

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME Joan Samuelson		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION Patient Advocate	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 King St	TELEPHONE NUMBER (415) 396-9100
CITY [REDACTED]	STATE [REDACTED]	CITY San Francisco	STATE CA
ZIP CODE [REDACTED]		ZIP CODE 94107	
(1) NORMAL WORK HOURS		(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR Jan 2013	(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			
(5) DATE	TIME									MILES	AMOUNT		
1/22	1200	Asst Sinaiko commute from Oakland airport to Claremont +					30.00	B			0.00	0.00	30.00
1/22		Claremont Hotel/ Samuelson & Sinaiko +			59.49 <del>130.50</del>						0.00	59.49	118.98 <del>130.50</del>
1/23		Claremont Hotel/ Samuelson & Sinaiko +		35.43 <del>70.86</del>							0.00	35.43	70.86
1/23		Claremont Hotel/Samuelson									0.00		<del>51.20</del>
1/24	2000	Claremont Hotel/ Samuelson & Sinaiko +		71.89							0.00		<del>71.89</del>
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			0.00	142.75	0.00	181.70	0.00	30.00		0.00	0.00	0.00	219.84 <del>354.45</del>

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL** 219.84  
~~354.45~~

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

The purpose of this trip was for Joan Samuelson and assistant John Sinaiko to attend ICOC meeting January 23-24, 2013 at the Claremont Hotel, Berkley. Samuelson traveled by private car provided by the State and Sinaiko traveled via air round trip Burbank/Oakland, also provided by the State. Expenses were incurred while attending this meeting, receipts and documentation include travel, agenda, etc. are attached.

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAYED 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 the State of California Department of Personnel Administration for vehicle safety and seat belt usage.

DATE 1/28/13	DATE 2/12/13
(See Item 17 on reverse)	DATE