

## **Travel Reimbursement** FIN-TRR-001504

1. Employee Information

Employee Name: Andrew Gardanier

**Employee Email** 

Employee ID#:

Position/Title: Fire Engineer

2. Request Details

Type of Request: New Request

**Group Travel**: No

**Department**: Fire

Supervisor Name: John Flynn

Supervisor Email:

Supervisor Title: Dir of Retirement Svcs & CEO U

Type of Travel Request : In-State Travel

Is your travel or part of travel waived or paid

by a 3rd party?: No

3. Travel Itinerary

Name of the Event: SACRS Spring Conference 2025

Location of the Event: Omni Rancho Las Palmas Resort & Spa

Location Address of the Event: 41000 Bob Hope Dr, Rancho Mirage, CA 92270, USA Location Zip: 92270

Travel Departure Date: Travel Departure Time: **Event Start Date: Event End Date:** 

Return Time: 12:50 PM 05/13/2025 08:40 AM 05/13/2025 05/16/2025

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts	Actual Expense	Payment Method	Payment Amount
Registration	SACRS Spring Conference 2025	\$300.15	\$300.15	PCard Payment	\$300.15
Airfare/Extra Luggage	OAK to PSP, PSP to Oak	\$215.76	\$215.76	PCard Payment	\$215.76
Lodging	Embassy Suites Palm Dessert	\$512.56	\$512.56	PCard Payment	\$512.56
Public Transportation	Uber/Lyft Receipts: Home to OAK, PSP to Hotel, Hotel to Conference, Conference to Hotel, Conference to PSP, OAK to Home	\$295.39	\$313.19	Due to Employee	\$0.00
Per Diem	Diem Per Diem Per Chart Above		\$180.00	Due to Employee	\$0.00
	Total Estimated Expenses		\$1,521.66		\$1,028.47
		Total D	Due Employee:	\$493.19	

5. Exceptions

Exceptions to be Considered: - Exception memo attached for the use of OAK Airport rather than SJC.

6. Cash Advance Requested Cash Advance: No

7. Additional VIS Codes

Charge Code Detail (VIS Code):

## 8. Employee Acknowledgement

I certify that he 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.



9. Supervisor

Supervisor Name: John Flynn Supervisor Email2 Supervisor Title2: Dir of Retirement Svcs & CEO U

Supervisor Decision2: Approved - Send to Travel Coordinator

I certify that I have evaluated the requested travel activity and confirm that the 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.



10. Additional Reviewer 1

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 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.

12. Travel Coordinator

Travel Coordinator Name: Gina Rios Travel Coordinator Email2: Travel Coordinator Title2: Senr Accountant

Travel Coordinator Decision2: 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.



Signed By: Gina Rios -Date Signed: 05/28/2025 2:53:27 PM -07:00 GMT IP Address

13. Approving Official

Approving Official Name: Barbara Hayman Approving Official Approving O

**Approving Official Decision2**: 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.



Signed By: BHayman
Date Signed: 05/28/2025 3:22:25 PM -07:00 GMT
IP Address

14. City Manager's Office

15. Accounts Payable Group

16. Director of Finance



## **Per Diem Expense Worksheet**

1. Dates & Rates

Departure Date 05/13/2025 Departure Time 08:40 AM Event Start Date 05/13/2025 Event End Date 05/16/2025 Return Time 12:50 PM CONUS/OCONUS Rate for Lodging 141.00 Maximum Daily Rate \$211.50 Maximum Total Lodging for Trip (excluding tax) \$448.38 CONUS/OCONUS Rate for Meals and Incidentals 86

2. Per Diem - Lodging

Date	Maximum Daily Rate	<b>Daily Rate</b>	Taxes	Reimbursable Taxes	Non-Reimbursable Taxes	<b>Total Reimbursable Lodging Expenses</b>
Tuesday, May 13, 2025	\$211.50	\$149.46	\$21.21	\$21.21	\$0.00	\$170.67
Wednesday, May 14, 2025	\$211.50	\$149.46	\$21.21	\$21.21	\$0.00	\$170.67
Thursday, May 15, 2025	\$211.50	\$149.94	\$21.28	\$21.28	\$0.00	\$171.22
					Total	\$512.56

## 3. Per Diem - Meals an Incidentals

3. Fel Dielli - Medis di ilicidentais						
Travel Day	Breakfast	Lunch Dinner Incidentals	Meals Provided with Registration	Adjustment for Provided Meals	Additional Adjustments	Maximum Per Diem for Meals and Incidentals
Tuesday, May 13, 2025	\$22.00	\$23.00 \$36.00 \$5.00		\$0.00		\$86.00
Wednesday, May 14, 2025	\$22.00	\$23.00 \$36.00 \$5.00	Checked Checked	\$81.00		\$5.00
Thursday, May 15, 2025	\$22.00	\$23.00 \$36.00 \$5.00	Checked	\$45.00		\$41.00
Friday, May 16, 2025	\$16.50	\$17.25 \$27.00 \$3.75	Checked	\$16.50		\$48.00

Lodging Desc: Embassy Suites Palm Dessert

Lodging Est Expense Amt: \$512.56

Lodging Actual Expense: