

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Art Torres			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM - ICOC		
POSITION Vice Chair - ICOC		CB/ID No.	DIVISION or BUREAU CIRM			INDEX NUMBER		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS Same as Residence			TELEPHONE NUMBER (415) 396-9273		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR 6/12	(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			
(5) DATE	TIME									MILES	AMOUNT		
6/6		San Francisco									0.00	49.42	49.42
6/12		San Francisco									0.00	55.03	55.03
											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		0.00
											0.00		0.00
(13) SUBTOTALS			0.00	0.00	104.45	0.00	0.00	0.00		0.00	0.00	0.00	104.45
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	\$104.45
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Meeting expenses

6/6/12 Lunch with board member

6/12/12 Lunch with board member

Note: Utilized receipts for meals on 6/6/12 and 6/12/12 unavailable. Only items eligible for reimbursement under CIRM regulations claimed. No alcohol was purchased.

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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

CLERK	[REDACTED]	DATE	8/4/2012	REVIEWMENT	DATE	8-31-12
(17)	[REDACTED]	TITLE (See Item 17 on reverse)			DATE	