

CLAIMANT'S NAME Francis V. Chisari		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION Professor		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]			HEADQUARTERS ADDRESS SAME AS RESIDENCE		TELEPHONE NUMBER [REDACTED]
CITY [REDACTED]		STATE	ZIP CODE	CITY [REDACTED]	
		STATE	ZIP CODE		

(1) MONTH/YEAR 10/12	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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	24	1:00	San Diego						92.04	T				92.04	
Oct	24		San Francisco										9.95	9.95	
Oct	25	2:00	San Diego						92.04	T				92.04	
														0.00	
														0.00	
														0.00	
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														0.00	
														0.00	
														0.00	
<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	184.08		0.00	0	0.00	9.95	194.03
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															

<b>CLAIM TOTAL</b>	194.03
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC board meeting October 24, 2012.	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED
	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> 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 SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

[REDACTED]	DATE 11/6/12	[REDACTED]	DATE 11/19/12
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	