

CLAIMANT'S NAME <b>Kenneth C. Burtis</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT <b>CIRM</b>	
POSITION <b>ICOC Alternate (CIRM)</b>		CB/ID No.		DIVISION or BUREAU	
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS <b>210 King Street</b>		TELEPHONE NUMBER <b>(415) 396-9113</b>	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY <b>San Francisco</b>		STATE <b>CA</b>		ZIP CODE <b>94107</b>	

(1) MONTH/YEAR	(2) DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LOGGING	(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			
	TIME									MILES	AMOUNT			
12/2011	7	17:00												
	7	18:50						139.40	A				139.40	
	7-8	22:00 8:00									10.00		10.00	
	7-8	20:38 16:10						<del>10.00</del>	<del>59.85</del> RC				<del>72.10</del> <del>69.85</del>	
	8	19:33									25.00		25.00	
	8	19:33								10	5.55		5.55	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	10.00	199.25		35.00	39	17.20	0.00	263.70 <del>261.45</del>
COLUMN CODE (ACCTG. USE ONLY)								211.50						

**CLAIM TOTAL**

**263.70**  
261.45

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

Attendance as alternate for Dr. Claire Pomeroy at CIRM ICOC meeting at Cedars-Sinai, Los Angeles December 7-8, 2011.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.555

**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 SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

12/11/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

12-16-11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE