

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME M. Elizabeth Fini		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT Office of Research Advancement	
POSITION Vice Dean for Research		CB/ID No.	DIVISION or BUREAU Keck School of Medicine of USC		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 1975 Zonal Avenue, KAM 508			TELEPHONE NUMBER [REDACTED]
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Los Angeles	STATE CA	ZIP CODE 90089-9023

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.500
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(5) DATE	(5) TIME	(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		
									MILES	AMOUNT			
8/25	0600	San Jose Airport Yellow Cab						81.00	✓		0.00	81.00	✓
8/25		Stanford, CA Yellow Cab						30.00	✓		0.00	30.00	✓
8/25		San Jose Airport-Jamba Juice			1.79						0.00	1.79	✓
8/25	2000	San Jose Airport				55.41					0.00	55.41	✓
											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	1.79	0.00	55.41	0.00	111.00		0.00	0.00	0.00	168.20

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$168.20 ✓

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

100c Board Meeting @ Stanford Univ

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 8-30-11	AGENT [REDACTED]	DATE 9-13-11
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED]			DATE