Travel and Meeting Expense Report

By signature, I hereby certify that the expenses listed below reflect actual expenses incurred in the course of authorized business for the benefit of the City of Santa Monica.

Invoice #:
Invoice Date:

SCAGCONFERENCE0523 5/15/2023

Employee Signature

Name of Approver¹

pprover1 Anuj Gupta

Signature of Approver

Destination

May 4-5, 2023 Palm Desert, CA

Travel or Meeting Date(s)

Department / Division
Purpose of Travél

SCAG 2023 Regional Conference

Council

Employee ID
Employee Name

23490

Phil Brock

*Division Manager or Department Divector (if Employee is Department Director, Approver should be City Manager or Designee)

			05/05/23	05/05/23	05/04/23	05/04/23	05/03/23	05/03/23	05/03/23	03/02/23			D aa te
TOTAL (A):			Mileage: Palm Desert, CA to Santa Monica	Per Diem: Last day of travel, breakfast provided	Per Diem: Breakfast & lunch provided	Hotel: JW Marriott (1-night covered by SCAG)	Per Diem: First day of travel	Hotel: JW Marriott	Mileage: Santa Monica to Palm Desert, CA	Registration		receipts per Administrative Instruction, confirmations, per diem rates, etc.	Description of Expenses Must attach supporting documentation: conference documentation, required
											Airfare		Tran
179.46			89.73						89.73		(Personal car - attach Mileage Reimburse-ment Claim form)	Ground	Transportation
239,41						0.00		239.41				: (Lodging
127.65				41.40	34.50		51.75				Dally Meal Per Diem		Meals & Incidentals* (No Alcohol)
										0.00	Registration		Other (Must spec
1											Other		Other Costs (Must specify what the expenses are)
\$546.52	A	£.	89,73	41.40	34.50	-	51.75	239,41	89.73				Daily Total

\$239.41	TOTAL (B):		mber 18, 2018	Effective December 18, 2018
•				
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239.41		239.41	05/08/23 Hotel- JW Marriott Desert Springs	05/08/23
City PCard City Check Total Amount	City Check	City PCard	Description of Expenses	Date
Check	Card or City	City Purchasing	Travel and Meeting Expenses Already Paid by City Purchasing Card or City Check	

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Net Due

If the amount is negative (B is greater than A), this is the amount due back to the City--attach a personal check made payable to "City of Santa Monica."

Account Description	700000000000
Trav/Mtgs/Cont-PB	01100001.531890

Travel and Meeting Expense Report

2023CONGRESSIONALCONF

Invoice Date:

Invoice #:

3/30/2023

Name of Approver Employee Signature By signature, I hereby certify that the expenses listed below reflect actual expenses incurred in the course of authorized business for the benefit of the City of Santa Monica.

Signature of Approver¹

Anuj Gupta

Travel or Meeting Date(s)

Destination

Purpose of Travel

NLC Congressional City Conference March 26-28, 2023 Washington DC

Council

Department / Division

Employee Name Employee ID

23490

Phil Brock

⁴Division Manager or Department Director (If Employee is Department Director, Approver should be City Manager or Designee)

\$3,309.79	1	515.00	371.30	1,482.85	47.84	892.80	TOTAL (A):	
•								
59.25			59.25				Per Diem: Last day of travel	03/29/23
359.77			63.20	296.57			Hotel + Per Diem: Breakfast provided	03/28/23
375.57			79.00	296.57			Hotel + Per Diem	03/27/23
351.87			55.30	296.57			Hotel + Per Diem: Lunch provided	03/26/23
351.87			55.30	296.57			Hotel + Per Diem: Lunch provided	03/25/23
355.82			59.25	296.57			Hotel + Per Diem: 1st day of travel	03/24/23
16.85					16.85			
30.99					30.99		Ground Transportation: Santa Monica to LAX	03/24/23
892.80						892.80	Delta - Flight to Washington DC	02/06/23
515.00		515.00					Registration	11/21/22
	Other	Registration	Dally Meal Per Diem		(Personal car - attach Mileage Reimburse-ment Claim form)	Alrfare		
				•	Ground		receipts per Administrative Instruction, confirmations, per diem rates, etc.	
Dally Total	Costs y what the	Other Costs (Must specify what the expenses are)	Meals & Incidentals* (No Alcohol)	Lodging	Transportation	Trans	Description of Expenses Must attach supporting documentation: conference documentation, required	Date

