

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME Art Torres		SSN or EMPLOYEE NUMBER*	DEPARTMENT CIRM - ICOC
POSITION Vice Chair - ICOC	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS Same as Residence	TELEPHONE NUMBER (415) 396-9273
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR 09/10/13	(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		
												0.00		0.00
9/16		San Francisco						18.00	T			0.00		18.00
9/17		San Francisco						5.65				0.00		5.65
9/18		Berkeley			23.62			60.00	T			0.00		83.62
9/19		Berkeley						10.00	T			0.00		10.00
9/20		Berkeley						10.00	T			0.00		10.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
<b>(13) SUBTOTALS</b>			0.00	0.00	23.62	0.00	0.00	103.65		0.00	0.00	0.00	0.00	127.27
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														
<b>CLAIM TOTAL</b>												\$127.27		

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

Meeting expenses

- 9/16/13 Taxi to National Multiple Sclerosis Society meeting in SF
- 9/17/13 Bart to meet with Marcy Feit (ICOC member)
- 9/18/13 Taxi from Bart to GWG meeting at Claremont, Lunch
- 9/19/13 Taxi from Bart to GWG meeting at Claremont
- 9/20/13 Taxi from Bart to GWG meeting at Claremont

*note: 9/18/13 Lunch - no itemized receipt available. claimant will not seek reimbursement from any other source - food/bel purchased.*

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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.

DATE 9/3/13	DATE 10/2/13
(17) OFFICIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	