C T					1	1.2b(4)	
SAN JOSE Reimbursement of Travel							
CAPITAL OF SILICON VALL						HELP	
1. Employee Infor	mation				_		
Employee							
	PF Board Trustee	Visible Code Visible Code					
Employee ID		Home Zip Code		Phone No.:			
Hourly / Salaried		Select Purpose 10 In-State	Out-of-State				
2. Group Travel	(Group travel defined in City Travel Policy 1.8.2)						
	Names of other Travelers Eswar Menon Howard Lee	Dohoral	h Abbott				
	Andrew Gardanier Anurag Char		Faulkner				
 Travel Itinerary 							
	Pension Bridge The Annual 2025						
	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 Travel Expenses							
Catamani	Detailed Description		Estimated	Actual		d Expense	
Category		iption	Expenses	Expenses	Amount	Method	
Registration Airfare	Pension Bridge The Annual 2025	-	\$0.00	\$0.00	Select Select		
Lodging	The Ritz-Carlton Hotel 2 nights: 3/24/25 - 3/26/25 (includes taxes and fees)			\$892.08	\$892.08		
Ground Transportation	· · · · · · · · · · · · · · · · · · ·			\$42.21		Select	
Per Diem	Conference provides Breakfast and Lunch on 3/25 and 3/26			\$146.50		Select	
Parking Other	The Ritz Carlton Hotel Group Rate valet parking \$55 x 2 nights		105.00	\$110.00		Select Select	
Total			1,175.53	1,190.79	892.08	Select	
5. Unforeseen Tra	ivel Expenses (expenses that were not pre	e-approved must be entered in this					
	Final Total Travel Expenses			\$1,190.79 If Final Total Travel Expenses exceed			
	Prepaid Expenses			\$892.08	Total Estimated Evaposes refer to		
		Total Due Emp	loyee/(Due City)	\$298.71		urther instructions.	
6. Notes							
There is no registration fee because the conference offers complimentary attendance.							
Valet parking was the only option for guests staying overnight in the main hotel building. Conference participants received a discounted rate at \$55 per night.							
Since 3/26/25 was a full travel day, per diem will be paid at 100% instead of 75%.							
0 00 0							
7. Certification	and understand the City's Travel Believ and that the	roimhursahla aynansas aomnly with the	action and its int	ont Lalco vor	6, that all	OVDODEOG	
	I and understand the City's Travel Policy and that the vere incurred by me for, City business purposes.	e reimbursable expenses comply with the p	policy and its int	ent. Taiso veri	ny mat an	expenses	
Employee Signature	dana da	Howard Lee		Alt	1/25		
	Emp ID # Signature	Print Name			1/25 Date		
I certify that I have revie	ewed the expenditures and related documentation as		and confirm tha			with the	
City's Travel Policy.							
	ohn Flynn	John Flynn	4/1/25				
	Emp ID # Signature	Print Name		Date			
	ewed the expenditures and related decumentation as	ssociated with the reimbursable expenses	and confirm tha	t they are in co	mpliance	with the	
City's Travel Policy.	0, 0,						
Travel Coordinator		Gina Rios			/14/25		
	Emp ID # Signature	Print Name	o Citule Travel 5		Date	City business	
and are within budgeta	h the expenditures contained in this Statement and o	commitment they are in compliance with th	e City's Travel P	olicy, were inc	urred for (only pusiness	
	84/1	Barbara Hayman			/15/2025		
Approving Official	Emp ID # Signature	Print Name			Date		