

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
-------------------------------------	--	--

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			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
7/6	9:00 5:00	Los Angeles					200.00	T			0.00	200.00		
7/29	4:30	Los Angeles					17.26	G			0.00	17.26		
8/19	5:30	Sacramento					51.37	G	15.00		0.00	66.37		
8/23	9:00 6:30	Sacramento							29.00		0.00	29.00		
8/25	9:00 4:30	Stanford		21.97			36.05	G	10.00		0.00	9.95	77.97	
6/29	9:00 2:00	Fremont							88.00	48.40		48.40		
										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	21.97	0.00	0.00	0.00	304.68	54.00	88.00	48.40	9.95	439.00	

COLUMN CODE (ACCTG. USE ONLY)												
CLAIM TOTAL												\$439.00

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

ICOC Meeting expenses

7/6 Meeting in LA
 7/29 Meeting in LA
 8/19 Meeting in Sacramento
 8/23 Meeting in Sacramento
 8/25 ICOC Meeting at Stanford
 6/29 Meeting in Fremont

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 [REDACTED]	DATE 8/30/2011	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 9-9-11
(17) SPECIAL AGENT [REDACTED]	and TITLE (See Item 17 on reverse)		DATE