

CLAIMANT'S NAME Art Torres		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM - ICOC
POSITION Vice Chair - ICOC	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS Same as Residence	TELEPHONE NUMBER (415) 396-9273
CITY	STATE	ZIP CODE	CITY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550 .555
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(4) MONTH/YEAR	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) 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				
DATE	TIME									MILES	AMOUNT			
6/12														
2/21	5:08	Sacramento								18.00	0.00		18.00	
2/21	6:34	Oakland								6.00	0.00		6.00	
2/22	9:01	San Francisco							41.86	G	0.00		41.86	
3/20	8:09	Vallejo								5.00	0.00		5.00	
3/21	6:08	Oakland								6.00	0.00		6.00	
3/20	12:00	Sacramento								25.00	0.00	9.95	34.95	
3/21	4:58	Suisun							74.26	G	0.00		74.26	
5/9	12:00	Santa Cruz	209.53								0.00		209.53	
5/24	5:00	South San Francisco								34.20	18.98 18.81		18.98 18.81	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			209.53	0.00	0.00	0.00	0.00	116.12		60.00	34.20	18.81	9.95	414.41
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	414.58 414.41
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Meeting expenses

2/21-22 Meeting in Sacramento

3/20-21 ICOC Meeting in Sacramento

5/9 UCSC Lab Opening event

5/24 ICOC Meeting in South San Francisco

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 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT SIGNATURE [REDACTED]	DATE 6/4/2012	AG TRAVEL AND PAYMENT	DATE 6.7.12
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED]