ORS Travel Reimbursement

Office of Retirement Services

1. Trustee Information

Trustee Name	Matthew Faulkner
Board	Federated Board
Departing Location	[redacted]

2. Group Travel

Yes **No**

Names of other travelers

1	3	5
2	4	6

3. Travel Itinerary

Event Name:	Opal Group Public Funds Summit East			
Event Location:	Newport Marriott Newport, Rhode Island			
Departure Date:	7/26/26	Event Start Date: 7/27/26	Event End Date: 7/29/26	Return Date: 7/29/26

4. Estimated Traveler Expenses

Category	Detailed Description	Estimated Expense	Actual Expense	Prepaid Expense Amount	Prepaid Expense Method
Registration	Opal Group Public Funds Summit East - Complimentary Attendance	-	-	-	-
Airfare	SJC to PVD, PVD to SJC	$ 826.00	$ 826.00		
Lodging	Newport Marriott	$ 1,730.01	$ 1,730.01	$ 1,730.01	
Ground Transportation		$ 302.78	$ -	$ -	
Per Diem	Conference provided: 7/27 lunch, dinner; 7/28 breakfast, lunch; 7/29 breakfast	$ 203.00	$ 168.00		
Parking		-	-	-	-
Other					
Total		**$ 3,061.79**	**$ 2,724.01**	$ 1,730.01	

5. Unforeseen Travel Expenses (expenses that were not preapproved)

	Final Total Travel Expense	**$ 2,724.01**
	Prepaid Expense	**$ 1,730.01**
	Total due to trustee	**$ 994.00**

6. Notes

Trustee combined conference attendance with personal travel. Airfare - Estimate expenses reflects what it would've been had he flown from SJC to PVD and back ($826). Actual expenses were $962.18. Trustee will be reimbursed the less expensive option. Per Diem reflects actual travel times.

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	8/26/26
	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	8/26/26
	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	[redacted]	Gina Rios	Gina Rios	8/26/26
	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

Approving Official	[redacted]	BHAyman	Barbara Hayman	9/1/2026
	Employee ID #	Signature	Print Name	Date