	FORNIA - DEPARTMENT OF PERS EXPENSE CLAIM 9/2007)	STRATION			ons and *Privacy n Reverse Side				Page 1 of 1 Pages				
CLAIMANT'S NA					S	SN or EMPI	LOYEE NUME	BER*		DEPAR	RTMENT	····	
JOAN I SAMUELSON POSITION PATIENT ADVOCATE RESIDENCE ADDRESS * CITY STATE ZIP CODE						DIVISION OF BUREAU CIRM						INDEX NUI	MBER
						HEADQUARTERS ADDRESS					TELEPHONE NUMB		
						210 KING ST				STATE		(415) 396-9100 ZIP CODE	
						SAN FRANCISCO				CA 94107		DL.	
1) NORMAL WO	ORK HOURS						EHICLE LICE		MBER	(3) MIL	EAGE RATE	CLAIMED	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,													
(4) MONTH/YEAR	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTA			TION		(11)	(12)
NOV 2011			BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	LO. INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	PRIVAT	(D) E CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE TIME	AT&T				Dilviela				PARKING	WILLS	0.00	80.50	- 80.50
11/10	VERIZON WIRELESS										0.00	59.30	59.30
11/29	OFFICE DEPOT										0.00	165.22	165,22
											0.00		0.00
											0.00		0.00
								-			0.00		0.00
											0.00		0.00
,											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
13)	SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	305.02	305.02 < 80.0
COLUMN	CODE (ACCTG. USE ONL)	0			Star Later		e jegy:		Mariting.			22500	225,00
	CLAIM TOTAL											4225.00	\$ 305.0 2
The above	OF TRIP, REMARKS AND DETAILS (bills are attached and refl RM related issues and con	ect the perd	entage on with I	f use in r	sonnel an	d others	re ICOC	n docu busin	ments and ess.		บร	COUNTING BE ONLY IG FUND CHE	
(15) I HERE used, a	BY CERTIFY That the above is a true and if mileage rates exceed the minimized of 0	e statement of th um rate, I certify 754 pertaining to	e travel expe that the cost vehicle safety	nses incurred of operating t and seat bel	by me in ac he vehicle wa t usage.	cordance wit as equal to o	th DPA rules or greater than	in the sei the rate	vice of the State claimed, and that	of Califor	nia. If a priva et the require	tely owned ve ments as pres	hicle was scribed by
			DATE	1-12	(16)							TE /w/	1/1 -
					(/ ~ / /	