

See Instructions and *Privacy
 Statement On Reverse Side

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 [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550
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(5) DATE	(5) TIME	(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			
										MILES	AMOUNT			
3/18		Sacramento			6.87			33.35		27.00		0.00	33.87	
3/19													67.22 33.35	
3/21		Berkeley						20.00	T		67.46	37.10	57.10 20.00 23.07	
4/3		Sacramento			4.17			29.53		19.50		0.00	53.20 29.53	
4/17		San Francisco			45.00							0.00	45.00	
5/15		San Francisco						45.41		27.00		0.00	27.00 72.41 45.41	
5/23		Berkeley					37.90					0.00	18.62	
5/30		Sacramento						24.27		9.00		0.00	33.27	
6/13	0630 1630	San Diego/San Francisco			12.88					173.97		0.00	186.85	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
SUBTOTALS			0.00	0.00	68.92	37.90	0.00	152.56		256.47	67.46	37.10	18.62	510.80 571.57

(13) COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL **534.47**

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

Meeting expenses
 3/18-19/13 Meeting with Legislators and ICOC meeting on 3/19
 3/21/13 Parkinson's disease workshop
 4/3/13 Meeting with Sac Bee editorial board
 4/17/13 Outreach lunch
 5/15/13 Meeting with Legislators and legislative staff
 5/23/13 ICOC meeting at the Claremont, Berkeley
 6/13/13 Governor's office Go-Biz meeting in San Diego
 5/30/13 Meeting with Secretary of Health & Human Services

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) SIGNATURE AND TITLE (See Item 17 on reverse)

CL [REDACTED] DATE 6/17/13

DATE 6/17/13

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

~~4100-29201-50223-25716~~

4100-29201-50221 } \$56.52 PROJ# ICOC 05.13