

See Instructions and \*Privacy  
 Statement On Reverse Side

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 [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco
			STATE CA
			ZIP CODE 94107

(1) MONTH/YEAR	(2) DATE	(2) 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			
Jan 2013	1/23	6:15	Home to San Diego Airport						80.50	T				80.50	
	1/23	7:35	Flight from SAN to Oakland						240.90	A				240.90	
	1/24	5:25	Flight from Oakland to SAN						240.90	A				240.90	
	1/24	6:45	Taxi from SAN to home						80.50	T				80.50	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	642.80		0.00	0	0.00	0.00	642.80
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															

**CLAIM TOTAL**

642.80

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

Attend ICOC Board Workshop and Meeting in Berkeley on Wed, Jan 23 & Thursday, Jan 24, 2013

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.50

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

*note: Airfare and ground transportation costs are reasonable in comparison to other options*

(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  
1/31/13

(16) SIGNATURE OF OFFICER APPROVING TRIP  
[REDACTED]

DATE  
2/13/13

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED]

DATE