



ORS Travel Request

1. Trustee Information

Trustee Name	Matthew Faulkner
Board	FED Board
Departing Location	15705 Poppy Lane, Monte Sereno, CA 9503

2. Group Travel

Names of other travelers			
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3. Travel Itinerary

Event Name	Opal Group Public Funds Summit East		
Event Location:	Newport Marriott	City: Newport	State: RI
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 Amount
Registration	Opal Group Public Funds Summit East - Complimentary Attendance	\$ -
Airfare	SFO to PVD Roundtrip via American Airlines	\$ 826.00
Lodging	Newport Marriott 7/26-7/29	\$ 1,730.01
Ground Transportation	Uber Est: Home to SFO, PVD to Hotel, Hotel to PVD, SFO to Home	\$ 302.78
Per Diem	Conference provides: 7/27 lunch, dinner; 7/28 breakfast, lunch; 7/29 breakfast	\$ 203.00
Parking		
Other		
Total Estimated Expenses		\$ 3,061.79

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	<i>Matthew Faulkner</i>	Matthew Faulkner	6/3/26
	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	28120	<i>John Flynn</i>	John Flynn	6/3/26
	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