SAN JOS	Reimbursement of Travel			1.6c(3)		
CAPITAL OF SILICON VALI					HELP	
1. Employee Information						
Employee	nruag Chandra Dept. Retirement Services					
Job Title	FED Board Vice Chair Visible Code					
Employee ID	Home Zip Code		Phone No.:			
Hourly / Salaried						
2. Group Travel	OYES ● No (Group travel defined in City Travel Policy 1.8.2)	City Travel Policy 1.8.2)				
	Names of other Travelers 1 3 5	5				
	2 4 6					
3. Travel Itinerary					6	
	Equity Summit 2025					
	•	Indian Wells	State:			
Departure Date:	Event Start Date: 3/18/25 Event End Date: 3/20/25 Return Date: 3/20/25					
4 Travel Expenses						
_		Estimated	Actual	Prepai	d Expense	
Category	Detailed Description	Expenses	Expenses	Amount	Method	
Registration	Equity Summit Registration	2,450.00	\$2,450.00	\$2,450.00	PCard (Cardholder Na	
Airfare	SFO to PSP via Alaska Airlines, PSP to SFO via Alaska Airlines	146.60	\$166.60		PCard (Cardholder Na	
Lodging	Tommy Bahama Miramonet Indian Wells Resort & Spa	875.49	\$875.49	\$875.49	PCard (Cardholder Na	
Per Diem	Home to SFO:15.5 miles x 0.70 per mile = \$10.85, PSP to Hotel:\$92.86 via Taxi, SFO to Home: \$57.37 via Lyft Conference provides: dinner on 3/18/25, breakfast, lunch, & dinner on 3/19/25, and breakfast & lunch on 3/30/25	266.50 73.25	\$161.08 \$73.25		Select Select	
Parking	Conference provides, uniner on 3 razza, breaklast, functi, & uniner on 3 razza, and breaklast & function 3/30/23	-	\$0.00	\$0.00		
Other					Select	
Total		3,811.84	3,726.42	3,492.09		
5. Unforeseen Tra	 Unforeseen Travel Expenses (expenses that were not pre-approved must be entered in this section) 					
	Final Total Travel Expenses			2 If Final Total Travel Expenses exceed		
	Prepaid Expenses		\$3,492.09	Total Estimated Expenses, refer to Section 3.1.9 of Employee Travel		
	Total Due Employee/(Due City)				urther instructions.	
6. Notes						
The traveler drove his personal vehicle from home to SFO on 3/18/25. His wife then drove the car back home, so it was not left at the airport. Ridesahre services (taxi and Lyft) were used once he						
arrived at the conference le	ocation.					
Contification						
7. Certification	Lead and and the Cityle Town I Delivered the 4th and inches and	and the last		6 - 4b - 4 - II		
reported on this form w	and understand the City's Travel Policy and that the reimbursable expenses comply with the vere incurred by me for City business purposes.	policy and its inte	ent. Taiso ver	ry that all	expenses	
reported on this form w	A course of the			2/26/25		
Employee Signature	Anurag Chandra Anurag Chandra			3/26/25		
Logratify that I have review	Emp ID# Signature Print Name ewed the expenditures and related documentation associated with the reimbursable expenses	and confirm that	they are in co	Date	with the	
City's Travel Policy.	ewed the expenditures and related documentation associated with the relimbursable expenses	and committee	they are in co	mphance	with the	
	128120 John Flynn John Flynn		3/26	/25		
Direct Supervisor	128120 John Flynn JOHN Flynn Emp ID# Signature Print Name		3/20	Date		
Legality that I have review	ewed the expenditures and related decumentation associated with the reimbursable expenses	and confirm that	they are in co		with the	
City's Travel Policy.						
	108419 Gina Rios Gina Rios	Gina Rios		4/02/25		
Travel Coordinator	100110 01110 1110		4/(
I certify that I agree with	Emp ID# Signature Print Name h the expenditures contained in this Statement and confirm that they are in compliance with the	ne City's Travel Po	olicy, were inc	Date urred for (City business	
and are within budgeta		July D Travoll 1				
	101062 Bd/A Barbara Ha	yman	4	/2/2025	5	
Approving Official	Emp ID # Signature Print Name	•		Date		