

1. Employee Information							
Employee <i>Mark Linder</i>				Dept. Retirement Services			
Job Title <i>FED Board Trustee</i>				Visible Code			
Employee ID				Home Zip Code		Phone No.:	
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 <input checked="" type="radio"/> Yes <input type="radio"/> No (Group travel defined in City Travel Policy 1.8.2)							
Names of other Travelers							
David Woolsey				Gretchen Flicker		5	
Spencer Horowitz				John Flynn		6	
3. Travel Itinerary							
Event Name: <i>CALAPRS 2025 General Assembly 2025</i>							
Event Location: <i>Silverado Resort</i>				City: <i>Napa Valley</i>		State: <i>CA</i>	
Departure Date: <i>3/2/25</i>		Event Start Date: <i>3/3/25</i>		Event End Date: <i>3/5/25</i>		Return Date: <i>3/5/25</i>	
4. Travel Expenses							
Category	Detailed Description	Estimated Expenses	Actual Expenses	Prepaid Expense			
				Amount	Method		
Registration	<i>CALAPRS 2025 General Assembly</i>	300.00	<i>\$250.00</i>	<i>\$250.00</i>	PCard (Cardholder N		
Airfare	<i>N/A</i>	-	<i>\$0.00</i>	<i>\$0.00</i>	Select		
Lodging	<i>Silverado Resort: 3 nights (3/2/25 - 3/5/25)</i>	1,084.99	<i>\$1,119.51</i>	<i>\$1,119.51</i>	PCard (Cardholder N		
Ground Transportation	<i>Home to Conference: 115 miles x 0.70 = \$80.5, Conference to Home: 115 miles x 0.70 = \$80.5</i>	192.05	<i>\$161.00</i>		Select		
Per Diem	<i>Conference provided: Dinner 3/3/25, Breakfast & Lunch 3/4/25, Breakfast 3/5/25</i>	237.50	<i>\$217.75</i>		Select		
Parking	<i>Daily resort charge includes complimentary self parking</i>	-	<i>\$0.00</i>		Select		
Other					Select		
Total		<i>1,814.54</i>	<i>1,748.26</i>	<i>1,369.51</i>			
5. Unforeseen Travel Expenses (expenses that were not pre-approved must be entered in this section)							
Final Total Travel Expenses			<i>\$1,748.26</i>	<small>If Final Total Travel Expenses exceed Total Estimated Expenses, refer to Section 3.1.9 of Employee Travel Policy for further instructions.</small>			
Prepaid Expenses			<i>\$1,369.51</i>				
Total Due Employee/(Due City)			<i>\$378.75</i>				
6. Notes							
<i>Mileage reflects the City's updated mileage reimbursement rate as of 1/5/25 at \$0.70 per mile.</i>							
7. Certification							
I certify that I have read and understand the City's Travel Policy and that the reimbursable expenses comply with the policy and its intent. I also verify that all expenses reported on this form were incurred by me for City business purposes.							
Employee Signature		<i>Mark Linder</i>		Mark Linder		3/17/25	
Emp ID #		Signature		Print Name		Date	
I certify that I have reviewed the expenditures and related documentation associated with the reimbursable expenses and confirm that they are in compliance with the City's Travel Policy.							
Direct Supervisor		<i>John Flynn</i>		John Flynn		3/18/25	
Emp ID #		Signature		Print Name		Date	
I certify that I have reviewed the expenditures and related documentation associated with the reimbursable expenses and confirm that they are in compliance with the City's Travel Policy.							
Travel Coordinator		<i>Gina Rios</i>		Gina Rios		3/19/25	
Emp ID #		Signature		Print Name		Date	
I 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 limits.							
Approving Official		<i>B. Hayman</i>		Barbara Hayman		3/19/2025	
Emp ID #		Signature		Print Name		Date	
Finance Travel Desk	Date Rec'd	Date Processed	Finance Payroll	Date Rec'd	Date Processed	Pay Period of Pymt. or Deduction	