



ORS Travel Request

1. Trustee Information			
Trustee Name	Mark Linder		
Board	Federated		
Departing Location	2 Westwood Rd Santa, Cruz CA 95160		
2. Group Travel			
	Names of other travelers		
	Debbie Abbott	David Woolsey	
	Nate Nakagawa	Gretchen Flicker	
3. Travel Itinerary			
Event Name	CALAPRS Principles of Pension Governance for Trustees		
Event Location:	Santa Barbara Inn	City: Santa Barbara	State: CA
Departure Date:	8/24/26	Event Start Date:	8/24/26
		Event End Date:	8/27/26
		Return Date:	8/27/26
4. Estimated Traveler Expenses			
Category	Detailed Description		Estimated Expense Amount
Registration	Principles of Pension Governance for Trustees		\$ 3,000.00
Airfare	SFO to SBA, SBA to SFO via United Airlines		\$ 447.41
Lodging	Santa Barbara Inn 8/24 - 8/27 3 nights (included with registration fee)		
Ground Transportation	Home to SFO, SBA to Hotel, Hotel to SBA, SBA to home		\$ 291.82
Per Diem	Conference provides: 8/25-8/26 breakfast, lunch & dinner; 8/27 breakfast & lunch		\$ 122.00
Parking			
Other	checked bag \$50 each way		\$ 100.00
Total Estimated Expenses			\$ 3,961.23
5. Cash Advance Requested			Cash advance requested? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<p>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.</p>			
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.			
Trustee	<i>Mark Linder</i>	Mark Linder	5/5/26
	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	<i>John Flynn</i>	John Flynn	5/5/26
	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