

CLAIMANT'S NAME <b>FRANCISCO PRIETO</b>		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION <b>ICOC BOARD MEMBER</b>	CB/D No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS <b>SAME AS RESIDENCE</b>	TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE

(1) MONTH/YEAR <b>OCTOBER</b>	(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		
	10	8 5	SAN FRANCISCO			24.00						4 00	173	96.02 <del>95.70</del>	123.70 <del>119.70</del> 124.02
															0.00
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(10) SUBTOTALS				0.00	0.00	24.00	0.00	0.00	0.00	0.00	0.00	173	95.70	0.00	124.02 <del>119.70</del>
(10) COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL	\$124.02 <del>119.70</del>
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
**ATTEND EVALUATION SUBCOMMITTEE MEETING CIRM OCTOBER 10, 2012**

(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

I certify that the expenses incurred by me in accordance with DPA rules in the service of the State of California do not exceed the minimum rate, I certify that the cost of operating the vehicle was not more than the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE  
 10/10/12

(15) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT  
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DATE  
 10/22/12