

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 TELEPHONE NUMBER (415) 396-9113	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	

(1) MONTH/YEAR 01/2012	(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			
24		San Francisco	195.20	9.41									204.61	
25	14:30	San Francisco to LA		12.55	18.33			50.00	T	52.64	13	7.21	140.73	
26		Los Angeles		20.20									20.20	
27	09:30 12:00	Los Angeles								6.00			6.00	
29	18:30	LA to San Francisco	161.79			14.19		55.00	T				230.98	
30		San Francisco	161.79	12.11	18.61	12.57		9.00	T				201.57 214.02	
31	15:30	San Francisco to LA		10.05	12.57								22.57 10.05	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			518.78	72.40	49.45	14.19	0.00	114.00		58.64	13	7.21	0.00	831.67 806.39

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

806.39

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

22-25) CIRM meetings; 26) Breakfast Mtg w/P Haveles; 27) CFAOC Meeting; 29-31) CIRM Meetings

(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

DATE

(on reverse)

2/8/12

2/7/12