

CLAIMANT'S NAME Jonathan Y. Thomas		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Chairman		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS		TELEPHONE NUMBER (415) 396-9113	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY Los Angeles		STATE CA		ZIP CODE 90049	

(1) MONTH/YEAR	(2) DATE	(3) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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				
										MILES	AMOUNT					
08/2011	31	18:30	LA-SF	165.37	✓		10.59	✓	44.00	T		13	7.21	227.17		
	1	21:30	SF to LA		3.50	✓	31.11	✓	13.01	✓	T	21.40	13	7.21	122.43	
	2	08:45 15:00	LA-La Jolla-LA				21.40	✓			PC	5.00	123	68.27	94.67	
	14	19:00	LA to SF						45.00	✓	T		13	7.21	52.21	
	15		SF		6.92	✓		35.12	✓					44.25	86.29	
	16	21:45	SF to LA		7.03	✓		11.14	✓	38.00	✓	T	42.79	13	7.21	106.17
	19	06:30 19:30	LA to Sacto to LA						88.00	✓	T	17.55	26	14.42	119.97	
	21	19:00	LA to SF					21.18	✓	44.16	✓	T		13	7.21	72.55
	23	19:15	SF to Sacto to LA										13	7.21	7.21	
	24	06:30	LA to Palo Alto									10.00	13	7.21	215.69	232.90
	25	21:30	Palo Alto to LA										13	7.21	7.21	
	28	19:00	LA to SF						44.16	46.00	T		13	7.21	51.37	
	30	19:30	SF to LA										13	7.21	7.21	
(10) SUBTOTALS				165.37	17.45	52.51	91.04	0.00	351.36			96.74	279	154.79	259.94	1,187.36

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL** 1,187.36

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 31-1) CIRM meetings; 2) tour Scripps and Burnham; 14-16) CIRM meetings; 19) meetings with Governor's staff; 21-23) Evaluation Subcmte and DOF meetings; 24-25) ICOC Meeting; 28-30) CIRM meetings	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .555

**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 [REDACTED]	DATE 1/3/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1-5-2012
(17) [REDACTED]	TITLE (See Item 17 on reverse)	[REDACTED]	DATE