\$1,997.85	TOTAL (B):		Effective December 18, 2018	ffective Dece
1,482.85		1482.85	03/30/23 Grand Hyatt Washington DC	03/30/23
515.00		515	Registration	11/21/22
City PCard City Check Total Amount	City Check	City PCard	Description of Expenses	Date

	0440004 504000	Troubles Conf DD
1,311.94	01100001.531890	Trav/Mtgs/Conf-PB
Amount	Account #	Account Description

Travel and Meeting Expense Report

2023CIVICWELLCONF 2023

Invoice #:

Invoice
Date:
3/22/2

the City of Santa Monica.	expenses incurred in the course of authorized business for the benefit of	By signature, I hereby certify that the expenses listed below reflect actual

Employee Signature

Name of Approver

Signature of Approver

Destination

Travel or Meeting Date(s)

Purpose of Travel Department / Division

CivicWell Policymakers Conference March 16-19, 2023 Pacific Grove, CA

Council

Employee Name Employee ID

23490

Phil Brock

Anuj Gupta

¹Division Manager or Department Disector (If Employee is Department Director, Approver should be City Manager or Designee)

	02/18/73 IVIII	- 1	03/19/23 Per	03/18/23 Per	03/18/23 Bes	03/17/23 Per	03/17/23 Bes	03/16/23 Per	03/16/23 Bes	03/16/23 Mile	12/22/23 Reg			Date
TOTAL (A):	ואוויסמטי וומאסו עי סמונמ ואוטווועמ	vage - Travel to Santa Monico	Per Diem: Last day of travel: Breakfast provided	Per Diem: Breakfast, lunch & dinner provided	Best Western	Per Diem: Breakfast & lunch provided	Best Western	Per Diem: First day of travel	Best Western	Mileage - Travel to Hotel	Registration	•	receipts per Administrative instruction, confirmations, per diem rates, etc.	Description of Expenses Must attach supporting documentation: conference documentation, required
												Airfare		Trar
423.78	712.22	2								211.56		(Personal car - attach Mileage Reimburse-ment Claim form)	Ground	Transportation
542.02					183.66		183.66		174.70					Lodging
136.90		04:14	44.40	0,00		37.00		55.50				Dally Meal Per Diem		Meals & Incidentals* (No Alcohol)
1,085.00											1,085.00	Registration		Other Costs (Must specify what the expenses are)
£												Other		y what the s are)
\$2,187.70		2 1	44.40		183.66	37.00	183.66	55.50	174.70	211.56	1,085.00		•	Daily Total

\$1,627.02	TOTAL (B):		Effective December 18, 2018	ffective Dece
542.02		542.02	03/19/23 Best Western Pacific Grove	03/19/23
1,085.00		1085	Registration	12/22/22
City PCard City Check Total Amount	Clty Check	City PCard	Description of Expenses	Date
Clieck	Gard of City	Ally Fundingship	ridyer and meeting expenses wheathy had by only humaning ward or only check	1

Net Due to Employee (A less B) \$560.68 If the amount is negative (B is greater than A), this is the amount due back to the City-attach a personal check made payable to "City of Santa Monica."

Account Description	Account #	Amount
Trav/Mtgs/Conf-PB	01100001.531890	

Travel and Meeting Expense Report

Invoice #: invoice Date: ICAWINTER2023PB 2/6/2023

Employee ID	23490	
Employee Name	Phil Brock	
Department / Division	Council	
Purpose of Travel	ICA Winter Seminar	
Travel or Meeting Date(s)	February 3-5, 2023	
Destination	Santa Barbara, CA	

expenses incurred in the course of authorized business for the benefit of the City of Santa Monica By signature, I hereby certify that the expenses listed below reflect actual

Employee Signature

Signature of Approver¹

Name of Approver Anuj Gupta

*Division Manager or Department Director, Approver should be City Manager or Designee)

