



Travel Reques

FIN-TRR-002535

1. Emplo 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: NCPERS Chief Officers Summit 2026

Location of the Event: VEA Newport Beach, A Marriott Resort & Spa

Location Address of the Event: 900 Newport Center Dr, Newport Beach, CA 92660, USA Location Zip: 92660

Travel Departure Date: 06/15/2026 Travel Departure Time: 08:25 AM Event Start Date: 06/15/2026 Event End Date: 06/16/2026 Event Time: 08:15 PM

4. Estimated Travel Expenses

Table with 3 columns: Category, Detailed Description, Estimated Expense Amount. Rows include Registration (\$1,030.00), Airfare/Extra Luggage (\$428.00), Lodging (\$358.10), Public Transportation (\$75.78), Per Diem (\$127.00), and Total Estimated Expenses (\$2,018.8).

5. Exceptions

Exceptions to be Considered: Conference dates are 6/15-6/17; however, the traveler will be returning on the evening of 6/16. Simplify would not allow a return date earlier than the event end date, so the event end date was entered as 6/16 (see screenshot attached)

6. Cash Advance Requested Cash Advance: No

7. Employee Acknowledgment

I certify that I have 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 this 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.

Signature of John Flynn

Signed By: John Flynn Date: 03/18/2026 2:48:07 PM -07:00 GMT IP Address: [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: Gina Rios

Travel Coordinator Email: [REDACTED]

Travel Coordinator Title: Senior Accountant

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.

× Gina Rios

Signed By: Gina Rios - [REDACTED]
Date Signed: 03/18/2026 3:30:07 PM -07:00 GMT
IP Address: [REDACTED]

15. Approving Official

Approving Official Name: Barbara Hayman

Approving Official Email: [REDACTED]

Approving Official Title: Deputy Director

Approving Official 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.

× BHayman

Signed By: BHayman - [REDACTED]
Date Signed: 03/18/2026 4:39:14 PM -07:00 GMT
IP Address: [REDACTED]

16. City Manager's Office

17. Accountable Group

18. Director of Finance



Per Diem Expense Worksheet

1. Dates & Rates

Departure Date	06/15/2026
Departure Time	08:25 AM
Event Start Date	06/15/2026
Event End Date	06/16/2026
Return Time	08:15 PM
ONUS/OCONUS Rate for Lodging	191
Maximum Daily Rate	
Maximum Total Lodging for Trip (excluding tax)	\$286.50
ONUS/OCONUS Rate for Meals and Incidentals	86

2. Per Diem - Lodging

Date	Daily Rate	Amount	Total Reimbursable Lodging Expenses
Monday, June 15, 2026	\$310.00	\$48.10	\$358.10
		Total	\$358.10

3. Per Diem - Meals and Incidentals

Travel Day	Breakfast	Lunch	Dinner	Incidentals	Meals Provided with Registration	Adjustment for Provided Meals	Additional Adjustment	Maximum Per Diem for Meals and Incidentals
Monday, June 15, 2026	\$22.00	\$23.00	\$36.00	\$5.00		\$0.00		\$86.00
Tuesday, June 16, 2026	\$22.00	\$23.00	\$36.00	\$5.00	Checked	\$45.00		\$41.00
					Checked			