

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME JEFF SHEEHY		SSN or EMPLOYEE NUMBER*	DEPARTMENT CIRM
POSITION ICOC MEMBER	CB/ID No.	DIVISION or BUREAU ICOC	INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 210 KING STREET	TELEPHONE NUMBER 415-396-9100
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
			SAN FRANCISCO CA 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			
10/11	13	11:18	SAN FRANCISCO TO WASHINGTON DC	211.83		13.62	26.00		60.00	T			0	311.45 0
	14	19:41	WASHINGTON DC TO SAN FRANCISCO			16.36			102.25	T			0	118.61 0
													0	0
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													0	0
(10) SUBTOTALS				0	0	0	0	0	0	0	0	0	0	0

CLAIM TOTAL 430.06

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 ATTEND THE INTERNATIONAL AIDS SOCIETY'S INTERNATIONAL SCIENTIFIC WORKING GROUP "TOWARD AN HIV CURE" GLOBAL SCIENTIFIC STRATEGY MULTI-STAKEHOLDER'S CONSULTATION IN WASHINGTON DC (INVITATION ATTACHED).
 0/5 # 201100C09

(12) NORMAL WORK HOURS
 (13) PRIVATE VEHICLE LICENSE NUMBER
 (14) MILEAGE RATE CLAIMED

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 used, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 usage.
 SIGNATURE and TITLE (See Item 17 on reverse)

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT
 DATE
 10-18-11
 11-28-11