



# Travel Request

[HELP](#)

## 1. Employee Information

Employee Name	Gretchen Flicker	Dept.	Retirement Services
Job Title	PF Board Trustee	Visible Code	
Employee ID		Home Zip Code	
Hourly / Salaried	<input type="radio"/> Hourly <input checked="" type="radio"/> Salaried	Select Purpose	<input checked="" type="radio"/> In-State <input type="radio"/> Out-of-State

## 2. Group Travel

Yes  No

Names of other Travelers		
Nathan Nakagawa	3	Franco Vado
Spencer Horowitz	4	

## 3. Travel Itinerary

Event Name:	CALAPRS General Assembly 2026		
Event Location:	The Westin Carlsbad Resort and Spa	City:	Carlsbad
Departure Date:	3/8/26	Event Start Date:	3/8/26
		Event End Date:	3/11/26
		Return Date:	3/11/26

## 4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	CALAPRS General Assembly 2026	\$250.00
Airfare	SFO to SAN, SAN to SFO	\$197.00
Lodging	The Westin Carlsbad Resort and Spa 3/9 - 3/11 (2 nights)	\$601.90
Ground Transportation	Uber - Home to SFO, SAN to Conference, Conference to SAN, SFO to Home	\$330.80
Per Diem (from worksheet)	Conference provides: 3/9: Dinner, 3/10: Breakfast & Lunch, 3/11: Breakfast	\$139.00
Parking		
Other		
<b>Total Estimated Expenses</b>		<b>\$1,518.70</b>

## 5. Cash Advance Requested

Cash advance requested?  Yes  No

I am requesting a cash advance for Per Diem in accordance with the [City Policy Manual, Section 1.8.2. \(4.3\)](#) and acknowledge my responsibility to file a Reimbursement of Travel within 14 days after the Return Date entered above. Should I not fulfill my obligation to file a reimbursement within this timeline, I hereby authorize the City to deduct the amount of this advance from my wages. I have read and understand the [City's Travel Policy](#) and that this Statement complies with the policy and its intent.

## 6. Notes

The host hotel is sold out on 3/8/, therefore the reservation is for 3/9 - 3/11.

## 7. Certification

I certify that the 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.

Employee	<i>Gretchen Flicker</i>	Gretchen Flicker	1/13/26
Emp ID #	Signature	Print Name	Date

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.

Direct Supervisor	<i>John Flynn</i>	John Flynn	1/20/26
Emp ID #	Signature	Print Name	Date

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.

Travel Coordinator			
Emp ID #	Signature	Print Name	Date

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.

Approving Official			
Emp ID #	Signature	Print Name	Date