



ORS Travel Request

1. Trustee Information			
Trustee Name	Franco Vado		
Board	Police & fire Board		
Departing Location			
2. Group Travel			
Names of other travelers			
	Andrew Gardanier		
	David Woolsey		
3. Travel Itinerary			
Event Name	2026 NCPERS Public Safety Conference		
Event Location	Renaissance Nashville Hotel, Nashville, TN		
Departure Date	10/25/26	Event Start Date	10/25/26
		Event End Date	10/28/26
		Return Date	10/28/26
4. Estimated Traveler Expenses			
Category	Detailed Description	Estimated Expense Amount	
Registration	2026 NCPERS Public Safety Conference (Early Bird Rate)	\$	800.00
Airfare	SJC to BNA, BNA to SJC via Alaska Airlines	\$	525.00
Lodging	Renaissance Nashville Hotel 10/25-10/28 (3 nights)	\$	1,194.85
Ground Transportation	Home to SJC, BNA to Hotel, Hotel to BNA, SJC to Home	\$	117.32
Per Diem	Conference provides: 10/26-10/28 breakfast only	\$	278.00
Parking			
Other			
Total Estimated Expenses			\$ 2,915.71
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 this policy and its intent.			
6. Notes			
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	Employee ID #	Signature	Date
		Franco Vado	7/13/26
		Franco Vado	
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	Employee ID #	Signature	Date
	128120	John Flynn	7/13/26
		John Flynn	
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			
Travel Coordinator	Employee ID #	Signature	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			
Approving Official	Employee ID #	Signature	Date