	02/05/23		02/04/23	02/04/23	02/03/23	02/03/23	02/02/23	02/02/23	02/02/23	12/08/22			Date
TOTAL (A):	Mileage - Travel to Santa Monica	Per Diem: Last day of travel: Breakfast provided	Per Diem: Breakfast, lunch and dinner provided	Hilton Hotel + Parking	Per Diem	Hilton Hotel + Parking	Per Diem: 1st day of travel	Hilton Hotel + Parking	Mileage - Travel to Hotel	Registration		receipts per Administrative instruction, confirmations, per diem rates, etc.	Description of Expenses Must attach supporting documentation: conference documentation, required
											Airfare		Tran
146.33	58.03			10.00		10.00		10.00	58.30		(Personal car - attach Mileage Reimburse-ment Claim form)	Ground	Transportation
1,141.71				380.57		380.57		380.57				(Lodging
173.90		44,40	0.00		74.00		55.50				Daily Meal Per Diem		Meals & Incidentals* (No Alcohol)
650.00										650.00	Registration		Other (Must speci
											Other	Other Costs (Must specify what the expenses are)	
\$2,111.94	58.03	44.40	1	390.57	74.00	390.57	55.50	390.57	58.30	650.00		•	Dally Total

\$1,821.71	TOTAL (B):		Effective December 18, 2018	ffective Dece
1,171.71		1171.71	02/05/23 Hilton Hotel + Parking	02/05/23
650.00		650	Registration	11/14/22
City PCard City Check Total Amount	Clty Check	City PCard	Description of Expenses	Date

Net Due to Employee (A less B)

If the amount is negative (B is greater than A), this is the amount due back to the City--attach a personal check made payable to "City of Santa Monica."

Account # Al	nt Description
31890	lgs/Conf-PB 01100001.531890
331890 Amount 290	Account Description Trav/Mtgs/Conf-PB 011000

Travel and Meeting Expense Report

Employee Name Employee ID 23490 Phil Brock

Council

Natl. League of Cities - City Summit November 16-20, 2022

Kansas City, MO

Destination

Travel or Meeting Date(s)

Purpose of Travel Department / Division

> By signature, I hereby certify that the expenses listed below reflect actual expenses incurred in the course of authorized business for the benefit of the City of Santa Monica.

invoice Date: invoice #:

NLCSUMMIT2022PB 11/23/2022

Employee Signature

Name of Approver Stephanie Venegas

Signature of Approver

*Division Manager or Department Director (If Employee is Department Director, Approver should be City Manager or Designee)

		Т	Т								T	Г			
	11/20/22	11/20/22	11/19/22	11/19/22	11/18/22	11/18/22	11/17/22	11/17/22	11/16/22	11/16/22	10/19/22	06/29/22			Date
TOTAL (A):	Ground Transportation to Airport and to home	Hotel - Crowne Plaza + Per Diem: Last day of travel	Per Diem: Conference provided lunch only	Hotel - Crowne Plaza Kansas City	Per Diem: Conference provided lunch only	Hotel - Crowne Plaza Kansas City	Per Diem: Conference provided lunch only	Hotel - Crowne Plaza Kansas City	Hotel Phillips + Per Diem: 1st day of travel	Ground Transportation to LAX Airport	Airfare - Roundtrip to Kansas City	Registration		receipts per Administrative instruction, confirmations, per diem rates, etc.	Description of Expenses Must attach supporting documentation: conference documentation, required
376.21											376.21		Airfare		Trans
166.80	113.44									53.36			(Personal car - attach Mileage Reimburse-ment Claim form)	Ground	Transportation
1,037.95		194.21		194.21		194.21		194.21	261.11					(Lodging
230.40		48.00	44.80		44.80		44.80		48.00				Daily Meal Per Diem		Meals & Incidentals* (No Alcohol)
495.00												495.00	Registration		Other (Must specified expense
													Other	Other Costs (Must specify what the expenses are)	
\$2,306.36	113.44	242.21	44.80	194.21	44.80	194.21	44.80	194.21	309.11	53.36	376.21	495.00			Daily Total

\$1,077.63	TOTAL (B):		Effective December 18, 2018	fective Dece
582.63		582.63	11/21/22 Crowne Plaza Hotel (11/17 to 11/19)	11/21/22
495.00		495	Registration	06/29/22
City PCard City Check Total Amount	City Check	City PCard	Description of Expenses	Date
Check	Lard of City	V City Purchasing	traver and injecting expenses Arready hald by they hurchasting that of they theck	

	Employee (A less B)
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check made payable to "City of Santa Monica."

Tray/Mtos/Conf-PB 01100001 531890 1 228 73
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Travel and Meeting Expense Report

By signature, I hereby certify that the expenses listed below reflect actual expenses incurred in the course of authorized business for the benefit of

Invoice Date: Invoice #:

CACITIES2022PB 9/9/2022

Employee Signature

the City of Santa Monica.

