



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: In-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: CALAPRS General Assembly 2026

Location of the Event: The Westin Carlsbad Resort & Spa

Location Address of the Event: 5480 Grand Pacific Dr, Carlsbad, CA 92008, USA Location Zip: 92008

Travel Departure Date: 03/08/2026	Travel Departure Time: 12:45 PM	Event Start Date: 03/08/2026	Event End Date: 03/11/2026	Return Time: 05:30 PM
-----------------------------------	---------------------------------	------------------------------	----------------------------	-----------------------

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	CALAPRS Registration	\$250.00
Airfare/Extra Luggage	SJC to SAN - Saver \$132 + Checked bag fee \$80	\$212.00
Lodging	The Westin Carlsbad - 3/8 - 3/11	\$902.85
Public Transportation	Uber Estimate: Home to SJC, SAN to Conference, Conference to SAN, SJC to Home	\$183.75
Per Diem	Per Diem Per Chart Above	\$203.50
	Total Estimated Expenses	\$1,752.10

5. Exceptions

Exceptions to be Considered:

6. Cash Advance Requested Cash Advance: No

7. Employee Acknowledgement

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.

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 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.

Signed By: John Flynn [REDACTED]
 Date Signed: 12/01/2025 10:59:01 AM -08:00 GMT
 IP Address: [REDACTED]

9. 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.

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: Srn 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: 12/03/2025 4:06:59 PM -08:00 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 - [REDACTED]
Date Signed: 12/04/2025 7:22:46 AM -08:00 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	03/08/2026
Departure Time	12:45 PM
Event Start Date	03/08/2026
Event End Date	03/11/2026
Return Time	05:30 PM
CONUS/OCONUS Rate for Lodging	199
Maximum Daily Rate	
Maximum Total Lodging for Trip (excluding tax)	\$795.00
CONUS/OCONUS Rate for Meals and Incidentals	86

2. Per Diem - Lodging

Date	Daily Rate	Taxes	Total Reimbursable Lodging Expenses
Sunday, March 8, 2026	\$265.00	\$35.95	\$300.95
Monday, March 9, 2026	\$265.00	\$35.95	\$300.95
Tuesday, March 10, 2026	\$265.00	\$35.95	\$300.95
Total			\$902.85

3. Per Diem - Meals and Incidentals

Travel Day	Breakfast	Lunch	Dinner	Incidentals	Meals Provided with Registration	Adjustment for Provided Meals	Additional Adjustments	Maximum Per Diem for Meals and Incidentals
Sunday, March 8, 2026	\$16.50	\$17.25	\$27.00	\$3.75		\$0.00		\$64.50
Monday, March 9, 2026	\$22.00	\$23.00	\$36.00	\$5.00	Checked	\$36.00		\$50.00
Tuesday, March 10, 2026	\$22.00	\$23.00	\$36.00	\$5.00	Checked	\$45.00		\$41.00
Wednesday, March 11, 2026	\$16.50	\$17.25	\$27.00	\$3.75	Checked	\$16.50		\$48.00