



Travel Request
FIN-TRR-002742

1. Employee Information

Employee Name: John Flynn **Department:** Retirement Services
Employee Email: [REDACTED] **Supervisor Name:** John Flynn
Employee ID#: [REDACTED] **Supervisor Email:** [REDACTED]
Position/Title: Dir of Retirement Svcs & CEO U **Supervisor Title:** Dir of Retirement Svcs & CEO U

2. Request Details

Type of Request: New Request **Type of Travel Request :** Out of State Travel **Is your travel or part of travel waived or paid by a 3rd party?:** No
Group Travel: No

3. Travel Itinerary

Name of the Event: 2026 NCPERS Advanced Fiduciary (NAF) Institute: Modules 3 & 4
Location of the Event: Renaissance Nashville Hotel
Location Address of the Event: 611 Commerce St, Nashville, TN 37203, USA **Location Zip:** 37203
Travel Departure Date: 10/23/2026 **Travel Departure Time:** 01:45 PM **Event Start Date:** 10/24/2026 **Event End Date:** 10/25/2026 **Return Time:** 02:30 PM

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	Registration (using Spring reg price for estimate purposes as Fall price has not been released)	\$930.00
Per Diem	Per Diem Per Chart Above	
Total Estimated Expenses		\$930.00

5. Exceptions

Exceptions to be Considered: Traveler is attending the NAF Program and Public Safety Conference, which are being held in conjunction. This workflow only contains registration and per diem associated with the NAF conference.

Please refer to FIN-TRR-002738 workflow which contains the full stay details (10/23-10/28) including lodging and airfare for the entire trip.

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

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: John Flynn - [REDACTED]
 Date Signed: 10/23/2025 11:11:05 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 Co ordinator Email: [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: 05/28/2025 11:10:40 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

Approving Official Comments: 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.

× BHayman

Signed By: BHayman [REDACTED]
Date Signed: 06/01/2025 7:52:00 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	10/23/2026
Departure Time	01:45 PM
Event Start Date	10/24/2026
Event End Date	10/25/2026
Return Time	02:30 PM
CONUS/OCONUS Rate for Lodging	0
Maximum Daily Rate	
Maximum Total Lodging for Trip (excluding tax)	\$0.00
CONUS/OCONUS Rate for Meals and Incidentals	

2. Per Diem - Lodging

Date	Daily Rate	Taxes	Total Reimbursable Lodging Expenses
Friday, October 23, 2026	\$0.00	\$0.00	\$0.00
Saturday, October 24, 2026	\$0.00	\$0.00	\$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
Friday, October 23, 2026						\$0.00		\$0.00
Saturday, October 24, 2026					Checked			
					Checked	\$0.00		\$0.00
Sunday, October 25, 2026					Checked			
					Checked	\$0.00		\$0.00