

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Patricia Olson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT cirm		
POSITION Executive Dir., Scientific Activities		CB/ID No.	DIVISION or BUREAU Science Office			INDEX NUMBER		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9116		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
[REDACTED]	[REDACTED]	[REDACTED]	San Francisco	CA	94107			

(1) NORMAL WORK HOURS [REDACTED] (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (3) MILEAGE RATE CLAIMED [REDACTED]

(4) MONTH/YEAR	(5) DATE	(6) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) 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			
Oct 2011	10/25	0800	Lunch at Kyoto Grand			12.88						0.00		12.88	
	10/25		Kyoto Grand Hotel	127.12								0.00		127.12	
	10/25		Taxi to Irvine from LAX					60.00	T			0.00		60.00	
	10/25		Dinner in Irvine				10.71					0.00		10.71	
	10/25		Internet service in Irvine									0.00	12.95	12.95	
	10/26		Internet service in Irvine									0.00	12.95	12.95	
	10/27		Breakfast at hotel			17.00 24.00						0.00		17.00 24.00	
	10/27	1900	Marin Airporter					20.00	B			0.00		20.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(13) SUBTOTALS				127.12	17.00	12.88	10.71	0.00	80.00		0.00	0.00	0.00	25.90	273.61

(13) SUBTOTALS

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 280.61
\$273.61

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 California portion of trip (Strategic Planning Meeting and ICOC)

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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 SIGNATURE [REDACTED]	DATE 11/30/12	(16) SIGNATURE [REDACTED]	DATE 1.31.12
(17) SPECIAL AGENT [REDACTED]	(See Item 17 on reverse)		DATE