

See Instructions and *Privacy
 Statement On Reverse Side

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

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(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		
Nov 2012	11/26		AT&T									0.00	88.84	88.84
	12/9		Verizon Wireless									0.00	60.02	60.02
												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
												0.00		0.00
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	148.86	148.86
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$148.86

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

The above bills are attached and reflect the percentage of use in relation to costs to maintain documents and files for CIRM related issues and communication with ICOC personnel and others re: ICOC business.

AGENCY ACCOUNTING OFFICE USE ONLY
PAYD 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 statutory 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 vehicle safety and seat belt usage.

DATE	12/25/13	(16)	[REDACTED]	DATE	1/29/14
(17) See Item 17 on reverse				DATE	