

CLAIMANT'S NAME Joan Samuelson		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION Patient Advocate	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King St	TELEPHONE NUMBER (415) 396-9100
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
			San Francisco CA 94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
-----------------------	------------------------------------	--------------------------

(4) MONTH/YEAR	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
					BREAK-FAST	LUNCH	O.T., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
											MILES	AMOUNT		
OCT 2012	10/11	06:30	Claremont Hotel, Room 334				12.60					0.00		12.60
	10/12	1830	Claremont Hotel, Room 335				74.64					0.00		74.64
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS				0.00	74.64	0.00	12.60	0.00	0.00		0.00	0.00	0.00	87.24 12.60
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													87.24 \$ 12.60	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

The reimbursements above are to be paid to Joan Samuelson for expenses incurred by herself and asst. John Sinaiko for their attendance of the GWG meeting 10/11-10/12/12. Expenses were incurred while attending this meeting and receipts and documentation include travel, agenda, etc. are attached. Please note that air for Sinaiko and a car for Samuelson were pd directly by the State.

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by the State of California.

DATE 3/7/13 (1) [REDACTED] PAYMENT DATE 2/12/13

(16) [REDACTED] (17) [REDACTED] (18) [REDACTED]