CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

Travel Request

HELP

1. Employee Information

Employee Name	*Prabhu Palani*	Dept.	Retirement Services
Job Title	*Chief Investment Officer*	Visible Code	
Employee ID	*121320*	Home Zip Code	[redacted] Phone No.
Hourly / Salaried	○ Hourly ◉ Salaried	Select Purpose	◉ In-State ○ Out-of-State

2. Group Travel

○ Yes ◉ No

Names of other Travelers			
	3	5	
	4	6	

3. Travel Itinerary

Event Name:	*11th Annual Stanford Family Investor Forum*				
Event Location:	*Stanford University*	City: *Stanford*		State: *CA*	
Departure Date:	*11/12/25*	Event Start Date:	*11/12/25*	Event End Date: *11/12/25*	Return Date: *11/12/25*

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	*NONE*	*$0.00*
Airfare	*NONE*	
Lodging	*NONE*	
Ground Transportation	*Mileage from home to Stanford (22 miles * 70 cents) and return home (Round trip)*	*$30.80*
Per Diem (from worksheet)	*0*	*$0.00*
Parking	*1 day of parking*	*$35.68*
Other		
	Total Estimated Expenses	$66.48

5. Cash Advance Requested

Cash advance requested? ○ Yes ◉ No

I am requesting a cash advance for Per Diem in accordance with the City Policy Manual, Section 1.8.2. (4.3) and acknowledge my responsibility to file a Reimbursement of Travel within 14 days after the Return Date entered above. Should I not fulfill my obligation to file a reimbursement within this timeline, I hereby authorize the City to deduct the amount of this advance from my wages. I have read and understand the City's Travel Policy and that this Statement complies with the policy and its intent.

6. Notes

The conference will last from 11/11 to 11/12 but Prabhu will attend only 11/12.

7. Certification

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.

Employee

Emp ID # | Signature | Print Name | Date

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.

Direct Supervisor

Emp ID # | Signature | Print Name | Date

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.

Travel Coordinator

Emp ID # | Signature | Print Name | Date

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.

Approving Official

Emp ID # | Signature | Print Name | Date

Document HISTORY Created 02/2002. Rev. 01/2016, Rev.10/2018, Rev. 04/2019, Rev. 05/2022