CLAIMAN	(MEV. 8	9/2007)		See Instructions and *Privacy Statement On Reverse Side							Page1 of Pages				
	CLAIMANT'S NAME						SSN or EMPI	or EMPLOYEE NUMBER*				DEPARTMENT			
JOAN I SAMUELSON POSITION PATIENT ADVOCATE											<u></u>		T	of a street of the control of the street of	
					No.		DIVISION or BUREAU						INDEX NUMBER		
PATIENT ADVOCATE RESIDENCE ADDRESS *							CIRM HEADQUARTERS ADDRESS 210 KING ST						TELEPHONE NUMBER		
														(415) 396-9100	
CITY STATE ZIP CODE							CITY					STATE		ZIP CODE	
						SAN FRANCISCO				CA		94107			
(1) NORMAL WORK HOURS							(2) PRIVATE VEHICLE LICENSE NUMBER					(3) MILEAGE RATE			
4) MONTH/	NTH/YEAR (6)		(7)	(8) MEALS			(9)	(10) TRANSPORTAT			TION		(11)	(12)	
JUN 2	012	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	PDEAK	REAK- FAST LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D)			TOTAL	
5)	TIME			FAST). INCIDEN- TALS				MILES	TE CAR USE	EXPENSE	EXPENSES FOR DAY	
5/26	11141	AT&T				Divide	•			PARKING	IVILLO	0.00	83,56	83.56	
		VERIZON WIRELESS												59.30	
5/10						ļ	-	,				0.00	59.30	-59:30	
												0.00		0.00	
												0.00		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	
												0.00		0.00	
13)	5	SUBTOTALS	0.00	0.00	0.00	0.0	0.00	0.00		0.00	0.00	0.00	142.86	saakalapulumidelelisessoo	
COLU	JMN (CODE (ACCTG. USE ONLY)						1						- 1/0 C	
	C	CLAIM TOTAL												3142.80	
		OF TRIP, REMARKS AND DETAILS (Atta				elation t	to costs to	maintair	ı docu	ments and	A	GENCY ACC	COUNTING E ONLY	OFFICE	
iles for	r CIR	RM related issues and com	municatio	n with IC	COC pers	sonnel a	nd others	re ICOC	busin	ess.	PAID E	Y REVOLVIN	G FUND CHE	CK NUMBER	
15)	HEREB	SY CERTIFY That the above is a true st	atement of the	travel exper	nses incurred	by me in a	ccordance with	h DPA rules i	n the serv	vice of the State	of Califor	nia. If a priva	tely owned ve	hicle was	
,	ed, and	Y CERTIFY That the above is a true st d if mileage rates exceed the minimum	rate, I certify the pertaining to v	hat the cost o	of operating to and seat bel	he vehicle v	vas equal to or	r greater than	the rate	claimed, and that	I have m	et the require	ments as pres	cribed by	
us			F	,											
us	an ca		,	DATE									TE /	1	
us C			, - · · · · · · · · · · · · · · · · · ·		7-1-	2							TE / O	VIh	

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION