

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME <b>Jonathan Shestack</b>		SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION <b>ICOC Board</b>		CB/ID No.	DIVISION or BUREAU <b>CIRM</b>		INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
CITY STATE ZIP CODE		CITY STATE ZIP CODE		CITY STATE ZIP CODE	

(1) NORMAL WORK HOURS: \_\_\_\_\_ (2) PRIVATE VEHICLE LICENSE NUMBER: \_\_\_\_\_ (3) MILEAGE RATE CLAIMED: **.555**

(4) MONTH/YEAR	(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		
03/2012	20	17:30	LA to SAC						105	T		0.00		105.00 <del>0.00</del>
	21	21:00	SAC to LA						60	T		0.00		60.00 <del>0.00</del>
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL **\$165.00** ~~50.00~~

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 20-21) Patient Advocate meeting and ICOC Board Meeting  
 note 3/21/12 no receipt for \$60.00 taxi expense claimant will not request reimbursement from any other source.

**AGENCY ACCOUNTING OFFICE USE ONLY**  
 PAID BY REVOLVING FUND CHECK NUMBER

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 at 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 the State of California Department of Personnel Administration regarding the use of a privately owned vehicle for official business, I hereby certify that the use of my vehicle was for official business and that I have met the requirements as prescribed by the State of California Department of Personnel Administration regarding the use of a privately owned vehicle for official business.

DATE 4/20/2012 (16) [Redacted] DATE 4/23/12  
 See Item 17 on reverse) DATE