

CLAIMANT'S NAME <b>OSWALD STEWARD</b>		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>SAME AS RESIDENCE</b>	TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR	(5) DATE	(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		
	TIME									MILES	AMOUNT		
Mar-May	7	Irvine / San Francisco				61.63					0.00		121.63
March	8	San Fran / Irvine						14.00	T		0.00		14.00
											0.00		0.00
April	18	San Francisco				39.06		53.76	T		0.00		92.82
	19	San Francisco				64.00		56.10	T		0.00		64.00
	20	San Francisco						55.20	T	90.00	0.00		145.20
								48.00	T		0.00		0.00
May	24	San Francisco		9.52		10.08		40.00	T	30.00	0.00		89.60
											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	527.25

COLUMN CODE (ACCTG. USE ONLY)	
<b>CLAIM TOTAL</b>	<b>\$ 527.25</b>

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
April 18-20, 2012 GRANTS WORKING GROUP MEETING SAN FRANCISCO March 7-8, 2012 GWG - San Francisco 1000 Board Meeting May 24, 2012 Burlingame CA	PAID BY REVOLVING FUND CHECK NUMBER  DATE 6/7/12

(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 use.

SIGNATURE	DATE
[Redacted Signature]	6/7/12

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