ORS Travel Reimbursement

1. Trustee Information

Trustee Name	Anurag Chandra
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: 2026 Milken Institute Gloabal Conference

Event Location: The Beverly Hilton, Los Angeles CA

Departure Date: 5/2/26 Event Start Date: 5/3/26 Event End Date: 5/6/26 Return Date: 5/6/26

4. Estimated Traveler Expenses

Category	Detailed Description	Estimated Expense	Actual Expense	Prepaid Expense Amount	Prepaid Expense Method
Registration	2026 Milken Institute Global Conference - Complimentary Attendance	-	-	-	-
Airfare	SFO to LAX, LAX to SFO via United Airlines	$ 237.00	$ 223.70	$ 223.70	
Lodging	The Kimpton Hotel Palomar 5/3 - 5/6	$ 1,788.74	$ 1,677.74	$ 1,677.74	
Ground Transportation	Lyft - LAX to Conference; Uber - Conference to LAX and SFO to Home	$ 334.62	$ 164.58		
Per Diem	Conference provided: 5/3-5/5 Breakfast & Lunch; 5/6 Breakfast, Lunch, Dinner	$ 237.50	$ 192.50		
Parking		-		-	-
Other					
Total		$ 2,597.86	$ 2,258.52	$ 1,901.44	

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

	Final Total Travel Expense	$ 2,258.52
	Prepaid Expense	$ 1,901.44
	Total due to trustee	$ 357.08

6. Notes

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		Anurag Chandra	Anurag Chandra	5/26/26
	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	5/27/26
	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	7/07/26
	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	7/9/2026
	Employee ID #	Signature	Print Name	Date