

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME JOAN I SAMUELSON		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION PATIENT ADVOCATE		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 KING ST		TELEPHONE NUMBER (415) 396-9100	
CITY [REDACTED]		STATE CA		ZIP CODE 94107	

(1) NORMAL WORK HOURS [REDACTED] (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (3) MILEAGE RATE CLAIMED [REDACTED]

(4) MONTH/YEAR AUG 2011	(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., 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		
	7/26	AT&T									0.00	104.86 129.37	104.86 129.37
	9/09	VERIZON WIRELESS									0.00	59.83 79.33	59.83 79.33
	8/24	OFFICE DEPOT									0.00	153.82 150.82	153.82 150.82
											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	318.51 408.52	318.51 408.52
COLUMN CODE (ACCTG. USE ONLY)												000	225

CLAIM TOTAL 225.00
~~348.52~~

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Office location is 330 Plaza St, Healdsburg CA and is where the expenses occurred. The bills are attached and each reflects the percentage of use in relation to the costs to maintain and process CIRM documents and to communicate with ICOC personnel and others re ICOC business, with some amounts being subject to a monthly agreed upon maximum. **\$225.00 Max**

**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 vehicle safety and seat belt usage.

CL [REDACTED] DATE [REDACTED] (16) S [REDACTED] DATE 2/21/12

(17) [REDACTED] (See Item 17 on reverse) DATE