

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 Los Angeles	STATE CA	ZIP CODE 90049	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	27	12:30 13:45	Los Angeles										22.02	22.02	
	28	07:00	Los Angeles to San Francisco		14.11		18.69		47.00	T				79.80	
	29	15:30	San Francisco to Los Angeles			9.79			62.43	RC			63.04	72.83 135.26	
														0.00	
														0.00	
														0.00	
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														0.00	
														0.00	
(10) SUBTOTALS				0.00	14.11	31.81	18.69	0.00	109.43		0.00	0	0.00	63.04	174.65 237.08

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$174.65
237.08

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

27) media interview; 28-29) CIRM meetings

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

**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

CL [Redacted]

(16) [Redacted]