ORS Travel Request

1. Trustee Information

Trustee Name	Franco Vado
Board	Police & fire Board
Departing Location	

2. Group Travel

	Names of other travelers		
	Andrew Gardanier		
	David Woolsey		

3. Travel Itinerary

Event Name	2026 NCPERS Public Safety Conference			
Event Location:	Renaissance Nashville Hotel, Nashville, TN			
Departure Date:	10/25/26	Event Start Date: 10/25/26	Event End Date: 10/28/26	Return Date: 10/28/26

4. Estimated Traveler Expenses

Category	Detailed Description	Estimated Expense Amount
Registration	2026 NCPERS Public Safety Conference (Early Bird Rate)	$ 800.00
Airfare	SJC to BNA, BNA to SJC via Alaska Airlines	$ 525.00
Lodging	Renaissance Nashville Hotel 10/25-10/28 (3 nights)	$ 1,194.85
Ground Transportation	Home to SJC, BNA to Hotel, Hotel to BNA, SJC to Home	$ 117.32
Per Diem	Conference provides: 10/26-10/28 breakfast only	$ 278.00
Parking		
Other		
	Total Estimated Expenses	$ 2,915.71

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

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		Franco Vado	Franco Vado	7/13/26
	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	7/13/26
	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