

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 2/2012	(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			
TIME										MILES	AMOUNT			
													0.00	
5	18:30	Los Angeles to San Francisco	161.79					55.00	T		13	7.21	224.00	
6		San Francisco	161.79	9.41		54.59 <del>54.08</del>							225.79 <del>223.88</del>	
7	21:00	San Francisco to Los Angeles		11.10	11.42	21.65		48.00	T	42.79	13	7.21	142.17	
9	11:00 17:00	LA to La Jolla to LA			26.40						240	133.20	159.60	
12	18:30	LA to San Francisco	161.79					53.13	T		13	7.21	222.13	
13		San Francisco	161.79										161.79	
14	17:30	San Francisco to LA									13	7.21	7.21	
21	06:00	LA to Sacramento to SF	161.79	5.38	10.73	47.89 <del>48.76</del>							225.79 <del>226.06</del>	
22	21:00	San Francisco to LA		9.05		18.40		47.03	T	35.09	13	7.21	116.78	
26	19:45	LA to San Francisco	172.10			2.45		58.82	T		13	7.21	240.58	
27		San Francisco	160.55	11.41									171.96	
28	20:00	San Francisco to LA									13	7.21	7.21	
<b>(10) SUBTOTALS</b>			1,141.60	46.35	48.55	146.34	0.00	261.98		77.88	331	183.67	0.00	<del>1,906.37</del>

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

**CLAIM TOTAL** # 1,905.01  
~~1,906.37~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 5-7) CIRM meetings; 9) meetings re ICOC; 12-14) CIRM meetings; 21-22) Meetings with Sacramento legislators/staff, CIRM meetings; 26-28) 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.

CLAIMANT SIGNATURE [REDACTED]	DATE 3/4/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 3/27/12
(17) [REDACTED]	(See Item 17 on reverse)	[REDACTED]	DATE