

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Dr. Kristiina Vuori		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Governing Board Member		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS* [REDACTED]			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]	STATE CA	ZIP CODE 92130	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) MONTH/YEAR July 2013	(2) DATE TIME	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
											MILES	AMOUNT			
7/25	5:15	Home to San Diego Airport						80.00	T					80.00	
7/25	6:35	Flight from SAN to Oakland						260.90	A					260.90	
7/25	5:35	Flight from Oakland to SAN						260.90	A					260.90	
7/25	7:05	Taxi from SAN to home						80.00	T					80.00	
7/25	8:15	Taxi from SFO to Hilton						20.00	T					20.00	
														0.00	
														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	0.00	701.80			0.00	0	0.00	0.00	701.80
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													701.80		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Attend ICOC Board Meeting in Burlingame on Thursday, July 25, 2013

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
[REDACTED]

(14) MILEAGE RATE CLAIMED
50.565

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 [REDACTED] DATE 7/30/13

(16) [REDACTED] DATE 8/13/13

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)
 [REDACTED] DATE [REDACTED]