

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME JOAN I. SAMUELSON		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION PAITENT 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 MAR 2012	(5) DATE 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		
	3/25	AT&T										0.00	92.15	92.15
	3/10	VERIZON WIRELESS										0.00	59.60	59.60
	3/1	OFFICE DEPOT										0.00	46.85	46.85
												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	0.00	198.60	198.60
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$198.60
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(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
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 use.

CLAIMANT	[REDACTED]	DATE	9-17-12	DATE	9/24/12
(17) SPECI	[REDACTED]	(See Item 17 on reverse)		DATE	