

CLAIMANT'S NAME Susan Bryant		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION ICOC Board Member	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 210 KING ST, 3RD FLOOR	TELEPHONE NUMBER (415) 396-9255
CITY	STATE	ZIP CODE	CITY
			San Francisco
			STATE
			CA
			ZIP CODE
			94107

(1) MONTH/YEAR	(2) DATE	(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			
	TIME										MILES	AMOUNT		
8/11	600	personal car to airport												0.00
24th		Orange Co/San Francisco, United and return						224.00	A					224.00
24th		Supershuttle from airport to hotel						29.50	B					29.50
24th		Cab to ICOC meeting at Stanford						10.00	T					10.00
24th		Dinner in room at hotel				38.90								38.90
25th		Taxi to airport						40.00	T					40.00
25th		San Francisco/Orange Co												0.00
25th	2130	Arrival at home												0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	38.90	0.00	303.50		0.00	0	0.00	0.00	342.40
(11) COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													342.40	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 Attend ICOC meeting at Stanford August 24th and 25th, 2011

(12) NORMAL WORK HOURS  
 [REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER  
 [REDACTED]

(14) MILEAGE RATE CLAIMED

**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 8/26/11

(17) [REDACTED] (Item 17 on reverse)

(18) [REDACTED] DATE 1/20/12

DATE 1/23/12