| C - T - = | CITY OF | | | |
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| SAN IOS | E Tra | avel Request | | |
| CAPITAL OF SILICON VALI | LEY | | HELP | |
| . Employee Information | | | | |
| Employee Name | | Dept. Retirement Services Visible Code | | |
| Employee ID | Chief Investment Officer | | ne No. | |
| Hourly / Salaried | O Hourly Salaried | Select Purpose • In-State Out-of-State | | |
| 2. Group Travel | | | | |
| | Names of other Travelers | lo le | | |
| | | 3 | | |
| 3. Travel Itinerary | | | | |
| • | 11th Annual Stanford Family Investor Forum | | | |
| Event Location: | Stanford University | City: Stanford | State: CA | |
| Departure Date: | | 11/12/25 Event End Date: 11/12/25 Retu | rn Date: 11/12/25 | |
| 4. Estimated Travel Expenses | | | | |
| | | | Estimated Expense | |
| Category | | Detailed Description | Amounts | |
| Registration | NONE | | \$0.00 | |
| Airfare | NONE | | | |
| Lodging Ground Transportation | NONE 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 | I . | Total Estimated Expenses | \$66.48 | |
| 5. Cash Advance | Requested | Cash advance requested? | | |
| 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. | | | | |
| | | | e policy and its intent. | |
| 6. Notes The conference will last fr | om 11/11 to 11/12 but Prabbu will atte | end only 11/12. | e policy and its intent. | |
| The conference will last fr | om 11/11 to 11/12 but Prabhu will atte | end only 11/12. | e policy and its intent. | |
| The conference will last fr | | end only 11/12. red in accordance with the City's Travel Policy ar | | |
| The conference will last from the co | | red in accordance with the City's Travel Policy ar | | |
| The conference will last from the co | sted travel is complete and prepa red for the purpose of City busin | red in accordance with the City's Travel Policy aress. | nd that the estimated | |
| 7. Certification I certify that the requesexpenses will be incur | sted travel is complete and prepa red for the purpose of City busin Emp ID # Signa | red in accordance with the City's Travel Policy aress. | nd that the estimated Date | |
| 7. Certification I certify that the requesexpenses will be incurred Employee I certify that I have eva | sted travel is complete and prepa red for the purpose of City busin Emp ID # Signa luated the requested travel activi | red in accordance with the City's Travel Policy aress. | nd that the estimated Date Date Drepared in accordance | |
| 7. Certification I certify that the requesexpenses will be incur Employee I certify that I have eva with the City's Travel P | sted travel is complete and prepa red for the purpose of City busin Emp ID # Signa luated the requested travel activi colicy and that the estimated expe | red in accordance with the City's Travel Policy aress. ture Print Name ty and confirm that the request is complete and p | nd that the estimated Date Date Drepared in accordance | |
| 7. Certification I certify that the requesexpenses will be incur Employee I certify that I have evawith the City's Travel P | sted travel is complete and prepared for the purpose of City busing Emp ID # Signa luated the requested travel activity and that the estimated expenses in the color of the co | red in accordance with the City's Travel Policy aress. ture Print Name ty and confirm that the request is complete and penses will be incurred for the purpose of City bus ture Print Name | Date prepared in accordance siness. | |
| 7. Certification I certify that the requesexpenses will be incur Employee I certify that I have evawith the City's Travel P Direct Supervisor I certify that I have eva | sted travel is complete and prepared for the purpose of City busing Emp ID # Signal luated the requested travel activity and that the estimated expense in the control of t | red in accordance with the City's Travel Policy aress. ture Print Name ty and confirm that the request is complete and penses will be incurred for the purpose of City bus ture Print Name ty and confirm that the estimated expenses will be | Date prepared in accordance siness. Date pate prepared in accordance siness. | |
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