



## Travel Reimbursement

**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:** Margaritaville Hollywood Beach Resort

**Location Address of the Event:** 1111 N Ocean Dr, Hollywood, FL 33019, USA **Location Zip:** 33019

**Travel Departure Date:**  
10/26/2025

**Travel Departure Time:**  
03:00 PM

**Event Start Date:**  
10/26/2025

**Event End Date:**  
10/29/2025

**Return Time:** 11:00 AM

### 4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts	Actual Expense	Payment Method	Payment Amount
Registration	Early Bird Registration Fee	\$850.00	\$850.00	PCard Payment	\$850.00
Per Diem	Per Diem Per Chart Above		\$153.00	Due to Employee	\$0.00
	Total Estimated Expenses	\$850.00	\$1,003.00		\$850.00
			Total Due Employee: \$153.00		

### 5. Exceptions

Exceptions to be Considered: The NCPERS Fall Conference (October 26-29) was held in conjunction with the NCPERS Accredited Fiduciary (NAF) Program (October 25-26) at the same venue. Airfare, lodging, and transportation expenses for the entire trip are included in workflow FIN-TRR-001724 to avoid duplicate information.

### 6. Cash Advance Requested

**Cash Advance:** No

### 7. Additional VIS Codes

**Charge Code Detail (VIS Code):** [REDACTED]

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 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.

× John Flynn

Signed By: John Flynn  
Date Signed: 11/05/2025 12:57:22 PM -08:00 GMT  
IP Address:

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: 11/05/2025 1:00:59 PM -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:** Gina Rios

**Travel Coordinator**

**Travel Coordinator Title2:** Senr Accountant

**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.

× Gina Rios

Signed By: Gina Rios  
Date Signed: 11/19/2025 1:58:14 PM -08:00 GMT  
IP Address:

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: 11/19/2025 1:59:56 PM -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	10/26/2025
Departure Time	03:00 PM
Event Start Date	10/26/2025
Event End Date	10/29/2025
Return Time	11:00 AM
CONUS/OCONUS Rate for Lodging	172
Maximum Daily Rate	
Maximum Total Lodging for Trip (excluding tax)	\$0.00
CONUS/OCONUS Rate for Meals and Incidentals	86

## 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 an 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	\$16.50	\$17.25	\$27.00	\$3.75	Checked	\$33.75	\$30.75	\$0.00
					Checked			
Monday, October 27, 2025	\$22.00	\$23.00	\$36.00	\$5.00	Checked	\$45.00		\$41.00
					Checked			
Tuesday, October 28, 2025	\$22.00	\$23.00	\$36.00	\$5.00	Checked	\$22.00		\$64.00
Wednesday, October 29, 2025	\$16.50	\$17.25	\$27.00	\$3.75	Checked	\$16.50		\$48.00

Lodging Desc: Hotel estimate for this conference is included in FIN-TRR-001724

Lodging Est Expense Amt: \$0.00

Lodging Actual Expense: