

<b>1. Employee Information</b>									
Employee: <i>Gretchen Flicker</i>				Dept: Retirement Services					
Job Title: <i>PF Board Trustee</i>				Visible Code: <span style="background-color: yellow;"> </span>					
Employee ID: <span style="background-color: black; color: white;"> </span>				Home Zip Code: <span style="background-color: black; color: white;"> </span>			Phone No.: <span style="background-color: black; color: white;"> </span>		
Hourly / Salaried: <input checked="" type="radio"/> Hourly <input type="radio"/> Salaried				Select Purpose: <span style="background-color: black; color: white;"> </span>			<input type="radio"/> In-State <input type="radio"/> Out-of-State		
<b>2. Group Travel</b> <input checked="" type="radio"/> Yes <input type="radio"/> No (Group travel defined in City Travel Policy 1.8.2)									
Names of other Travelers									
<i>Andrew Gardanier</i>				<i>3</i>			<i>5</i>		
<i>Franco Vado</i>				<i>4</i>			<i>6</i>		
<b>3. Travel Itinerary</b>									
Event Name: <i>SACRS 2025 Spring Conference</i>									
Event Location: <i>Omni Rancho Las Palmas Resort &amp; Spa</i> City: <i>Rancho Mirage</i> State: <i>CA</i>									
Departure Date: <i>5/13/25</i> Event Start Date: <i>5/13/25</i> Event End Date: <i>5/16/25</i> Return Date: <i>5/16/25</i>									
<b>4. Travel Expenses</b>									
Category	Detailed Description	Estimated Expenses	Actual Expenses	Prepaid Expense					
				Amount	Method				
Registration	<i>SACRS 2025 Spring Conference</i>	<i>290.00</i>	<i>\$300.15</i>	<i>\$300.15</i>	PCard (Cardholder N				
Airfare	<i>SFO - PSP Roundtrip via Alaska Airlines</i>	<i>197.00</i>	<i>\$242.60</i>	<i>\$242.60</i>	PCard (Cardholder N				
Lodging	<i>Embassy Suites Palm Desert 5/13 - 5/16 (3 nights)</i>	<i>762.00</i>	<i>\$555.04</i>	<i>\$555.04</i>	PCard (Cardholder N				
Ground Transportation	<i>Uber - PSP to Hotel: \$53.22, Hotel to Conference: \$18.98, Conference to Hotel: \$16.90</i>	<i>190.67</i>	<i>\$89.10</i>		Select				
Per Diem	<i>Conference provided: Breakfast, Lunch, Dinner on 5/14, Breakfast and lunch on 5/15, Breakfast on 5/16</i>	<i>158.50</i>	<i>\$158.50</i>		Select				
Parking					Select				
Other					Select				
<b>Total</b>		<i>1,598.17</i>	<i>1,345.39</i>	<i>1,097.79</i>					
<b>5. Unforeseen Travel Expenses (expenses that were not pre-approved must be entered in this section)</b>									
			<b>Final Total Travel Expenses</b>	<i>\$1,345.39</i>	If Final Total Travel Expenses exceed Total Estimated Expenses, refer to Section 3.1.8 of Employee Travel Policy for further instructions.				
			<b>Prepaid Expenses</b>	<i>\$1,097.79</i>					
			<b>Total Due Employee/(Due City)</b>	<i>\$247.60</i>					
<b>6. Notes</b>									
<i>Registration: Actual expense include convenience fee of \$10.15</i>									
<i>Airfare: Price increased by the time of booking</i>									
<i>Lodging: The host hotel was fully booked at the group rate for the final night (5/15). The available alternative was to book the first two nights at the group rate (\$575.04) and the final night at a flexible rate (\$406.37), totaling \$981.41. Given the higher cost, the traveler was offered a less expensive hotel within five miles of the conference venue (Trustee Travel Policy 31).</i>									
<i>Transportation: Traveler used Rideshare services (Uber) on 5/13 &amp; 5/14 and shared Ubers with other travelers on 5/15 &amp; 5/16.</i>									
<b>7. Certification</b>									
I certify that I have read and understand the City's Travel Policy and that the reimbursable expenses comply with the policy and its intent. I also verify that all expenses reported on this form were incurred by me for City business purposes.									
Employee Signature		<i>Gretchen Flicker</i>		<i>Gretchen Flicker</i>		<i>6/11/25</i>			
Emp ID #		Signature		Print Name		Date			
I certify that I have reviewed the expenditures and related documentation associated with the reimbursable expenses and confirm that they are in compliance with the City's Travel Policy.									
Direct Supervisor		<i>John Flynn</i>		<i>John Flynn</i>		<i>6/11/25</i>			
Emp ID #		Signature		Print Name		Date			
I certify that I have reviewed the expenditures and related documentation associated with the reimbursable expenses and confirm that they are in compliance with the City's Travel Policy.									
Travel Coordinator		<i>Gina Rios</i>		<i>Gina Rios</i>		<i>6/11/25</i>			
		Signature		Print Name		Date			
I certify that I agree with the expenditures contained in this Statement and confirm that they are in compliance with the City's Travel Policy, were incurred for City business and are within budgetary limits.									
Approving Official		<i>BH Hayman</i>		<i>Barbara Hayman</i>		<i>6/11/2025</i>			
		Signature		Print Name		Date			
Finance Travel Desk	Date Rec'd	Date Processed	Finance Payroll	Date Rec'd	Date Processed	Pay Period of Pymt. or Deduction			