Registration Fees \$ 100.00
- \* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_
- \* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)
- \* Car Rental (prior approval required) \$ \_\_\_\_\_


TOTAL ESTIMATED EXPENSE \$ \_\_\_\_\_

Budget account(s) to be charged \_\_\_\_\_ \$ \_\_\_\_\_

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President \_\_\_\_\_

President \_\_\_\_\_  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Lorraine Barrales-Ramirez Date 6/2/13

Title or Purpose of Conference CalWORKs Region 3 Meeting

Location (City, State) Cabrillo College, Aptos, CA

Dates of Conference Friday, 6/7/13

School Days Involved 1

If applicable, have you applied for Professional Development for conference or replacement costs? n/a

Substitute required? n/a Substitute Name n/a

### Estimated Expenses

Transportation (check applicable mode)

\*            Common Carrier \$           

.585 Personal Car (.585 cents per mile) \$ 60.02

\* Lodging \$           

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$           

\* Conference Registration Fees \$           

\* Shuttle/Bus/Taxi fares to and from terminals \$           

\* Miscellaneous \$             
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$           


TOTAL ESTIMATED EXPENSE \$ 60.02

Budget account(s) to be charged 31031-3340-5211-639003 \$ 60.02

Professional Development, if applicable            \$             
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President           

President             
(Required for Out-Of-State travel)

## CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Nicholas Martin Date 4/24/13  
Title or Purpose of Conference Career Changes and Choices Implementation  
Location (City, State) Santa Barbara, Ca Workshop  
Dates of Conference June 13 - 14, 2013  
School Days Involved n/a  
If applicable, have you applied for Professional Development for conference or replacement costs? \_\_\_\_\_  
Substitute required? \_\_\_\_\_ Substitute Name \_\_\_\_\_

### Estimated Expenses

Transportation (check applicable mode)

- \* \_\_\_\_\_ Common Carrier \$ \_\_\_\_\_
- \*  Personal Car (56.5 cents per mile) x 602 miles \$ 340.13
- \* Lodging \$ 397.22
- \* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$ 55.00
- \* Conference Registration Fees \$ 0.00
- \* Shuttle/Bus/Taxi fares to and from terminals \$ \_\_\_\_\_
- \* Miscellaneous \$ \_\_\_\_\_  
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)
- \* Car Rental (prior approval required) \$ \_\_\_\_\_

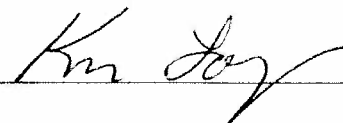
TOTAL ESTIMATED EXPENSE \$ 792.35

Budget account(s) to be charged 1003-3340-5211-639001 \$ 792.35

Professional Development, if applicable \_\_\_\_\_ \$ \_\_\_\_\_  
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean:   
Vice President \_\_\_\_\_  
President \_\_\_\_\_  
(Required for Out-Of-State travel)

# CONFERENCE ATTENDANCE APPROVAL

This form must be submitted to Division Dean for Approval: 7 days before In-State Conference or 21 Days before Out-Of-State Conference.  
To be submitted for conferences NOT requiring an advance.

Name Lorraine Barrales-Ramirez Date 6/2/13

Title or Purpose of Conference EOPS Region 3 Meeting

Location (City, State) College of Marin, Kentfield, CA

Dates of Conference Thursday, 6/13/13

School Days Involved 1

If applicable, have you applied for Professional Development for conference or replacement costs? n/a

Substitute required? n/a Substitute Name n/a

### Estimated Expenses

Transportation (check applicable mode)

\*          Common Carrier \$         

.585 Personal Car (.585 cents per mile) \$ 50.43

\* Lodging \$         

\* Meals (Maximum allowance \$ 55.00 WITH RECEIPTS / \$40.00 WITHOUT RECEIPTS) \$         

\* Conference Registration Fees \$         

\* Shuttle/Bus/Taxi fares to and from terminals \$         

\* Miscellaneous \$           
(bridge tolls, parking charges, business transit fares in conference area, porter fees, business phone calls)

\* Car Rental (prior approval required) \$         

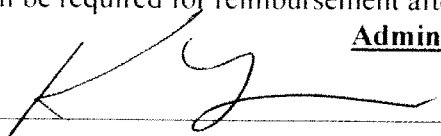
TOTAL ESTIMATED EXPENSE \$ 50.43

Budget account(s) to be charged 31003-3340-5211-639003 \$ 50.43

Professional Development, if applicable          \$           
(If this is not Professional Development, please indicate benefits to the College on back)

\* Receipts will be required for reimbursement after conference

### Administrative Approval

Dean 

Vice President         

President           
(Required for Out-Of-State travel)