

CLAIMANT'S NAME Jonathan Y. Thomas		[REDACTED] MEMBER*		DEPARTMENT CIRM	
POSITION Chairman		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER (415) 396-9113
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	Los Angeles	CA	90049

(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		
10/2011	18	0830	LA to Wash DC			12.48					13	7.21	380.51	400.20
	19	2200	Wash DC to LA				10.00				13	7.21		17.21
														0.00
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														0.00
SUBTOTALS				0.00	0.00	12.48	10.00	0.00	0.00	0.00	26	14.42	380.51	417.41

(10) COLUMN CODE (ACCTG. USE ONLY)														
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CLAIM TOTAL	417.41
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 18-19) Meeting with IOM, Washington, DC
 015# 201100C08

(12) NORMAL WORK HOURS [REDACTED]
(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
(14) MILEAGE RATE CLAIMED .555

AGENCY ACCOUNTING OFFICE USE ONLY
PAY 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 [REDACTED]	DATE 11/3/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1-6-2012
(See Item 17 on reverse)			DATE