



Travel Reimbursement

FIN-TRR-002049

1. Employee Information

Employee Name: David Woolsey

Department: Police

Employee Email: [REDACTED]

Supervisor Name: John Flynn

Employee ID#: [REDACTED]

Supervisor Email: [REDACTED]

Position/Title: Police Sergeant

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: Yes

Select Employee 2: Gardanier

3. Travel Itinerary

Name of the Event: SACRS 2025 Fall Conference

Location of the Event: Hyatt Regency Huntington Beach Resort and Spa

Location Address of the Event: 21500 Pacific Coast Hwy, Huntington Beach, CA 92648, USA **Location Zip:** 92648

Travel Departure Date: 11/11/2025

Travel Departure Time: 02:00 PM

Event Start Date: 11/11/2025

Event End Date: 11/14/2025

Return Time: 11:30 AM

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts	Actual Expense	Payment Method	Payment Amount
Registration	SACRS 2025 Fall Conference	\$300.15	\$300.15	PCard Payment	\$300.15
Per Diem	Per Diem Per Chart Above	\$158.50	\$158.50	Due to Employee	\$0.00
	Total Estimated Expenses	\$458.65	\$458.65		\$300.15
			Total Due Employee: \$158.50		

5. Exceptions

Exceptions to be Considered: Please note, Trustee Woolsey requested only Conference registration and per Diem expenses for this travel. He is arranging his own personal lodging and airfare travel so will not ask for these two expenses to be reimbursed.

6. Cash Advance Requested

Cash Advance: No

7. Additional VIS Codes

Charge Code Detail (VIS Code): [REDACTED]

Dollar Amount : \$158.50

Note: The fields above are for internal purpose only. Only the first VIS code will be used for PeopleSoft Entry.

8. 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.

× David Woolsey

Signed By: David Woolsey
Date Signed: 11/25/2025 8:41:43 AM -08:00 GMT
IP

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 the City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

× John Flynn

Signed By: John Flynn
Date Signed: 11/25/2025 8:44:17 AM -08:00 GMT
IP Address

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: Trang Vo

Travel Coordinator Email2

Travel Coordinator Title2: Accountant I

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.

× Trang Vo

Signed By: Trang
Date Signed: 12/04/2025 9:56:47 AM -08:00 GMT
IP

13. Approving Official

Approving Official Name: Barbara Hayman

Approving Official Email2:

Approving Official Title2: Deputy Dir U

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.

× BHayman

Signed By: BHayman
Date Signed: 12/04/2025 10:02:33 AM -08:00 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	11/11/2025
Departure Time	02:00 PM
Event Start Date	11/11/2025
Event End Date	11/14/2025
Return Time	11:30 AM
CONUS/OCONUS Rate for Lodging	191
Maximum Daily Rate	\$286.50
Maximum Total Lodging for Trip (excluding tax)	\$0.00
CONUS/OCONUS Rate for Meals and Incidentals	86

2. Per Diem - Lodging

Date	Maximum Daily Rate	Daily Rate	Taxes	Reimbursable Taxes	Non-Reimbursable Taxes	Total Reimbursable Lodging Expenses
Tuesday, November 11, 2025	\$286.50			\$0.00	\$0.00	\$0.00
Wednesday, November 12, 2025	\$286.50			\$0.00	\$0.00	\$0.00
Thursday, November 13, 2025	\$286.50			\$0.00	\$0.00	\$0.00
					Total	\$0.00

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
Tuesday, November 11, 2025	\$16.50	\$17.25	\$27.00	\$3.75		\$0.00		\$64.50
					Checked			
Wednesday, November 12, 2025	\$22.00	\$23.00	\$36.00	\$5.00	Checked	\$81.00		\$5.00
					Checked			
Thursday, November 13, 2025	\$22.00	\$23.00	\$36.00	\$5.00	Checked	\$45.00		\$41.00
					Checked			
Friday, November 14, 2025	\$16.50	\$17.25	\$27.00	\$3.75	Checked	\$16.50		\$48.00

Lodging Desc:

Lodging Est Expense Amt: \$0.00

Lodging Actual Expense: