

CLAIMANT'S NAME Kevin McCormack		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT Communications
POSITION Director Public Communications	CB/ID No.	DIVISION or BUREAU CA Institute for Regenerative Medicine	INDEX NUMBER
RESIDENCE ADDRESS* 210 King Street		HEADQUARTERS ADDRESS Same as residence	TELEPHONE NUMBER (415) 396-9813
CITY San Francisco	STATE CA	ZIP CODE 94107	CITY STATE ZIP CODE

(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			
8/7	Noon	Belvedere/Tiburon									6.00	38	21.47 21.00	27.47 27.00	
8/7	7pm	Albany, East Bay				20.00					6.00	26	14.69 14.43	40.69 40.43	
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(10) SUBTOTALS			0.00	0.00	0.00	20.00	0.00	0.00			12.00	64	35.52	0.00	68.16 ✓
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL														68.16 ✓	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 1) Giving speech to Belvedere/Tiburon Rotary club 2) Accompanying Uta Grieshammer to evening speech at East Bay Science Cafe	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED 0.555
	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 8/8/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 8 August 2013
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	