

<b>1. Employee Information</b>									
Employee <i>Mathew Faulkner</i>				Dept. Retirement Services					
Job Title <i>FED Board Trustee</i>				Visible Code					
Employee ID				Home Zip Code <i>95112</i>			Phone No.:		
Hourly / Salaried <input type="radio"/> Hourly <input checked="" type="radio"/> Salaried				Select Purpose			<input checked="" type="radio"/> In-State <input type="radio"/> Out-of-State		
<b>2. Group Travel</b> <input checked="" type="radio"/> Yes <input type="radio"/> No <span style="color:blue;">(Group travel defined in City Travel Policy 1.8.2)</span>									
Names of other Travelers									
<i>Eswar Menon</i>				<i>Howard Lee</i>			<i>Franco Vado</i>		
<i>Andrew Gardanier</i>				<i>Spencer Horowitz</i>			<i>Deborah Abbott</i>		
<b>3. Travel Itinerary</b>									
Event Name: <i>Pension Bridge The Annual 2025</i>									
Event Location: <i>The Ritz-Carlton Hotel</i>				City: <i>Half Moon Bay</i>			State: <i>CA</i>		
Departure Date: <i>3/24/25</i>		Event Start Date: <i>3/24/25</i>		Event End Date: <i>3/26/25</i>		Return Date: <i>3/26/25</i>			
<b>4. Travel Expenses</b>									
Category	Detailed Description			Estimated Expenses	Actual Expenses	Prepaid Expense			
						Amount	Method		
Registration	<i>Pension Bridge The Annual 2025</i>			-	\$0.00	\$0.00	Select		
Airfare							Select		
Lodging	<i>The Ritz-Carlton Hotel 2 nights: 3/24/25 - 3/26/25 (includes taxes and fees)</i>			892.07	\$892.08	\$892.08	PCard (Cardholder N		
Ground Transportation	<i>Home to Conference: 44 miles x 0.70= \$30.80, Conference to Home: 43.9 miles x 0.70= \$30.73</i>			58.89	\$61.53		Select		
Per Diem	<i>Conference provides Breakfast and Lunch on 3/25 and 3/26</i>			136.25	\$146.50		Select		
Parking	<i>The Ritz Carlton Hotel Group Rate valet parking \$55 x 2 nights</i>			105.00	\$110.00	\$110.00	PCard (Cardholder N		
Other							Select		
<b>Total</b>				<b>1,192.21</b>	<b>1,210.11</b>	<b>1,002.08</b>			
<b>5. Unforeseen Travel Expenses (expenses that were not pre-approved must be entered in this section)</b>									
<b>Final Total Travel Expenses</b>					<b>\$1,210.11</b>	If Final Total Travel Expenses exceed Total Estimated Expenses, refer to Section 3.1.9 of Employee Travel Policy for further instructions.			
<b>Prepaid Expenses</b>					<b>\$1,002.08</b>				
<b>Total Due Employee/(Due City)</b>					<b>\$208.03</b>				
<b>6. Notes</b>									
<i>There is no registration fee because the conference offers complimentary attendance.</i>									
<i>Mileage reflects the City's updated mileage reimbursement rate as of 1/5/25 at \$0.70 per mile.</i>									
<i>Valet parking was the only option for guests staying overnight in the main hotel building. Conference participants received a discounted rate at \$55 per night.</i>									
<i>Since 3/26/25 was a full travel day, per diem will be paid at 100% instead of 75%.</i>									
<b>7. Certification</b>									
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>Mathew Faulkner</i>			Mathew Faulkner		4/9/25		
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		4/12/25		
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		4/14/25		
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		4/14/2025		
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			