

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Donna J. Weston		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC Board Member		CB/D No.		DIVISION or BUREAU	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS Same as Residence		INDEX NUMBER	
CITY		STATE		ZIP CODE	
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(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			
05/13	23	8:00 6:00	San Diego / Oakland								78.00			78.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
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														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	78.00	0	0.00	0.00	78.00
(10) COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													78.00	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC Board Meeting May 23, 2013		(12) NORMAL WORK HOURS [REDACTED]	
		(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	
		(14) MILEAGE RATE CLAIMED	
		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 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.		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	
CLAIMANT'S SIGNATURE [REDACTED]		DATE 5/24/13	
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED]		DATE 6/4/13	