




CLAIMANT'S NAME: Kevin McCormack
 SSN or EMPLOYEE NUMBER: 
 DEPARTMENT: _____
 POSITION: Director of Communications Public Outrea
 CB/ID No.: _____
 DIVISION or BUREAU: CIRM
 INDEX NUMBER: _____
 RESIDENCE ADDRESS: _____
 HEADQUARTERS ADDRESS: 210 King Street
 TELEPHONE NUMBER: _____
 CITY:  STATE: _____ ZIP CODE: _____
 CITY: San Francisco STATE: CA ZIP CODE: 94107

| (1) MONTH/YEAR | (2) DATE 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., LT. N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | | |
| | | | | | | | | | | MILES | AMOUNT | | | |
| Dec 2013 | 3 8:00 19:30 | San Francisco/San Diego | | 4.76 4.80 | 24.17 | 37.80 35.00 | 10.00 35.00 | 42.25 18.00 | T | | 58.40 29 | 33.00 16.50 | 29.85 | 181.83 463.22 |
| | 4 | San Diego | | 6.75 | | | 34.42 | | | | | | | 41.17 |
| | 5 | San Diego | | 5.00 | 12.00 | | | | | | | | | 17.00 |
| | 6 2:00 6:00 | San Diego/San Francisco | | 14.00 | 6.47 | | 25.00 | 45.00 20.00 | T | | 58.40 29 | 33.00 16.50 | | 98.47 81.97 |
| | 11 8:00 04:30 | San Francisco Los Angeles | | 4.07 | | | | 45.25 49.25 | T | | | | | 49.32 59.32 |
| | 12 2:30 9:30 | Los Angeles/San Francisco | | | | | 4.35 | | | | | | | 4.35 |
| | 20 8:00 5:00 | San Francisco | | | | | | | | | | | 99.00 | 99.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| (10) | SUBTOTALS | | 0.00 | 34.62 | 42.64 | 73.77 | 60.00 | 87.25 | | 0.00 | 58 | 33.00 | 128.85 | 491.14 466.13 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |

CLAIM TOTAL

491.14
~~466.13~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 12/3 - 12/6 - Attend World Stem Cell Summit - Business Expense Checked Equipment for Booth
 12/11 - 12/12 - Attend ICOC Board Meeting Los Angeles
 12/20 PR Newswire Membership Fee

(12) NORMAL WORK HOURS


(13) PRIVATE VEHICLE LICENSE NUMBER


(14) MILEAGE RATE CLAIMED
 .565

AGENCY ACCOUNTING OFFICE
 USE ONLY
 PAID 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  DATE 12/27/13

DATE 1/6/14

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

