ORS Travel Request

Office of Retirement Services

1. Trustee Information

Trustee Name	Spencer Horowitz
Board	Federated
Departing Location	

2. Group Travel

Names of other travelers		

3. Travel Itinerary

Event Name	Fiduciary Investors Symposium 2026			
Event Location:	Stanford University, Standford, CA			
Departure Date:	9/15/26	Event Start Date: 9/15/26	Event End Date:9/17/26	Return Date: 9/16/26

4. Estimated Traveler Expenses

Category	Detailed Description	Estimated Expense Amount
Registration	Fiduciary Investors Symposium 2026 - Complimentary Attendance	$ -
Airfare		$ -
Lodging		$ -
Ground Transportation	42.8 mi/day × 2 days × $0.725/mi = $62.06	$ 62.06
Per Diem	Conference provides: 9/15 lunch; 9/16 lunch & dinner	$ -
Parking		
Other		
Total Estimated Expenses		$ 62.06

5. Cash Advance Requested

Cash advance requested? Yes No

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.

6. Notes

Per trustee travel policy, breakfast and dinner are only reimbursable for overnight travel; therefore, meal per diem is $0.

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		Spencer Horowitz	Spencer Horowitz	8/11/26
	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	128120	John Flynn	John Flynn	8/12/26
	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