							ctions and *Privacy t On Reverse Side				Page _	1 of	1	1 Bagas	
CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*				DEPAR		ra(Pages	
Art Torres												CIRM - ICOC			
POSITION CB/ID No.							DIVISION or BUREAU						INDEX NUMBER		
		- ICOC		CIRM											
RESIDENCE ADDRESS *								HEADQUARTERS ADDRESS						NE NUMBER	
CITY STATE ZIP CODE								Same as Residence						(415) 396-9273 ZIP CODE	
ПΥ			STATI	E ZIP C	ODE	'	CITY					STATE	ZIP C	ODE	
		DIVIDO DO													
) NOR	MAL WO	RK HOURS	(2	(2) PRIVATE VEHICLE LICENSE NUMBER					EAGE RATE						
4) MONTH/YEAR (6)			(7)	(8) MEALS			(9)	(10) TRANSPORTATI			0.550 - 555		(11)	(12)	
10/12 LOCATION			(')	(0)	MEALS	O T 1/T	- (3)	(10)		TRANSPORTA			(''')		
5)		WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T, N/C, RELO.			(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES	
) DATE	TIME		LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
7/26	8:00	Burlingame									28.60	15.87		15.8	
/30-1		Burlingame									57.20	31.75		31.7 -31.46	
3/13		Stanford								3.00	141.76	78.68	6	81.0 80.97	
9/19	0900 2300	Los Angeles/San Francisco						140.50 -123.00	T	17.50		0.00		140.50	
0/17	0700			13.35	50,65			13,32	t	5.00 -18.32	1	0.00		82.3 -100.67	
0/18		Burlingame						140.60	T s			0.00		140.60	
												0.00		0.00	
				1000000								0.00		0.00	
												0.00		0.00	
												0.00		0.00	
								o	-			0.00		0.00	
												0.00		0.00	
3)	;	SUBTOTALS	0.00	13.35	69.00	0.00	0.00	263.60		38.82	227.56	125.16	0.00	492. -509.93	
COL	UMN (CODE (ACCTG. USE ONLY)													
	(CLAIM TOTAL												492 - \$509.93	
(4) PH	RPOSE C	DF TRIP, REMARKS AND DETAILS (At	tach receints/vo	uchers when	required)										
			idori roccipia, ve	doners when	required)						AG		COUNTING E ONLY	OFFICE	
iccu	ng ex	penses									DAID BY		G FUND CHE	CK NUMBER	
26]	ICOC Meeting in Burlinga	ıme								FAIDB	REVOLVIN	G FUND CHE	OK NOWBE	
/30-:	31	CDAP Meeting in Burling	ame												
/13		Meeting at Stanford Unive	rsity	V.+	. (7.	,	1	. ,	0					
/19 0/17		Meeting with Senator Alex Meeting with Senator Alex	(Padilla	nore	.: 700	wem.	ged	/El Ce	pti	Ter					
0/17 0/18		CDAP Meeting in Burling	ame	10	117 0	unn	بثني	no à	el co	lier					
J, 10	`	voms in buillig			pur	elux	d.	hece no i							
15)	I HEREE	BY CERTIFY That the above is a true s	tatement of the	travel exper	nses incurred	by me in ac	cordance wit	h DPA rules i	n the ser	vice of the State	of Californ	ia. If a priva	tely owned ve	ehicle was	
			ertify t	nat the cost o	of operating the and seat belt	ne vehicle wa	as equal to o	r greater than	the rate	claimed, and that	I have me	t the require	ments as pres	scribed by	
				DATE	4	(16)					ИEN	T D/	ATE		
				11/8	12012	- 2					1	1	/19/1		