

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Ellen Feigal		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Senior VP		CB/ID No.		DIVISION or BUREAU Research and Development	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9106	
CITY [REDACTED]		STATE [REDACTED]		CITY San Francisco	
		ZIP CODE [REDACTED]		STATE CA	
				ZIP CODE 94107	

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555 <i>0.565</i> ✓
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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			
										MILES	AMOUNT				
4&5/13	5/6	2230	La Jolla			10.29	9.71		70.00		36.00	0.00		126.00	
	5/5	1930	San Diego	220.64					60.49			0.00		281.13	
	4/3		Richmond								5.00	34.00	19.21	24.21	
												18.87		23.87	
												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				220.64	0.00	10.29	9.71	0.00	133.12		41.00	34.00	18.87	0.00	431.34

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 431.34

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

5/5 ALS Conference

4/13 Visit to Sanjanso

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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 [REDACTED]	DATE 28 June 2013	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 7-1-13
TITLE and TITLE (See Item 17 on reverse)		DATE	