						ons and *Privacy n Reverse Side				Page	of	Pac	ies
CLAIMANT'S NAME						SSN or EMPLOYEE NUMBER*					RTMENT		
FRANC	ISCO PRIETO	1 - 5 - compression and a second											THE REAL PROPERTY AND THE PROPERTY AND T
POSITION CB/ID No.						DIVISION or BUREAU						INDEX NUMBER	
RESIDENCE ADDRESS *						HEADQUARTERS ADDRESS						TELEPHONE NUMBER	
CITY STATE ZIP CODE						SAME AS RESIDENT				acnce		ZIP CODE	
		01711	2 0			0111					OTATE	211 0	OBL
(1) NORMAL WORK HOURS						(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE			
(4) MONTH/YEAR	(6) LOCATION	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)
DEC 12	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T N/C, RELO OR DINNER	D. INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	PRIVAT	(D) TE CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
12/1 8:00	Sacramento									27 53	14.99		14.90
12/12 7:00	LA /Sacramento								34.00	27	14.999		48.9
											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
(12)											0.00		0.00
	SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)											<u></u>		
	CLAIM TOTAL											\$ 6	3.9800
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  12/41 - 12/12									AGENCY ACCOUNTING OFFICE USE ONLY  PAID BY REVOLVING FUND CHECK NUMBER				
À	ttend ICOC A	1eeti	ng	LA -	LU)	(E H	OTEL	ero					
(15)	A C D T I TO T I		el expe e cost	nses incurred	by me in a	ccordance wit	th DPA rules r greater than	in the ser	vice of the State claimed, and that	of Californ	nia. If a privatet the requirer	tely owned ve ments as pres	hicle was cribed by
CL CL			DATE	//3	(16)							2 3	1
(17			Item 17	7 on reverse)							DA	TE	

<u>es</u>