

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Jeff Sheehy		EMPLOYEE NUMBER*		DEPARTMENT	
POSITION ICOC BOARD MEMBER	CB/ID No.	DIVISION or BUREAU SAME AS RESIDENCE		INDEX NUMBER	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS		TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

(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) 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			
July	TIME										MILES	AMOUNT		
17	8:00 5:00	San Francisco						10.00	T			0.00		1 0.00
25	8:00 5:00	Burlingame								5.50		0.00		5.50
24	8:00 5:00	Burlingame						7.35	T			0.00		7.35
30	8:00 5:00	Burlingame						43.24 44.00	T			0.00		43.24 44.00
26	8:00 5:00	Burlingame						43.87 44.00	T			0.00		43.87 44.00
												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	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	109.96 0.00
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$ 109.96 \$ 110.85
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7/17 Meeting at CIRM
 7/25-26 ICOC Meeting Burlingame CA
 7/27 - Meeting at CIRM
 7/30. CDAP Meeting Burlingame CA

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.

CLAIMANT'S SIGNATURE	DATE	APPROVING OFFICER'S SIGNATURE AND PAYMENT	DATE
			8.6.12
(17) TITLE (See Item 17 on reverse)			DATE