SAN JOSE
CAPITAL OF SILICON VALLEY

Reimbursement of Travel

HELP

1. Employee Information

Employee	Franco Vado	Dept.	Retirement Services		
Job Title	PF Board Trustee	Visible Code			
Employee ID		Home Zip Code	95120	Phone No.:	
Hourly / Salaried	○ Hourly ◉ Salaried	Select Purpose	◉ In-State ○ Out-of-State		

2. Group Travel

◉ Yes ○ No (Group travel defined in City Travel Policy 1.8.2)

Names of other Travelers

Andrew Gardanier	Spencer Horowitz	David Kwan
Gretchen Flicker	John Flynn	6

3. Travel Itinerary

Event Name: CALAPRS General Assembly 2026
Event Location: The Westin Carlsbad Resort & Spa City: Carlsbad State: CA
Departure Date: 3/8/26 Event Start Date: 3/8/26 Event End Date: 3/11/26 Return Date: 3/11/26

4. Travel Expenses

Category	Detailed Description	Estimated Expenses	Actual Expenses	Prepaid Expense Amount	Prepaid Expense Method
Registration	CALAPRS General Assembly 2026	250.00	$250.00	$250.00	A/P Payment
Airfare	SJC to SAN, SAN to SJC via Alaska Airlines	195.00	$136.81	$136.81	PCard (Cardholder N
Lodging	The Westin Carlsbad Resort & Spa 3/8 - 3/11 (3 nights)	480.48	$902.85	$902.85	PCard (Cardholder N
Ground Transportation	Traveler shared Uber rides with another traveler	317.30	$0.00	-	Select
Per Diem	3/9: Dinner, 3/10: Breakfast & Lunch, 3/11: Breakfast	203.50	$203.50		Select
Parking					Select
Other					Select
Total		1,446.28	1,493.16	1,289.66	

5. Unforeseen Travel Expenses (expenses that were not pre-approved must be entered in this section)

Final Total Travel Expenses	$1,493.16	If Final Total Travel Expenses exceed Total Estimated Expenses, refer to Section 3.1.9 of Employee Travel Policy for further instructions.
Prepaid Expenses	$1,289.66	
Total Due Employee/(Due City)	$203.50	

6. Notes

Lodging: The traveler stayed at the conference hotel at the conference rate, which resulted in actual expenses being higher than originally estimated. This is in accordance with the amended Trustee Educational Travel Policy, Section 40a, Trustees should stay at the program hotel at the least expensive negotiated conference rate available.

7. Certification

I certify that I have read and understand the City's Travel Policy and that the reimbursable expenses comply with the policy and its intent. I also verify that all expenses reported on this form were incurred by me for City business purposes.

Employee Signature		Franco Vado	Franco Vado	4/2/26
	Emp ID #	Signature	Print Name	Date

I certify that I have reviewed the expenditures and related documentation associated with the reimbursable expenses and confirm that they are in compliance with the City's Travel Policy.

Direct Supervisor	128120	John Flynn	John Flynn	4/2/26
	Emp ID #	Signature	Print Name	Date

I certify that I have reviewed the expenditures and related documentation associated with the reimbursable expenses and confirm that they are in compliance with the City's Travel Policy.

Travel Coordinator	108419	Gina Rios	Gina Rios	4/09/26
	Emp ID #	Signature	Print Name	Date

I certify that I agree with the expenditures contained in this Statement and confirm that they are in compliance with the City's Travel Policy, were incurred for City business and are within budgetary limits.

Approving Official	101962	BHAyman	Barbara Hayman	4/9/2026
	Emp ID #	Signature	Print Name	Date

Finance Travel Desk	Date Rec'd	Date Processed	Finance Payroll	Date Rec'd	Date Processed	Pay Period of Pymt. or Deduction