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| CLAIMANT'S NAME Kevin McCormack | | SSN or EMPLOYEE NUMBER* | DEPARTMENT Communications |
| POSITION Director Public Communications | CB/ID No. | DIVISION or BUREAU CA Institute for Regenerative Medicine | INDEX NUMBER |
| RESIDENCE ADDRESS * 210 King Street | | HEADQUARTERS ADDRESS Same as residence | TELEPHONE NUMBER (415) 396-9813 |
| CITY San Francisco | STATE CA | ZIP CODE 94107 | CITY STATE ZIP CODE |

| (1) MONTH/YEAR AUG 2013 (2) | (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 | | | |
| DATE | TIME | | | | | | | | MILES | AMOUNT | | | |
| 8/22 | 4pm | BART from Dublin to SF | | | | | 6.00 6.00 | | | 0.00 | | 6.00 6.00 | |
| 8/23 | 7am | drive to and from SFO for trip to San Diego + | | 7.29 | | | | | 29 | 16.39 16.21 | | 23.68 23.50 | |
| 8/27 | 4pm 2000 | Trip to San Diego | | 2.53 2.50 | 44.00 34.00 | | 51.00 | | | | | 97.53 87.70 | |
| 8/28 | 7p | Return trip from San Diego | | | 10.53 | | | | 15 | 8.48 8.10 | | 19.01 18.62 | |
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| (10) | SUBTOTALS | | 0.00 | 0.00 | 9.59 | 44.93 | 0.00 | 57.50 | 0.00 | 44 | 24.31 | 0.00 | 146.79 136.23 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | 22 | |
| CLAIM TOTAL | | | | | | | | | | | | 146.79 136.23 | |

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| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 1) Video taping interview with Marcy Feit for Duane Roth video 2) Trip to San Diego to shoot interview for Duane Roth video 3) Trip to San Diego for ICOC meeting | (12) NORMAL WORK HOURS |
| | (13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] |
| (14) MILEAGE RATE CLAIMED 0.555 - 0.565 | (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. |
| AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER | DATE 9/3/13 |
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) | DATE 9/4/13 |