

CLAIMANT'S NAME Jon Shestack		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC Member		CB/D No.	DIVISION or BUREAU SAME AS RESIDENCE		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY	STATE	ZIP CODE

(1) MONTH/YEAR	(2) DATE	(2) 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		
Feb	15	8:00 5:00	OAKLAND / BURBANK										\$69.00	\$69.00 0.00
	13	1900	BURBANK - OAKLAND											0.00
														0.00
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														0.00
(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00		0.00	0	0.00	0.00

(10) SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0 0.00 0.00 0.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$69.00 0.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

To attend Genomics meeting in Berkeley, California (FEB 14 & 15, 2013)

Jon Shestack

(12) [REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]

(14) MILEAGE RATE CLAIMED

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 the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

CLA [REDACTED] DATE [REDACTED] (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED] DATE: 6/10/13

(17) [REDACTED] See Item 17 on reverse) DATE