

CLAIMANT'S NAME Pat Olson		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION Executive Dir. of Scientific Activities	CB/D No.	DIVISION or BUREAU Science Office	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER (415) 396-9116
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco
		STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE MILEAGE RATE CLAIMED [REDACTED]
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(4) MONTH/YEAR 6/2013	(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			
(5) DATE	TIME									MILES	AMOUNT		
6/25											19.00	0.00	19.00
6/6											44.00	0.00	44.00
5/14											9.00	0.00	9.00
											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	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	72.00	0.00	0.00	72.00

COLUMN CODE (ACCTS. USE ONLY)	
<b>CLAIM TOTAL</b>	\$72.00

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

6/5 Parking at Tools and Technology Workshop  
 6/6 Parking at Grant Working Group Meeting ET IV  
 5/14 Parking at BPM Summit

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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'S SIGNATURE [REDACTED]	DATE 6/28/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 28 June 2013
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See Item 17 on reverse)	DATE
[REDACTED]	[REDACTED]