ORS Travel Request

Office of Retirement Services

1. Trustee Information

Trustee Name	Matthew Faulker
Board	FED Board
Departing Location	[redacted]

2. Group Travel

Names of other travelers		

3. Travel Itinerary

Event Name	10th Annual real Estate West Forum			
Event Location:	Half Moon Bay, CA			
Departure Date:	10/13/2026	Event Start Date: 10/13/26	Event End Date:10/14/26	Return date:10/14/26

4. Estimated Traveler Expenses

Category	Detailed Description	Estimated Expense Amount
Registration	10th Annual real Estate West Forum - Complimentary Registration	$ -
Airfare		$ -
Lodging	Half Moon Bay Lodge - 10/13 - 10/14 (1 night) - Alternate Hotel	$ 316.38
Ground Transportation	Home to Conference, Conference to Hotel, Hotel to Conference, Conference to Home: 86.3 miles	$ 62.57
Per Diem	Conference provides: 10/13 dinner; 10/14 breakfast and lunch	$ 24.75
Parking		
Other		
	Total Estimated Expenses	$ 403.70

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		Matthew Faulkner	Matthew Faulkner	9/3/26
	Employee 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	[redacted]	John Flynn	John Flynn	9/3/26
	Employee 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

Travel Coordinator				
	Employee 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

Approving Official				
	Employee ID #	Signature	Print Name	Date