Signature of Approver Name of Approver¹

Anuj Gupta

Destination

Long Beach, CA

Purpose of Travel Department / Division

League of CA Cities Annual Conference

Council

9/7/22-9/9/22

Employee Name Employee ID

23490

Phil Brock

Travel or Meeting Date(s)

[†]Division Manager or Department Director, Approver solves is Department Director, Approver should be City Manager or Designee)

			09/09/22 N	09/09/22 F	09/08/22 Per Diem	09/08/22 L	09/07/22	09/07/22 F	09/07/22	06/08/22 F			Date
TOTAL (A):			Mileage	Per Diem	oer Diem	Lodging Hilton Long Beach	Mileage	Per Diem	Lodging Hilton Long Beach	Registration		receipts per Administrative Instruction, confirmations, per diem rates, etc.	Description of Expenses Must attach supporting documentation: conference documentation, required
			NAME OF THE PROPERTY OF THE PR						-		Airfare		Tran
40.68			20.62				20.06				(Personal car - attach Mileage Reimburse-ment Claim form)	Ground	Transportation
533.12						266.56			266.56			Lodging	
83.00				39.00	22.00			22,00			Daily Meal Per Diem		Meals & Incidentals* (No Alcohol)
600.00										600.00	Registration		Other Costs (Must specify what the expenses are)
											Other		Costs fy what the es are)
\$1,256.80	-	1	20.62	39.00	22.00	266.56	20.06	22.00	266.56	600.00			Daily Total

Effective December 18, 2018					09/08/22
ber 18, 2018					Lodging Hilton Long Beach
					266,56
TOTAL (B):					
\$866.56		r	1		266.56

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check made payable to "City of Santa Monica."

Allocate Amount	from Summary to Accounts E	s Below
Account Description	Account #	Amount
CONF / MTGS / TRAVEL - PB 01100001.531890	01100001.531890	390.24

Invoice #:

Invoice Date:

8/14/2022 ICA2022PB

Travel and Meeting Expense Report

Employee Name Employee ID 23490 Phil Brock

Travel or Meeting Date(s)

Purpose of Travel Department / Division

Destination

August 11-14, 2022 Carlsbad, CA

ICA Summer Seminar

Council

By signature, I hereby certify that the expenses listed below reflect actual expenses incurred in the course of authorized business for the benefit of the City of Santa Monica.

Employee Signature

Signature of Approver

Name of Approver

Anuj Gupta

*Division Manager or Department Director, Approver should be City Manager or Designee)

