

CLAIMANT'S NAME Jonathan Y. Thomas		SSN or EMPLOYEE NUMBER*	DEPARTMENT CIRM
POSITION Chairman	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS	TELEPHONE NUMBER (415) 396-9113
CITY	STATE	ZIP CODE	CITY
			Los Angeles
			STATE CA
			ZIP CODE 90049

(1) MONTH/YEAR	(2) DATE	(2) TIME	(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			
										MILES	AMOUNT				
09/2011	25	20:00	LA to SF	161.79	✓				55.00	T		13	7.21	224.00	
	26	19:45	SF to LA		4.86	5.82		18.39	47.00	T		13	7.21	82.44 100.83	
	28	07:00	LA to SF	145.36	✓							13	7.21	170.57	
	29	15:30	SF to LA									13	7.21	7.21	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				307.15	4.86	5.82	0.00	18.39	102.00			35.55	52	28.84	0.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

484.22
-502.61

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 25-26) CIRM meetings; 28-29) CIRM meetings	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .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 1/3/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1-2-2012
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	

[REDACTED]