

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME FIRESTEIN, Gary S.		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT VC Health Sciences	
POSITION Dean and Assoc Vice Chancellor Trans Med		CB/ID No.	DIVISION or BUREAU Univ of Calif San Diego (UCSD)		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]			HEADQUARTERS ADDRESS [REDACTED]		TELEPHONE NUMBER [REDACTED]
CITY [REDACTED]		STATE [REDACTED]	CITY [REDACTED]		STATE [REDACTED]
ZIP CODE [REDACTED]		ZIP CODE [REDACTED]		ZIP CODE [REDACTED]	
(1) NORMAL WORK HOURS [REDACTED]			(2) PRIVATE VEHICLE LICENSE NUMBER		(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR 8/2011	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
												MILES	AMOUNT		
8/25	06:30	21:15	RT Airfare (San Diego, CA)						407.40	cc	0.00		0.00		407.40
8/25	05:00	05:28	Torrey Pines Transportation						88.92	cc			0.00		88.92
8/25	08:05	08:45	Car Service (Higher Limousine) +						163.00	cc			0.00		163.00
8/25	19:36	20:15	Torrey Pines Transportation						88.92	cc			0.00		88.92
													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
													0.00		0.00
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	748.24		0.00	0.00	0.00	0.00	748.24
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL \$748.24

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Dr. Gary Firestein serves as an alternate board member of the ICOC and was asked to attend on behalf of Dr. David Brenner (Dean, School of Medicine - Univ of Calif San Diego).

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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 101.02 and 101.03 regarding safety and seat belt usage.

CLAIMANT'S SIGNATURE: [REDACTED] DATE: 9-28-11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED] DATE: 10-18-11