

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Dr. Kristiina Vuori		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Governing Board Member		CB/ID No.		DIVISION OF BUREAU	
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9113	
CITY [REDACTED]		STATE CA		ZIP CODE 94107	

(1) MONTH/YEAR	(2) DATE	(3) 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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
									MILES	AMOUNT					
Sept 2012	9/5	12:00	Home to San Diego Airport						80.50	T				80.50	
	9/5	1:20	Flight from SAN to SFO						223.80	A				223.80	
	9/5	3:00	Taxi from SFO to Crown Plaza						20.00	T				20.00	
	9/6	5:50	Flight from SFO to SAN						223.80	A				223.80	
	9/6	7:30	Taxi from SAN to home						80.50	T				80.50	
	9/5	3:10	Hotel/ Internet Access									9.95		9.95	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	628.60		0.00	0	0.00	9.95	638.55
(10) COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													638.55		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC Meeting at Crown Plaza, SFO, Wednesday, Sept 5 & Thursday, Sept 6, 2012		(12) NORMAL WORK HOURS [REDACTED]	
		(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	
		(14) MILEAGE RATE CLAIMED 50 .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 9/11/12	(16) [REDACTED]	DATE [REDACTED]
(17) SPECIAL USE [REDACTED]	(See Item 17 on reverse)	[REDACTED]	DATE