

See Instructions and *Privacy
 Statement On Reverse Side

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|--|----------------------------|--|------------------------------|---|
| CLAIMANT'S NAME JOAN I SAMUELSON | | SSN or EMPLOYEE NUMBER* | DEPARTMENT | |
| POSITION PATIENT ADVOCATE | CB/ID No. | DIVISION or BUREAU CIRM | | INDEX NUMBER |
| RESIDENCE ADDRESS * | | HEADQUARTERS ADDRESS 210 KING ST | | TELEPHONE NUMBER (415) 396-9100 |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | CITY SAN FRANCISCO | STATE CA |
| | | | ZIP CODE 94107 | |

(1) NORMAL WORK HOURS _____ (2) PRIVATE VEHICLE LICENSE NUMBER _____ (3) MILEAGE RATE CLAIMED _____

| (4) MONTH/YEAR SEPT 2011 | (5) DATE | (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 | | | |
| TIME | | | | | | | | | | MILES | AMOUNT | | | |
| | 9/19 | Valet Airpark @ LAX | | | | | | | | | 48.84 | 0.00 | | 48.84 |
| | | | | | | | | | | | | 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 |
| | | | | | | | | | | | | 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 | 0.00 | | | 48.84 | 0.00 | 0.00 | 48.84 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | \$48.84 | | |

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

Expense report is for Joan Samuelson & assistant John Sinaiko to attend the Grantee Meeting in San Francisco 9/14-16. Assistant traveled round trip via air LAX/SFO. Samuelson travelled by car round trip from 330 Plaza St, Healdsburg to Parc 55 Wyndham Hotel in SF. Samuelson attended 1 day, 9/15. Asst attended 3 days. Agenda, travel itineraries attached. Air and car provided by State.

Reimbursement request is for assistant John Sinaiko's parking at LAX for 3 days. *which was paid by Joan Samuelson.*

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| AGENCY ACCOUNTING OFFICE USE ONLY |
| PAY 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 the State of California Department of Personnel Administration regarding vehicle safety and seat belt usage.

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|--------------------------------|------------|
| DATE | DATE |
| [REDACTED] | 8/21/12 |
| TITLE (See Item 17 on reverse) | DATE |
| [REDACTED] | [REDACTED] |