CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

Travel Request

HELP

1. Employee Information

Employee Name	*Mathew Faulkner*	Dept.	Retirement Services
Job Title	*FED Board Trustee*	Visible Code	
Employee ID		Home Zip Code [redacted]	Phone No.
Hourly / Salaried	○ Hourly ◉ Salaried	Select Purpose	◉ In-State ○ Out-of-State

2. Group Travel

○ Yes ◉ No

Names of other Travelers		
	3	5
	4	6

3. Travel Itinerary

Event Name:	*MarketsGroup ALTSSF*						
Event Location:	*The Ritz-Carlton-San Francisco*			City:	*San Francisco*	State:	*CA*
Departure Date:	*9/2/25*	Event Start Date:	*9/3/25*	Event End Date:	*9/3/25*	Return Date:	*9/3/25*

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	*MarketsGroup ALTSSF - Complimentary Attendance*	*$0.00*
Airfare		
Lodging		
Ground Transportation	*Home to Conference: 54.4 miles + Conference to Home: 54.3 miles = 108.7 miles x 0.70 per mile = $76.09*	*$152.18*
Per Diem (from worksheet)	*Conference provides breakfast and lunch on 9/3 - traveler will depart after lunch so no dinner per diem needed*	*$0*
Parking		
Other		
	Total Estimated Expenses	$152.18

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

Ground transportation - Traveler will possibly attend the reception event on September 2, the evening before, so mileage has been calculated to cover both travel days.

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		Mathew Faulkner	Mathew Faulkner	7/30/25
	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	E[redacted]	John Flynn	John Flynn	7/30/25
		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