	7/2005)				ructions ent On F	Reverse S	ide			Page	of .	Pa	aes
CLAIMANT'S NAME						SSN or EMPLOYEE NUMBER*					RTMENT	1 4	3-3
Claire Pon	neroy				7	XXX-XX	K-1370					+ 2	
OSITION	Davis School of Medicin	• •	CB/ID	No.		DIVISION or	BUREAU			TT CONTRACTOR STORES		INDEX NU	MBER
ESIDENCE AD		1e				HEADOLIAD	TERE ADDR						
					1	HEADQUARTERS ADDRESS 4610 X Street					TELEPHONE NUMBER		NE NUMBER
CITY STATE ZIP CODE						CITY				916734 <i>3</i> 57			
Sacramento CA 95826					S	Sacramento				CA 95826			
MONTH/YEAR	(3)	(4)	(5) MEALS			(6)	(7)	<del>,</del>	TRANSPORTAT				(9)
LOCATION WHERE EXPENSES					O.T., L/T,		(A)	(B)	(C)		(D)	(8)	TOTAL
)	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR	INCIDEN- TALS	COST OF TRANS.	TYPE   CAR	CARFÁRE, TOLLS,	PRIVA	TÈ CAR USE	BUSINESS	EXPENSES FOR DAY
ATE TIME			,		DINNER	17.20	+16.30	-	PARKING	MILES	AMOUNT	EXPENSE	300
2/11	Los Angeles, CA			:	1		186.30		- /07	14	7.77	60.00	184.0
	Los Angeles, CA					<del>                                     </del>	232 6 232 6	11/	60.00		7.77	-00.00	, 377
2/12 <b>5:00</b>	Los Aligeles, CA	1		1	!	2.00	126.30	A	34.00	14	7.70	-2.00	- <del>170,00</del>
1					: :							1,200	43
							1					:	0.00
		i :	2	:	1							21 A	0.00
			<u> </u>		1	1	1		· · · · · · · · · · · · · · · · · · ·			1 1 2 2 -	0.00
				:	1	!	:						0.00
			!			1					:	1.5	and the same of the
		1	‡ !		1				:		-	,	0,00
							:						EL TEN ES
												die der	→ 58 0,00
			1	1									0.00
						-					: 1/2		10,000
			:								ا دیان ادیا از باد	- 11	0.00
		-	1	ī	1			-			, , , , , , , , , , , , , , , , , , ,	14.0	11.47
									:		, 8 1		0.00
				÷	i i							F	B . A .
				1	1	:					1		0.00
											1	4.5	0.00
				: :		1						2.4	0,00
		i.			1	1			:				0.00
	SUBTOTALS								<b>~</b>				344.14
		0.00	0,00	0,00	0.00	0.00	252.60		34.00	28	15.40	62.00	<del>-364.00</del>
OLUMN C	ODE (ACCTG. USE ONLY)												
c	CLAIM TOTAL										4.		344 14
												<u> </u>	- 364.00
PURPOSE O	F TRIP, REMARKS AND DETAILS (A	ttach receipts/vo	uchers when	required)							RMAL WORK		<del>-                                    </del>
is report	is for the ICOC CIRM D	ecember M	eeting th	at was hel	d in Los	s Angele	s, CA	Dec 1	2.2012		00-5		: 4
ee Coj	tof transportation	à (9)(A	for	12/11/19	2 - C	leimo	enter of	ber .	/	(13) PR	IVATE VEHIC	LE LICENSE	NUMBER
۸.	Pris dans de	Tween	faces	o-ne. T	5 4	CAXI	150	22 6	war of	(1.4) MII	EAGE RATE	CLAIMED	
cound	comble alter	matur	e te	YOU	11	10 37	To all	91.00		(14) WIL	555	CLAIMED	1 57
Nedo		m. 100	Suin .	1-11-	-~m	usvei	eced.	/sone	rnmon			7 1	
reac	Lot \$470 ms		y i							AGI	ENCY ACCO USE	ONLY	FFICE
reas	t of transportation trip face de conste alter con \$470.00 s	o to pop y	,										
rea.	L of \$470.00 1		·						I	PAID BY	REVOLVING	FUND CHEC	KNUMBER
				incurred by	ie in cocce-	ance with DD	A rules :- 4		f the Chit	PAID BY	REVOLVING	FUND CHEC	KNUMBER
I HEREBY	CERTIFY That the above is a troe sta a. If a privately owned vehicle was u	stement of the tra	vel expenses	incurred by meed the minimunts as prescri	e in accorda um rate, I ce bed by SAM	ance with DP	A rules in the	e service o	of the State ehicle was	PAID BY	REVOLVING	FUND CHEC	
I HEREBY	CERTIFY That the above is a true sta a. If a privately owned vehicle was u greater that the rate claimed, and t overlices against and seal belt usade.	stement of the tra	vel expenses	incurred by meed the minimunts as prescri	bed by SAN	// Sections o	750, 0751, 0	752, 0753	and 0754				
I HEREBY of California equal to or pertaining to	CERTIFY That the above is a true sta a. If a privately owned vehicle was u greater that the rate claimed, and t overlices against and seal belt usade.	stement of the tra	vel expenses ge rates exco he requireme	nus as prescri	bed by SAN	// Sections o	750, 0751, 0	752, 0753	of the State ehicle was and 0754				