

CLAIMANT'S NAME David A. Brenner		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM	
POSITION UCSD Vice Chancellor for Health Sciences	CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9119
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA
				ZIP CODE 94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR 09/2012	(5) DATE	(5) TIME	(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			
												MILES	AMOUNT		
	9/6/12	8:00	San Diego Airport Parking						72.00	PC			0.00		72.00
	9/6/1	5:00	Airfare						104.00	A			0.00		104.00
													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	176.00		0.00	0.00	0.00	0.00	176.00
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL	\$176.00
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

attend ICOC Meeting 9-6-09-5
crowne Plaza Burlingame

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 [REDACTED] pertaining to vehicle safety and seat belt usage.

CLERK SIGNATURE [REDACTED]	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 10/24/12
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	