



## Travel Request

**FIN-TRR-001724**

### 1. Employee Information

**Employee Name:** John Flynn

**Department:** Retirement Services

**Employee Email:** [REDACTED]

**Supervisor Name:** John Flynn

**Employee ID#:** [REDACTED]

**Supervisor Email:** [REDACTED]

**Position/Title:** Dir of Retirement Svcs & CEO U

**Supervisor Title:** Dir of Retirement Svcs & CEO U

### 2. Request Details

**Type of Request:** New Request

**Type of Travel Request :** Out of State Travel

**Is your travel or part of travel waived or paid by a 3rd party?:** No

**Group Travel:** No

### 3. Travel Itinerary

**Name of the Event:** NCPERS Accredited Fiduciary (NAF) Program - Module 1 & 2

**Location of the Event:** Omni Fort Lauderdale Hotel

**Location Address of the Event:** 1850 SE 17th St, Fort Lauderdale, FL 33316, USA **Location Zip:** 33316

**Travel Departure Date:**  
10/24/2025

**Travel Departure Time:**  
08:50 AM

**Event Start Date:**  
10/25/2025

**Event End Date:**  
10/26/2025

**Return Time:** 01:45 PM

### 4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	Early Bird Registration	\$900.00
Airfare/Extra Luggage	SJC to FLL, FLL to SJC	\$237.00
Lodging	Omni Fort Lauderdale Hotel - \$279/night + \$43 resort fee + 7% tax	\$1,707.65
Public Transportation	Uber - Home to SJC, FLL to Hotel, Hotel to FLL, SJC to Home	\$62.80
Per Diem	Per Diem Per Chart Above	
	Total Estimated Expenses	\$2,907.45

### 5. Exceptions

Exceptions to be Considered: The NCPERS Accredited Fiduciary (NAF) Program is being held in conjunction with the NCPERS FALL Conference (submitted in a separate workflow FIN-TRR-001739). Traveler will be staying at the same hotel for both conferences. Airfare and transportation estimates for the entire trip are included in this workflow to avoid duplicate information.

### 6. Cash Advance Requested

**Cash Advance:** No

### 7. Employee Acknowledgement

I certify that hte requested travel is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

### 8. Supervisor

**Supervisor Name:** John Flynn

**Supervisor Email:** [REDACTED]

**Supervisor Title:** Dir of Retirement Svcs & CEO U

**Supervisor Decision:** Approved - Send to Travel Coordinator

I certify that I have evaluated the requested travel activity and confirm that hte request is complete and prepared in accordance with teh City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

× *John Flynn*

Signed By: [REDACTED]  
Date Signed: 07/11/2025 10:10:02 AM -07:00 GMT  
IP Address: [REDACTED]

### 9. Additional Reviewer 1

P&F 8.7.25

FIN-TRR-001724

I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

10. Additional Reviewer 2

I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

11. Additional Reviewer 3

I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

12. Additional Reviewer 4

I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

13. Additional Reviewer 5

I certify that I have evaluated the requested travel activity and confirm that the request is complete and prepared in accordance with the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

14. Travel Coordinator

**Travel Coordinator Name:** Gina Rios

**Travel Coordinator Email:** [REDACTED]

**Travel Coordinator Title:** Senr Accountant

**Travel Coordinator Decision:** Approved

I certify that I have evaluated the requested travel activity and confirm that the estimated expenses will be incurred for purposes of City business, are in compliance with the City's Travel Policy and are within budgetary limits.

× Gina Rios

Signed By: Gina Rios - [REDACTED]  
Date Signed: 07/17/2025 11:54:18 AM -07:00 GMT  
IP Address: [REDACTED]

15. Approving Official

**Approving Official Name:** Barbara Hayman

**Approving Official Email:** [REDACTED]

**Approving Official Title:** Deputy Dir U

**Approving Official Decision:** Approved

**Approving Official Comments:** approved

I certify that I have evaluated the requested travel activity and confirm that the estimated expenses will be incurred for purposes of City business, are in compliance with the City's Travel Policy and are within budgetary limits.

× BHayman

Signed By: BHayman - barbara.hayman@sanjoseca.gov  
Date Signed: 07/17/2025 11:57:32 AM -07:00 GMT  
IP Address: [REDACTED]

16. City Manager's Office

17. Accounts Payable Group

18. Director of Finance



# Per Diem Expense Worksheet

## 1. Dates & Rates

Departure Date	10/24/2025
Departure Time	08:50 AM
Event Start Date	10/25/2025
Event End Date	10/26/2025
Return Time	01:45 PM
CONUS/OCONUS Rate for Lodging	0
Maximum Daily Rate	
Maximum Total Lodging for Trip (excluding tax)	\$0.00
CONUS/OCONUS Rate for Meals and Incidentals	

## 2. Per Diem - Lodging

Date	Daily Rate	Taxes	Total Reimbursable Lodging Expenses
Friday, October 24, 2025	\$279.00	\$62.53	\$341.53
Saturday, October 25, 2025	\$279.00	\$62.53	\$341.53
Sunday, October 26, 2025	\$279.00	\$62.53	\$341.53
Monday, October 27, 2025	\$279.00	\$62.53	\$341.53
Tuesday, October 28, 2025	\$279.00	\$62.53	\$341.53
Total			\$1,707.65

## 3. Per Diem - Meals an Incidentals

Travel Day	Breakfast Lunch Dinner Incidentals	Meals Provided with Registration	Adjustment for Provided Meals	Additional Adjustments	Maximum Per Diem for Meals and Incidentals
Friday, October 24, 2025			\$0.00		\$0.00
Saturday, October 25, 2025		Checked			
		Checked	\$0.00		\$0.00
Sunday, October 26, 2025		Checked			
		Checked	\$0.00		\$0.00
Monday, October 27, 2025			\$0.00		\$0.00
Tuesday, October 28, 2025			\$0.00		\$0.00
Wednesday, October 29, 2025			\$0.00		\$0.00