

CLAIMANT'S NAME Dr. Kristiina Vuori		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Governing Board Member		CB/ID No.	DIVISION or BUREAU		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 Aug 2011	(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			
8/25	5:00	Home to San Diego Airport						80.50	T				80.50	
8/25	6:45	Flight from SAN to San Jose			7.52			238.40	A				245.92	
8/25	8:10	Taxi from SJC to Stanford						70.00	T				70.00	
8/25	4:00	Taxi from Stanford to SJC						35.00	T				35.00	
8/25	4:30	dinner at SJC airport				18.88							18.88	
8/25	6:00	Flight from San Jose to SAN						219.00	A				219.00	
8/25	7:20	Taxi from SAN to home						80.50	T				80.50	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	7.52	0.00	18.88	0.00	723.40		0.00	0	0.00	0.00	749.80
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												749.80		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Attend ICOC Meeting at Stanford, Thursday, August 25, 2011

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
[REDACTED]

(14) MILEAGE RATE CLAIMED
.50

**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 8/29/11	DATE 7 September 2011
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED]		DATE