

CLAIMANT'S NAME Jonathan Shestack			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM			
POSITION COC BOARD MEMBER		CB/ID No.	DIVISION or BUREAU				INDEX NUMBER		
RESIDENCE ADDRESS*						HEADQUARTERS ADDRESS [REDACTED]		TELEPHONE NUMBER (415) 396-9113	
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE	
[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]		CA	90004	

(1) MONTH/YEAR	(2) DATE	(2) TIME	(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		
										MILES	AMOUNT			
04/2012	17	17:30	Los Angeles to San Francisco				9.20	7.00	B		12	6.66	12.95	35.81
	18		San Francisco										12.95	12.95
	19		San Francisco										12.95	12.95
	20	20:15	San Francisco to Los Angeles							84.00	12	6.66		90.66
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	9.20	0.00	7.00	84.00	24	13.32	38.85	152.37

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	
<b>CLAIM TOTAL</b>	152.37

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 17-20) Grants Working Group Meeting	(12) NORMAL WORK HOURS 8-5 (13) PRIVATE VEHICLE LICENSE NUMBER  (14) MILEAGE RATE CLAIMED .555
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**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 mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was not the requirements as prescribed by the State.	
DATE <u>7/10/12</u>	DATE <u>8/1/12</u>
(16) SIGNATURE OF TRAVELER (See Item 17 on reverse)	DATE