



Travel Request

[HELP](#)

1. Employee Information

Employee Name	Prabhu Palani	Dept.	Retirement Services
Job Title	Chief Investment Officer	Visible Code	
Employee ID	121320	Home Zip Code	
Hourly / Salaried	☐ Hourly ☒ Salaried	Select Purpose	☒ In-State ☐ Out-of-State
		Phone No.	

2. Group Travel

☐ Yes ☒ No	
Names of other Travelers	
3	5
4	6

3. Travel Itinerary

Event Name:	11th Annual Stanford Family Investor Forum		
Event Location:	Stanford University	City:	Stanford
		State:	CA
Departure Date:	11/12/25	Event Start Date:	11/12/25
		Event End Date:	11/12/25
		Return Date:	11/12/25

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	NONE	\$0.00
Airfare	NONE	
Lodging	NONE	
Ground Transportation	Mileage from home to Stanford (22 miles * 70 cents) and return home (Round trip)	\$30.80
Per Diem (from worksheet)	0	\$0.00
Parking	1 day of parking	\$35.68
Other		
Total Estimated Expenses		\$66.48

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

The conference will last from 11/11 to 11/12 but Prabhu will attend only 11/12.

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	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	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

Document HISTORY Created 02/2002. Rev. 01/2016, Rev.10/2018, Rev. 04/2019, Rev. 05/2022