

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Joan Samuelson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION Patient Advocate		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 210 King St		INDEX NUMBER	
CITY [REDACTED]		CITY San Francisco		STATE CA	
				TELEPHONE NUMBER (415) 396-9100	
				ZIP CODE 94107	

(1) NORMAL WORK HOURS _____ (2) PRIVATE VEHICLE LICENSE NUMBER _____ (3) MILEAGE RATE CLAIMED _____

(4) MONTH/YEAR May 2012	(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		
5/22	0600		Sinaiko home to Burbank airport									9.80	5.39	5.39	5.39
5/22			AirBART from OAK to Crowne Plaza						3.00	B			0.00	3.00	3.00
5/24			Bart ticket from Crowne Plaza to OAK						11.60	B			0.00	11.60	11.60
5/24			Parking Burbank 5/23-5/24/12									24.00	0.00	24.00	24.00
5/24	1800		Burbank airport to Sinaiko home									9.80	5.39	5.39	5.39
												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	14.60			24.00	19.60	49.38	49.38
COLUMN CODE (ACCTG. USE ONLY)														0.00	49.38

CLAIM TOTAL 49.38

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 The purpose of this trip was for Joan Samuelson and assistant John Sinaiko to attend ICOC May 24, 2012 at the Crowne Plaza, San Francisco. Joan went same day, in a private car pd by the State, Sinaiko flew round trip Burbank/Oakland, also pd by the State. Sinaiko reimb for mileage for rountrip in personal car from home to airport, and reimb \$24 airport prking. Expenses were incurred while attending this mtg and receipts and documentation include travel, agenda, etc. are attached.

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED BY REVOLVING FUND CHECK NUMBER

*note: no receipt available for 5/24 parking fee (24.00)
 claimant will not seek reimbursement from any other source.*

(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 vehicle safety and seat belt usage.

DATE 1/28/13	DATE 1/31/13
(See Item 17 on reverse)	DATE