

CLAIMANT'S NAME Pat Olson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Executive Dir. of Scientific Activities		CB/ID 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		

WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
											MILES	AMOUNT		
6/2013	6/11	13:00	Fly from Dayton to BOS						25.00			0.00		25.00 <del>0.00</del>
	6/11		Dayton/BOS	290.71			21.66	<del>25.00</del>	29.10 <del>30.30</del>	T		0.00		341.47 <del>76.96</del>
	6/12		BOS	290.71	21.66	8.00						0.00		320.37 <del>29.66</del>
	6/13		BOS	290.71	21.66	3.50						0.00		315.87 <del>25.16</del>
	6/14		BOS	290.71				71.00	5.00	T		0.00		366.71 <del>76.00</del>
	6/15		BOS	<del>1,185.50</del>	22.66	9.50	5.49	<del>31.00</del>	28.51 <del>29.00</del>	TB		0.00	6.00	72.16 <del>1,283.15</del>
	6/15	23:00	Return to Home						25.00			0.00		25.00 <del>0.00</del>
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13)	<b>SUBTOTALS</b>			1,185.50	65.98	21.00	98.15	56.00	64.30		0.00	0.00	0.00	1466.58 <del>1,490.93</del>

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	<b>CLAIM TOTAL</b>	1466.58 <del>1,490.93</del>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

2013 ISSCR in Boston, MA

0/SA 2012 SR 18

<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
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	