

CLAIMANT'S NAME Jonathan Y. Thomas		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Chairman		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS		INDEX NUMBER	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY Los Angeles		STATE CA		ZIP CODE [REDACTED]	
TELEPHONE NUMBER (415) 396-9113					

(1) MONTH/YEAR	(2) DATE	(3) 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			
09/2011	7	18:00	LA to SF	164.10 ✓				52.00 ✓	T		13	7.21	69.36 ✓	292.67	
	8	23:30	SF to LA		7.03 ✓	6.08 ✓						29.10 ✓		42.21	
	12	05:30	LA to SF	161.79 ✓	10.85 ✓		49.60 ✓	51.00 ✓	T		13	7.21		280.45	
	13	16:30	SF to LA		9.08 ✓	15.88 ✓		46.00 ✓	T		13	7.21		78.17	
	14	13:30	LA to SF								13	7.21		7.21	
	15		SF											0.00	
	16	18:30	SF to LA								13	7.21		7.21	
	18	19:45	LA to SF	161.79 ✓			14.22 ✓	54.00 ✓	T					230.01	
	19	20:00	SF to LA		7.25 ✓						13	7.21		32.01	
	20	15:00	LA to SF					42.35 ✓	T		13	7.21	48.67 ✓	98.23	
	21		SF to Sacramento to SF		5.00 ✓			12.00 ✓	T					17.00	
	22	22:30	SF to Palo Alto to LA		9.08 ✓	11.50 ✓					52.64 ✓	13	7.21	319.34 ✓	
														0.00	
(10) SUBTOTALS				487.68	48.29	33.46	63.82	0.00	257.35		99.29	104	57.68	437.37	1,484.94
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL														1,484.94	

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

7-8) CIRM Meetings; 12-13) CIRM meetings; 14-16) CIRM Grantee Meeting; 18-19) CIRM meetings; 20-22) Finance Meeting, CIRM meetings, IOM pre-meeting

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.555

**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

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) (See Item 17 on reverse)

DATE