

See Instructions and \*Privacy Statement On Reverse Side

CLAIMANT'S NAME Art Torres			EMPLOYEE NUMBER*			DEPARTMENT CIRM - ICOC		
POSITION Vice Chair - ICOC		CB/ID No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS Same as Residence				TELEPHONE NUMBER (415) 396-9273	
CITY San Francisco	STATE CA	ZIP CODE 94117	CITY	STATE	ZIP CODE			

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR 1/12	(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	TIME									MILES	AMOUNT			
9/6	12:45	San Francisco			<del>44.59</del>						0.00	44.59	44.59	
9/7	<del>11:40</del> 2:00	Beverly Hills			23.58					15.00	0.00		38.58	
9/22	12:00	San Francisco					24.00	T			0.00		24.00	
9/30	1:00	San Francisco					12.00	T			0.00		12.00	
10/6	6:22	Sacramento					26.82	G			0.00		26.82	
12/7	<del>5:30</del> 2:00	Los Angeles			20.86		12.76	G		10.00	0.00		43.62	
1/16	6:00	San Francisco					<del>123.18</del> 64.52	T			0.00		<del>123.18</del> 64.52	
1/17	<del>2:41</del> 2:00	San Diego					58.66			30.00	0.00	11.95	<del>41.95</del> 100.61	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
<b>(13) SUBTOTALS</b>			0.00	20.86	68.17	0.00	0.00	198.76		55.00	0.00	0.00	11.95	354.74
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL** \$354.74

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

Meeting expenses

- 9/6 Meeting in San Francisco
- 9/7 - 5 Meeting in Beverly Hills
- 9/22 Meeting in San Francisco
- 9/30 Meeting in San Francisco
- 10/6 Meeting in Sacramento
- 12/8 Meeting in LA
- 1/16-17 ICOC Meeting in San Diego (Lost return taxi receipt ffrom SFO to home for \$58.66)

<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

DATE 1/25/2011	DATE 1.25.12
DATE	DATE