

1. Employee Information									
Employee: <i>Franco Vado</i>				Dept: Retirement Services					
Job Title: <i>PF Board Chair</i>				Visible Code: 					
Employee ID: 				Home Zip Code: 			Phone No.: 		
Hourly / Salaried: <input checked="" 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 <input checked="" type="radio"/> Yes <input type="radio"/> No (Group travel defined in City Travel Policy 1.8.2)									
Names of other Travelers									
<i>Gretchen Flicker</i>				<i>3</i>			<i>5</i>		
<i>Andrew Gardanier</i>				<i>4</i>			<i>6</i>		
3. Travel Itinerary									
Event Name: <i>SACRS 2025 Spring Conference</i>									
Event Location: <i>Omni Rancho Las Palmas Resort & Spa</i>				City: <i>Rancho Mirage</i>			State: <i>CA</i>		
Departure Date: <i>5/13/25</i>		Event Start Date: <i>5/13/25</i>		Event End Date: <i>5/16/25</i>			Return Date: <i>5/16/25</i>		
4. Travel Expenses									
Category	Detailed Description			Estimated Expenses	Actual Expenses	Prepaid Expense			
						Amount	Method		
Registration	<i>SACRS 2025 Spring Conference</i>			<i>290.00</i>	<i>\$300.15</i>	<i>\$300.15</i>	<i>PCard (Cardholder N</i>		
Airfare							Select		
Lodging	<i>Embassy Suites Palm Desert 5/13 - 5/16 (3 nights)</i>			<i>1,281.38</i>	<i>\$554.97</i>	<i>\$554.97</i>	<i>PCard (Cardholder N</i>		
Ground Transportation	<i>Traveler shared Ubers with another traveler.</i>			<i>160.59</i>	<i>\$0.00</i>		Select		
Per Diem	<i>Conference provided: Breakfast, Lunch, Dinner on 5/14, Breakfast and lunch on 5/15, Breakfast on 5/16</i>			<i>158.50</i>	<i>\$158.50</i>		Select		
Parking							Select		
Other							Select		
Total				<i>1,890.47</i>	<i>1,013.62</i>	<i>855.12</i>			
5. Unforeseen Travel Expenses (expenses that were not pre-approved must be entered in this section)									
					Final Total Travel Expenses	<i>\$1,013.62</i>	<small>If Final Total Travel Expenses exceed Total Estimated Expenses, refer to Section 3.1.8 of Employee Travel Policy for further instructions.</small>		
					Prepaid Expenses	<i>\$855.12</i>			
					Total Due Employee/(Due City)	<i>\$158.50</i>			
6. Notes									
<i>Registration: Actual expense includes convenience fee of \$10.15</i>									
<i>Airfare: Traveler did not need flights booked for him.</i>									
<i>Lodging: The host hotel was fully booked at the group rate for the final night (5/15). The available alternative was to book the first two nights at the group rate (\$575.04) and the final night at a semi flexible rate (\$706.34; higher cost due to room availability at the time of booking), totaling \$1,281.38. Given the higher cost, the traveler was offered a less expensive hotel within five miles of the conference venue (Trustee Travel Policy 31).</i>									
<i>Transportation: Traveler shared Uber services with another traveler.</i>									
7. Certification									
I certify that I have read and understand the City's Travel Policy and that the reimbursable expenses comply with the policy and its intent. I also verify that all expenses reported on this form were incurred by me for City business purposes.									
Employee Signature		<i>Franco Vado</i>			Franco Vado		6/25/25		
Emp ID #		Signature			Print Name		Date		
I certify that I have reviewed the expenditures and related documentation associated with the reimbursable expenses and confirm that they are in compliance with the City's Travel Policy.									
Direct Supervisor		<i>John Flynn</i>			John Flynn		6/27/25		
Emp ID #		Signature			Print Name		Date		
I certify that I have reviewed the expenditures and related documentation associated with the reimbursable expenses and confirm that they are in compliance with the City's Travel Policy.									
Travel Coordinator		<i>Gina Rios</i>			Gina Rios		7/07/25		
Emp ID #		Signature			Print Name		Date		
I certify that I agree with the expenditures contained in this Statement and confirm that they are in compliance with the City's Travel Policy, were incurred for City business and are within budgetary limits.									
Approving Official		<i>B. Hayman</i>			Barbara Hayman		7/2/2025		
Emp ID #		Signature			Print Name		Date		
Finance Travel Desk	Date Rec'd	Date Processed	Finance Payroll	Date Rec'd	Date Processed	Pay Period of Pymt. or Deduction			