



Travel Request

[HELP](#)

1. Employee Information

Employee Name	Howard Lee	Dept.	Retirement Services
Job Title	PF Board Trustee	Visible Code	
Employee ID		Home Zip Code	
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

2. Group Travel

Yes No

Names of other Travelers		
Franco Vado	Eswar Menon	Anurag Chandra
Andrew Gardanier	David Woolsey	Deborah Abbott

3. Travel Itinerary

Event Name:	Pension Bridge The Annual 2025		
Event Location:	The Ritz Carlton Hotel	City:	Half Moon Bay
State:	CA		
Departure Date:	3/24/25	Event Start Date:	3/24/25
Event End Date:	3/26/25	Return Date:	3/26/25

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	Pension Bridge The Annual 2025	\$0.00
Airfare	N/A	
Lodging	The Ritz Carlton Hotel 2 nights: 3/24/25 - 3/26/25 (price includes taxes + fees)	\$892.07
Ground Transportation	Home to Conference: 29.4 x 0.70 per mile = \$20.58, Conference to Home: 30.9 x 0.70 per mile = \$21.63	\$42.21
Per Diem (from worksheet)	Conference provides Breakfast and Lunch on 3/25 and 3/26	\$136.25
Parking	Hotel parking rate is \$35 per weekday: \$35 x 3 days = \$105.00	\$105.00
Other		
Total Estimated Expenses		\$1,175.53

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

There is no registration fee because the conference offers complimentary attendance.

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	<i>Howard Lee</i>	Howard Lee	3/3/25
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	128120	<i>John Flynn</i>	John Flynn	3/3/25
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	