

See Instructions and \*Privacy  
 Statement On Reverse Side

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	
RESIDENCE ADDRESS* [REDACTED]		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		
09/10/13	9/18	8am Drive to and from Claremont hotel Berkeley +									6.00	24	13.56 <del>13.10</del>	19.56 <del>19.10</del>
	9/19	8am drive to and from Claremont hotel Berkeley +									6.00	24	13.56 <del>13.10</del>	19.56 <del>19.10</del>
	9/30	7am Driving to and from SFO for flight to LA +			5.61 <del>5.10</del>	383.50 <del>383.50</del>					14.89	19	10.74 <del>10.65</del>	383.50 <del>414.14</del>
	10/1	5pm HIV Town Hall Forum												83.10 83.10
	10/3	Registered for Partnering for Cures conference in New York +												550.00 550.00
<b>SUBTOTALS</b>			0.00	5.10	383.50	83.10	0.00	0.00			26.89	66	36.85	1086.96 <del>1085.44</del>

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** 1086.96

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 1) Disease Team Grants Working Group review at Claremont Berkeley 2) Trip to LA for Patient Advocate meeting. 30 box lunches for patient advocates 3) Snacks and refreshments for HIV Town Hall Forum on HIV Cure Research 4) Attending Partnering for Cures conference in New York City to explore joint event with organizers	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED 0.555 1,365
	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> 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 0750, 0751, 0752, 0753, 0754, 0755, 0756, 0757, 0758, 0759, 0760, 0761, 0762, 0763, 0764, 0765, 0766, 0767, 0768, 0769, 0770, 0771, 0772, 0773, 0774, 0775, 0776, 0777, 0778, 0779, 0780, 0781, 0782, 0783, 0784, 0785, 0786, 0787, 0788, 0789, 0790, 0791, 0792, 0793, 0794, 0795, 0796, 0797, 0798, 0799, 0800.

CLAIMANT'S SIGNATURE [REDACTED] DATE 10/3/13 (16) SIGNATURE [REDACTED] DATE 10/31/2013

(17) TITLE (See Item 17 on reverse) [REDACTED] DATE [REDACTED]