John Flynn

Print Name

Gina Rios

Print Name

Barbara Hayman

Print Name

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_____

Print Name Date documentation associated with the reimbursable expenses and confirm that they are in compliance with the

ohn Flynn

Signature

Gina Rios

Signature

Signature

BHAyman

City's Travel Policy

City's Travel Policy

Direct Supervisor

Travel Coordinator

Approving Official

certify that I have reviewed the expend

Emp ID#

Emp ID#

4/12/25

Date

4/14/25

Date

Date

4/15/2025