On of Expenses Airfare Indetended outloon, confirmation, required at long ing atton. Lodging Forund (Personal car- attach Value) Lodging (No Aircohol) Daily Meal Per Diam (No Aircohol) Registration (Must specify what the expenses are) Daily Meal Per Diam (No Aircohol) Registration (Must specify what the expenses are) Daily Meal Per Diam (No Aircohol) Registration (Must specify what the expenses are) Daily Meal Per Diam (No Aircohol) Registration (Must specify what the expenses are) Daily Meal Per Diam (No Aircohol) Registration (Must specify what the expenses are) Daily Meal Per Diam (No Aircohol) Registration (Must specify what the expenses are) Daily Meal Per Diam (No Aircohol) Addition (No Aircohol) Addit	\$2,657.92	60.00	950.00	206.00	1,266.30	175.62		TOTAL (A):		
On of Expenses Lodging Meals & incidentais* (Must specify what the specific what is	38.50			38,50				Per Diem: Last day of travel, conference provided breakfast	08/14/22	
On of Expenses Alrfare licit Alrfare of Expenses Lodging Lodging Daily Meal For Diem (No Alcohol) Registration (No Alcohol) Other Costs (Must specify what the expenses are) Daily 1 ricit Alrfare Alrfare 422.10 Daily Meal For Diem Registration 20.00 Other Daily 1 ricit 422.10 422.10 55.50 55.50 20.00 20.00 55.00 20.00 420.00<	175.62					175.62		Mileage	08/14/22	
Transportation Meats & incidentals* (No Alcohol) Other Costs (Must specify what the expenses are) Daily Meal Per Diem Registration (Must specify what the expenses are) Daily Meal Per Diem Registration (Must specify what the expenses are) Daily Meal Per Diem Registration (Other Service) Daily Meal Per Diem Registration (Other Service) Daily Meal Per Diem Registration (Other Service) Daily Meal Per Diem Section (Service) Daily Meal Per Diem Registration (Other Service) Daily Meal Per Diem Registration (Other Service) Daily Meal Per Diem Section (Service) Daily Meal Per Diem Registration (Other Service) Daily Meal Per Diem Section (Service) Daily Meal Per Diem	56.00			56.00				Per Diem: Conference provided lunch only	08/13/22	
Transportation Lodging Meals & Incidentals* (No Alcohol) Other Costs (Must specify what the expenses are) Daily Meal Per Diem Color Costs (Must specify what the expenses are) Daily Meal Per Diem Registration Other Daily Meal Per Diem Section Section Other Daily Meal Per Diem Registration Other Daily Meal Per Diem <	20.00	20.00						Self Parking at Hotel	08/13/22	
on of Expenses Alrfare Ground (Personal car - attach richt) Lodging Daily Meal Per Diem Registration Other Costs (Must specify what the expenses are) Daily riott 41 Fare Alrfare (Personal car - attach Mileage Reimburse-ment Claim form) 422.10 Daily Meal Per Diem Registration Other Other riott 55.50 55.50 55.00 20.00 ded lunch only 422.10 55.00 56.00 20.00	422.10				422.10			Hotel- Coronado Island Marriott	08/13/22	
on of Expenses ation: conference documentation, required uction, confirmations, per diem rates, etc. Alifare riott riott on of Expenses Alifare ation: conference documentation, required ation: confirmations, per diem rates, etc. Alifare confirmations Alifare confirmation confirmation confirmation confirmation confirmation confirmation confirmation confirmation confirmation confirma	56.00			56.00				Per Diem: Conference provided lunch only	08/12/22	
on of Expenses ation: conference documentation, required ation, confirmations, per diem rates, etc. Airfare Claim form) riott Airfare Airfare Claim form) Airfare Claim form) riott Airfare Airfare Airfare Airfare Claim form) A22.10	20.00	20.00						Self Parking at Hotel	08/12/22	
on of Expenses ation; confirmations, per diem rates, etc. Alrfare riott Transportation Alrfare Alrfare Alrfare Registration Claim form) Alrfare Registration Claim form) Alrfare Registration Claim form) Alrfare Registration Alrfare Registration Scale femburse-ment Claim form) Alrfare Registration Scale femburse-ment Registration Scale femburse-ment Claim form) Alrfare Registration Scale femburse-ment Registration Scale fem	422.10				422.10			Hotel- Coronado Island Marriott	08/12/22	
of Expenses conference documentation, required n, confirmations, per diem rates, etc Airfare Claim form) Alary Claim form) Alary Claim form) Alary Claim form)	55.50			55.50				Per Diem: First day of travel	08/11/22	
of Expenses conference documentation, required n., confirmations, per diem rates, etc. Airfare Airfa	20.00	20.00						Self Parking at Hotel	08/11/22	
Transportation Meals & Incidentals* (No Alcohol) Must specify what the expenses are) Calim form) Calim fo	422.10				422.10			Hotel- Coronado Island Marriott	08/11/22	
Transportation Meals & Incidentals* (Must specify what the expenses are)	950.00		950.00					Registration	07/14/22	
Transportation Meals & Incidentals* (No Alcohol) Ground Meals & Incidentals* (Must specify what the expenses are)	-	Other	Registration	Daily Meal Per Diem			Airfare			
Transportation Meals & Incidentals* (No Alcohol) (Must specify what the expenses are)	•					Ground		receipts per Administrative Instruction, confirmations, per diem rates, etc.		
	Daily Total	osts what the	Other C (Must specify expenses	Meals & Incidentals* (No Alcohol)	Lodging	ansportation	7	Description of Expenses Nust attach supporting documentation; conference documentation, required	Date	

Registration Hotel- Corc	\$2,276.30	TOTAL (B):		Effective December 18, 2018	ective Decer
950 City PCard City Check Total					
enses City PCard City Check Total.	1,326.30		1326.3	Hotel- Coronado Island Marriott	08/14/22
Description of Expenses	950.00		950	Registration	07/14/22
	Total Amount	City Check	City PCard	Description of Expenses	Date

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Net Du If the amount is negative (B is greater than A), this is the amount due back to the City--attach a personal check made payable to "City of Santa Monica."

Trav/Mtgs/Conf-PB 01100001.531890 381.62