

CLAIMANT'S NAME Jonathan Y. Thomas		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Chairman		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Los Angeles		STATE CA
					ZIP CODE 90049

(1) MONTH/YEAR	(2) DATE	(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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
										MILES	AMOUNT				
Dec 2011	4 19:00	LA to San Francisco	161.79					55.00	T		13	7.21		224.00	
	5 17:30	San Francisco to LA		6.92				57.00	T		13	7.21		71.13	
	9 07:00 07:30	Santa Monica											45.89	45.89	
	11 19:00	LA to San Francisco	161.79			5.44		177.70	A		13	7.21		352.14	
	12 20:30	San Francisco to LA									13	7.21		7.21	
	14 06:30 21:00	LA to San Francisco to LA			7.19			50.00	T		26	14.42		71.61	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10)	<b>SUBTOTALS</b>		323.58	6.92	7.19	5.44	0.00	339.70			0.00	78	43.26	45.89	771.98

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** 771.98

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 4-5) CIRM meetings; 9) Interview with NY Times; 11-12) CIRM meetings; 14) CIRM meetings

(12) NORMAL WORK HOURS  
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER  
[REDACTED]

(14) MILEAGE RATE CLAIMED  
.555

**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.

DATE: 1/28/12

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: [REDACTED]

DATE: 2/29/12