

CLAIMANT'S NAME Claire Pomeroy		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION ICOC Board Member	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS [REDACTED]	TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

(1) MONTH/YEAR	(2) DATE	(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		
	TIME								MILES	AMOUNT			
Mar 2012	21	Sacramento, CA								20.00			20.00
													0.00
													0.00
													0.00
													0.00
													0.00
													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	0.00	20.00	0	0.00	0.00	20.00
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													
<b>CLAIM TOTAL</b>												20.00	

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

Parking for ICOC Meeting March 21st

(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 and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE 5/24/12

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]

TITLE (See Item 17 on reverse)

(12) NORMAL WORK HOURS [REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]

(14) MILEAGE RATE CLAIMED .555

**AGENCY ACCOUNTING OFFICE USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

DATE 5/30/12

DATE