

CLAIMANT'S NAME Joan Samuelson		SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION Patient Advocate		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *		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 CLAIMED
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(4) MONTH/YEAR	(5) DATE	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LOGGING	(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			
June 2012	TIME										MILES	AMOUNT		
6/27	0830	Sinaiko home to Burbank airport	+								9.80	5.39	5.39	5.39
6/27		Burbank airport		6.14								0.00	6.14	6.14
6/27		Oakland Airport to Claremont Hotel	+					57.00	T			0.00	57.00	57.00
6/27		Claremont Hotel/Sinaiko				17.23						0.00	17.23	17.23
6/28		Claremont Hotel/Sinaiko				35.36						0.00	35.36	35.36
6/28		Burbank airport parking								40.00		0.00	40.00	40.00
6/28		Claremont hotel to OAK								4.00	7.70	0.00	7.70	7.70
6/28	2100	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
(13) SUBTOTALS			0.00	6.14	0.00	52.59	0.00	57.00		40.00	23.60	18.48	0.00	174.21

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	174.21

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

The reimbursements above are to be paid to Joan Samuelson for reimbursement to John Sinaiko for his attendance of the GWG meeting June 28-29, 2012. Joan Samuelson was unable to attend due to illness. Expenses were incurred while attending this meeting and receipts and documentation include travel, agenda, etc. are attached.

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 and 0754 pertaining to vehicle safety and seat belt usage.

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