



Travel Request

FIN-TRR-001739

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 : Out of 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: NCPERS Fall Conference

Location of the Event: Omni Fort Lauderdale Hotel

Location Address of the Event: 1850 SE 17th St, Fort Lauderdale, FL 33316, USA **Location Zip:** 33316

Travel Departure Date:
10/26/2025

Travel Departure Time:
07:00 AM

Event Start Date:
10/26/2025

Event End Date:
10/29/2025

Return Time: 01:45 PM

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	Early Bird Registration	\$850.00
Per Diem	Per Diem Per Chart Above	
	Total Estimated Expenses	\$850.00

5. Exceptions

Exceptions to be Considered: The NCPERS Fall Conference (October 26-29) will be held in conjunction with the NCPERS Accredited Fiduciary (NAF) Program (October 25-26). Both conferences will take place at the same hotel. Estimated costs for airfare, hotel, and transportation for this travel are included in the FIN-TRR-001724 workflow.

6. Cash Advance Requested

Cash Advance: No

7. 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.

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 hte request is complete and prepared in accordance with teh City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

× *John Flynn*

Signed By: John Flynn - [REDACTED]
Date Signed: 07/11/2025 10:07:21 AM -07:00 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.

P&F 8.7.25

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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: Senr 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: 07/17/2025 11:55:23 AM -07:00 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: 07/17/2025 12:06:05 PM -07:00 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	10/26/2025
Departure Time	07:00 AM
Event Start Date	10/26/2025
Event End Date	10/29/2025
Return Time	01:45 PM
CONUS/OCONUS Rate for Lodging	0
Maximum Daily Rate	
Maximum Total Lodging for Trip (excluding tax)	\$0.00
CONUS/OCONUS Rate for Meals and Incidentals	

2. Per Diem - Lodging

Date	Daily Rate	Taxes	Total Reimbursable Lodging Expenses
Sunday, October 26, 2025			\$0.00
Monday, October 27, 2025			\$0.00
Tuesday, October 28, 2025			\$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
Sunday, October 26, 2025		Checked	\$0.00		\$0.00
		Checked			
Monday, October 27, 2025		Checked	\$0.00		\$0.00
Tuesday, October 28, 2025		Checked	\$0.00		\$0.00
Wednesday, October 29, 2025		Checked	\$0.00		\$0.00