

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME Diane Winokur		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC Board Member		CB/ID No.		DIVISION or BUREAU	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS Same as Residence		TELEPHONE NUMBER [REDACTED]	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	

(1) MONTH/YEAR 7/13	(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., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
7/3	10:38 10:46	Four Seasons SF-CIRM office						10.00	T					10.00
7/3	14:00 14:30	CIRM office-Four Seasons SF						10.00	T					10.00
7/15	11:39 11:45	Four Seasons SF-CIRM office						8.90	T					8.90
7/25	8:00 8:30	Four Seasons SF-Burlingame						66.00	T					66.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
<b>(10) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	94.90		0.00	0	0.00	0.00	94.90

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** 94.90

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

7/3/13 - participate in ALS Webcast at CIRM office (210 King Street, SF)

7/15/13 - attend Patient Advocate Meeting at CIRM office (210 King Street, SF)

7/25/13 - attend ICOC meeting at Burlingame Hilton

(12) NORMAL WORK HOURS  
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER  
NA

(14) MILEAGE RATE CLAIMED  
1.565

**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 the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

CLAIMANT'S SIGNATURE [REDACTED] DATE 8/9/13

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED] DATE 8/13/13