CITY OF SAN JOSE
CAPITAL OF SILICON VALLEY

Travel Request

FIN-TRR-002826

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 : In-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: CALAPRS Administrators Institute

Location of the Event: The Quail Lodge

Location Address of the Event: 8205 Valley Greens Dr, Carmel, CA 93923, USA **Location Zip**: 93923

Travel Departure Date:	Travel Departure Time:	Event Start Date:	Event End Date:	Return Time: 11:00 AM
09/22/2026	03:00 PM	09/23/2026	09/25/2026	

4. Estimated Travel Expenses

Category	Detailed Description	Estimated Expense Amounts
Registration	Registration includes lodging (9/22-9/25)	$3,000.00
[redacted]		
Mileage	Home to Conf: 78.6 - 75 = 3.6; Conf to Home: 81.5 - 75 = 6.5; 6.5 + 36. = 10.1 miles; 10.1 miles x 0.725 = $7.32	$113.09
Per Diem	Per Diem Per Chart Above	$206.00
[redacted]		
	Total Estimated Expenses	$3,319.09

5. Exceptions

Exceptions to be Considered: Per Diem - Agenda for the 2026 has not been released, for estimating purposes 2025 was used to calculate per diem.

Mileage estimate - Due to the traveler receiving a car allowance, mileage is only applicable for miles above 75 miles per day. The mileage estimate would be; Home to conference: 78.6 – 75 = 3.6 miles and Conference to home: 81.5 - 75 = 6.5 miles. The total mileage would be 10.1 miles x 0.725 per mile = $7.32. Simpligov auto populates the miles/expense cells and would not allow me to make any adjustments.

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 B[redacted]
Date Sig[redacted]
IP Addre[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: Trang Vo **Travel Coordinator Email**: [redacted] **Travel Coordinator Title**: Accountant II

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.

× Trang Vo

Signed By: [redacted]
Date Signe
IP Address

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 B [redacted]
Date Sig
IP Addre

16. City Manager's Office

17. Accounts Payable Group

18. Director of Finance

Per Diem Expense Worksheet

1. Dates & Rates

Departure Date	09/22/2026
Departure Time	03:00 PM
Event Start Date	09/23/2026
Event End Date	09/25/2026
Return Time	11:00 AM
CONUS/OCONUS Rate for Lodging	191
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
Tuesday, September 22, 2026			$0.00
Wednesday, September 23, 2026			$0.00
Thursday, September 24, 2026			$0.00
		Total	$0.00

3. Per Diem - Meals an Incidentals

Travel Day	Breakfast	Lunch	Dinner	Incidentals	Meals Provided with Registration	Adjustment for Provided Meals	Additional Adjustments	Maximum Per Diem for Meals and Incidentals
Tuesday, September 22, 2026	$23.00	$26.00	$38.00	$5.00		$0.00		$92.00
Wednesday, September 23, 2026	$23.00	$26.00	$38.00	$5.00	Checked	$26.00		$66.00
Thursday, September 24, 2026	$23.00	$26.00	$38.00	$5.00	Checked Checked Checked	$87.00		$5.00
Friday, September 25, 2026	$23.00	$26.00	$38.00	$5.00	Checked Checked	$49.00		$43.00