



Travel Request

FIN-TRR-002617

1. Employee Information

Employee Name: Nathan Nakagawa

Department: Environmental Services

Employee Email: [REDACTED]

Supervisor Name: John Flynn

Employee ID#: [REDACTED]

Supervisor Email: [REDACTED]

Position/Title: Program Manager

Supervisor Title: Dir of Retirement Svcs & CEO U

2. Request Details

Type of Request: New Request

Type of Travel Request : In-State Travel

Is your travel or part of travel waived or paid by a 3rd party?: No

Group Travel: Yes

Select Employee 4: Woolsey
[REDACTED]

3. Travel Itinerary

Name of the Event: CALAPRS Principles of Pension Governance for Trustees

Location of the Event: Santa Barbara Inn

Location Address of the Event: 901 E Cabrillo Blvd, Santa Barbara, CA 93103, USA Location Zip: 93103

Travel Departure Date: 08/24/2026

Travel Departure Time: 01:51 PM

Event Start Date: 08/24/2026

Event End Date: 08/27/2026

Return Time: 07:53 PM

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	Principles of Pension Governance for Trustees	\$3,000.00
Airfare/Extra Luggage	SFO to SBA, SBA to SFO via United Airlines	\$548.00
Lodging	Lodging included with registration	\$0.00
Public Transportation	Uber: Home to SFO, SBA to Conference, Conference to SBA, SFO to Home	\$225.75
Per Diem	Per Diem Per Chart Above	\$123.25
	Total Estimated Expenses	\$3,897.00

5. Exceptions

Exceptions to be Considered: Nathan Nakagawa is traveling as an ORS Trustee. Please send workflow to Gina Rios for Travel Coordinator approval.

6. Cash Advance Requested

Cash Advance: No

7. Employee Acknowledgement

I certify that hte 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.

8. Supervisor

Supervisor Name: John Flynn

Supervisor Email: [REDACTED]

Supervisor Title: Dir of Retirement Svcs & CEO U

Supervisor Decision: Approved - Send to Travel Coordinator

Supervisor Comments: Because it is required, I'm checking the boxes below, but this person is not traveling as a city employee; they are traveling as a Retirement Board Trustee. To the best of my knowledge, this request was prepared in accordance with the Trustee Educational Travel Policy.

As the Supervisor, I acknowledge that I have reviewed and understand the City policy requiring travelers on City business using a scheduled air carrier to depart from and return to Norman Y. Mineta San José International Airport ("San José Mineta International Airport"). After considering layovers, total flight time, cost, and the employee's residential distance from San José Mineta International Airport, I approve an exception to this policy for this employee's travel.

I certify that I have evaluated the requested travel activity and confirm that hte request is complete and prepared in accordance with teh City's Travel Policy and that the estimated expenses will be incurred for the purpose of City business.

× John Flynn _____

Signed By: [REDACTED]
Date Signed: 04/17/2026 10:36:08 AM -07:00 GMT
IP Address: [REDACTED]

9. Additional Reviewer 1

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.

10. Additional Reviewer 2

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.

11. Additional Reviewer 3

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.

12. Additional Reviewer 4

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.

13. Additional Reviewer 5

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.

14. Travel Coordinator

Travel Coordinator Name: Gina Rios Travel Coordinator [REDACTED] Travel Coordinator Title: Senr Accountant
Travel Coordinator Decision: Approved

I certify that I have evaluated the requested travel activity and confirm that the estimated expenses will be incurred for purposes of City business, are in compliance with the City's Travel Policy and are within budgetary limits.

× Gina Rios

Signed By: Gina Rios [REDACTED]
Date Signed: 04/27/2026 11:33:50 AM -07:00 GMT
IP Address: [REDACTED]

15. Approving Official

Approving Official Name: Barbara Hayman Approving Official Email: [REDACTED] Approving Official Title: Deputy Dir U
Approving Official Decision: Approved

As the Approving Official, I acknowledge that I have reviewed and understand the City policy requiring travelers on City business using a scheduled air carrier to depart from and return to Norman Y. Mineta San José International Airport ("San José Mineta International Airport"). After considering layovers, total flight time, cost, and the employee's residential distance from San José Mineta International Airport, I approve an exception to this policy for this employee's travel.

I certify that I have evaluated the requested travel activity and confirm that the estimated expenses will be incurred for purposes of City business, are in compliance with the City's Travel Policy and are within budgetary limits.

× BHayman

Signed By: BHayman [REDACTED]
Date Signed: 04/27/2026 11:41:10 AM -07:00 GMT
IP Address: [REDACTED]

16. City Manager's Office

17. Accounts Payable Group

18. Director of Finance



Per Diem Expense Worksheet

1. Dates & Rates

Departure Date	08/24/2026
Departure Time	01:51 PM
Event Start Date	08/24/2026
Event End Date	08/27/2026
Return Time	07:53 PM
CONUS/OCONUS Rate for Lodging	262
Maximum Daily Rate	
Maximum Total Lodging for Trip (excluding tax)	\$0.00
CONUS/OCONUS Rate for Meals and Incidentals	92

2. Per Diem - Lodging

Date	Daily Rate	Taxes	Total Reimbursable Lodging Expenses
Monday, August 24, 2026			\$0.00
Tuesday, August 25, 2026			\$0.00
Wednesday, August 26, 2026			\$0.00
		Total	\$0.00

3. Per Diem - Meals and Incidentals

Travel Day	Breakfast	Lunch	Dinner	Incidentals	Meals Provided with Registration	Adjustment for Provided Meals	Additional Adjustments	Maximum Per Diem for Meals and Incidentals
Monday, August 24, 2026	\$23.00	\$26.00	\$38.00	\$5.00		\$0.00	\$21.75	\$70.25
					Checked			
Tuesday, August 25, 2026	\$23.00	\$26.00	\$38.00	\$5.00	Checked	\$87.00		\$5.00
					Checked			
Wednesday, August 26, 2026	\$23.00	\$26.00	\$38.00	\$5.00	Checked	\$87.00		\$5.00
					Checked			
Thursday, August 27, 2026	\$23.00	\$26.00	\$38.00	\$5.00	Checked	\$49.00		\$43.00
					Checked			