

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME Art Torres		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM - ICOC	
POSITION Vice Chair - ICOC		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS Same as Residence		TELEPHONE NUMBER (415) 396-9273
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY	STATE	ZIP CODE

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR 09/13	(5) DATE	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
	TIME									MILES	AMOUNT		
	7/11	San Francisco						125.00	T			0.00	125.00
	7/12	Los Angeles						73.00	T			0.00	73.00
	7/18	San Francisco						28.92	T			0.00	28.92
	7/31	Oakland						15.24		13.00		0.00	28.24
	8/9	San Diego			4.70	9.17		14.09		5.00		0.00	32.96
												0.00	0.00
	8/6	Sacramento						21.95		17.75		0.00	39.70
	8/26	Sacramento						24.56		10.00		0.00	34.56
	8/28	San Diego				19.38		230.00	T			0.00	249.38
												0.00	0.00
												0.00	0.00
												0.00	0.00
<b>(13) SUBTOTALS</b>			0.00	4.70	9.17	19.38	0.00	532.76		45.75	0.00	0.00	611.76

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	
<b>CLAIM TOTAL</b>	\$611.76

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

Meeting expenses  
 7/11/13 GWG Meeting  
 7/12/13 Stem Cell event at USC  
 7/18/13 Bridges Meeting in SF  
 7/31/13 Meeting at Kaiser with JT and Ellen  
 8/6/13 CA Biotech foundation meeting  
 8/9/13 Met with ICOC members in San Diego  
 8/26/13 Meeting in the Governor's office  
 8/28/13 ICOC meeting in San Diego

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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 equal to or greater than the rate claimed, and that I have met the requirements as prescribed by the State of California regarding vehicle safety and seat belt usage.

[REDACTED]	DATE 9/3/13	[REDACTED]	DATE 9/4/13
(17) CLAIMANT'S SIGNATURE AND TITLE (See Item 17 on reverse)		DATE	