								ns and *Privacy n Reverse Side					Page of Pages			
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					DEPARTMENT Pages				
Jonathan Y. Thomas													CIRM			
POSITION CB/ID No.							DIVISION or BUREAU					INDEX NUMBER				
Chairman RESIDENCE ADDRESS * HEADQUARTERS ADDRESS																
RESIDE	NCE ADI	DRESS *	HEADQUARTERS ADDRESS					TELEPHONE NUMBER								
CITY STATE ZIP CODE								CITY					(415) 396-9113			
STATE ZIP CODE												STATE ZIP CODE				
(1) MONTH/YEAR			(4)	(E) MEALS			(6)	(7)		TDANIOR OF A TION			(0)	(0)		
10/2012		(3)	(4)	(5)	MEALS			(7)	,	TRANSPORTAT			(8)	(9)		
(2)	2012	WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T.	-O. INCIDEN	(A) COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES		
DATE	TIME		LODGING	FAST	LUNCH	OR DINNE	R TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY		
14	18:30	Los Angeles to San Francisco	:													
17										1	12	6,66		6,66		
15	20.45	San Francisco to Los Angeles	1			12	(0)	40,00		10.10	12			0.5.50		
	20:45					12.0		48.00	T	18.18	12	6,66		85,52		
		,										:	1	0.00		
	19:30	Tan Amada (C . E		:	-	+		1						0.00		
17	17.50	Los Angeles to San Francisco		÷		26.:	56	83.50	T				1	110.06		
1.0		San Francisco to Los Angeles						9061						121.99		
18	23:45	2 Tanono to Los ringeres				13.3	37	94.30	Т	28.01				135.68		
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(10)						-			<u> </u>					22423		
	,	SUBTOTALS	0.00	0.00	0.00	52.6	51 0,00	225.80		46.19	24	13.32	0.00	337.92		
COL	UMN C	CODE (ACCTG. USE ONLY)														
	,	CLAIM TOTAL												335.23		
		CLAIM TOTAL				A lancaria de la constanta de								337.92		
(11) PU	RPOSE C	OF TRIP, REMARKS AND DETAILS (Atta	ach receipts/vo	ouchers wher	required)				***************************************		(12) NORMAL WORK HOURS					
14-1:	5) CIR	M meetings; 17-18) CDAp	Meeting													
											(13) PF	RIVATE VEHI	CLE LICENSE	NUMBER		
											(4.4) 14	U EAGE DATE	- OLAMATO			
											(14) MILEAGE RATE CLAIMED					
											.555					
											AG	ENCY ACC	OUNTING E ONLY	OFFICE		
											PAID B			CK NUMBER		
/4 == :	UEDES:	OFFICE That the above the second			-						1					
(15) I	HEREBY f Californ	CERTIFY That the above is a true state ia. If a privately owned vehicle was us	ement of the treed, and if mile	avel expense age rates ex	es incurred by ceed the min	me in acc imum rate,	ordance with	DPA rules in the cost of ope	he service erating the	e of the State e vehicle was						
CLA					rems as pres			o 0/00, 0/51,	U/32, U/		DAVAGE	IT C.	TC			
					DATE (16) SI						ND PAYMENT DATE 3/4/2013					
(17)					4//	DE (1943				nakidha kanana na n			0 <i>U</i> 3		
				ee Item 🕯 7	on reverse)	J						DA	TE			
B																