

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME JEFF SHEEHY		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION ICOC MEMBER		CB/ID No.	DIVISION OF BUREAU ICOC		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 KING STREET			TELEPHONE NUMBER (415) 396-9100
CITY [REDACTED]	STATE	ZIP CODE	CITY SAN FRANCISCO	STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS: 8-5
 (2) PRIVATE VEHICLE LICENSE NUMBER: _____
 (3) MILEAGE RATE CLAIMED: _____

(4) MONTH/YEAR 12/13	(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		
10	10:05		SF to LA			13.98			89.98 90.00	T		0.00		103.96 103.98
11	7:26		LA		29.88							0.00		29.88
12	7:30 21:00		LA to SF		35.00				40.00	T		0.00		75.00
												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	64.88	13.98	0.00	0.00	130.00		0.00	0.00	0.00	208.84 208.86
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL 208.84
~~208.86~~

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 TRAVEL TO LOS ANGELES FOR PRESIDENTIAL SEARCH SUBCOMMITTEE AND ICOC MEETINGS.

**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, I certify that the cost of operating the vehicle was reasonable and necessary for the safe and efficient operation of the vehicle to vehicle safety and seat belt usage.

DATE: 12-13-13
 DATE: 12/17/13