



ORS Travel Request

1. Trustee Information

Trustee Name	Sunita Ganapati
Board	Police & Fire
Departing Location	2671 Marshall Drive, Palo Alto, CA 94303

2. Group Travel

Names of other travelers			

3. Travel Itinerary

Event Name	MarketsGroup ALTSSF 2026		
Event Location:	Ritz Carlton	City: San Francisco	State: CA
Departure Date:	Departure Date: 9/10/26	Event Start Date: 9/9/26	Event End Date: 9/10/26 Return Date: 9/10/26

4. Estimated Traveler Expenses

Category	Detailed Description	Estimated Expense Amount
Registration	MarketsGroup ALTSSF 2026 - Complimentary Pass	\$ -
Airfare		\$ -
Lodging		\$ -
Ground Transportation	Home to Conference 34.6 miles + Conference to Home: 34.1 = 68.7 miles x 0.725 /mile	\$ 49.81
Per Diem	Conference provides: 9/10 breakfast & lunch	\$ -
Parking	Parking (only valet offered)	\$ 107.00
Other		
Total Estimated Expenses		\$ 156.81

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

Trustee will not attend the event on 9/9, only on 9/10

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	<i>Sunita Ganapati</i>	Sunita Ganapati	5/26/28
	Employee ID #	Signature	Print Name

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	<i>John Flynn</i>	John Flynn	5/26/28
	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