

See Instructions and *Privacy
 Statement On Reverse Side

| | | | |
|--|-----------|---|--|
| CLAIMANT'S NAME Neil Littman | | SSN or EMPLOYEE NUMBER* [REDACTED] | DEPARTMENT |
| POSITION Director, BD & Infrastructure | CB/ID No. | DIVISION or BUREAU CIRM | INDEX NUMBER |
| RESIDENCE ADDRESS * | | HEADQUARTERS ADDRESS 1999 Harrison Street | TELEPHONE NUMBER (415) 396-9122 |
| CITY | STATE | ZIP CODE | CITY STATE ZIP CODE Oakland CA 94612 |

(1) NORMAL WORK HOURS _____ (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (3) MILEAGE RATE CLAIMED **0.575**

| (4) MONTH/YEAR Jan '17 | (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., LT, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | |
| | TIME | | | | | | | | | MILES | AMOUNT | | |
| 1/3 | | San Francisco / Oakland | | | | | 20.00 | ✓ | | | 0.00 | | 20.00 |
| 1/17 | | San Francisco / Oakland | | | | | 20.00 | ✓ | | | 0.00 | | 20.00 |
| 1/23 | | San Francisco / Oakland | | | | | 4.00 | ✓ | | | 0.00 | | 4.00 |
| 1/23 | | San Francisco / Oakland | | | | | 29.00 | ✓ | | | 0.00 | | 29.00 |
| 1/30 | | San Francisco / Oakland | | | | | 30.00 | ✓ | | | 0.00 | | 30.00 |
| | | | | | | | | | | | 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 | 103.00 | | 0.00 | 0.00 | 0.00 | 103.00 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | |

CLAIM TOTAL \$103.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Work-related public transportation reimbursement (clipper card)

AGENCY ACCOUNTING OFFICE USE ONLY
 PAID BY REVOLVING FUND CHECK NUMBER

Remit Payment To:
 CIRM
 1999 Harrison St. Ste 1650
 Oakland, CA 94612-3520

(15) CLAIMANT'S SIGNATURE [REDACTED] DATE **1/30/17**

(16) If a privately owned vehicle was used, certify that the cost of operating the vehicle was reasonable and necessary, and that the vehicle was maintained in accordance with the requirements as prescribed by the Department of Personnel Administration. DATE **2/7/17**

(17) SPECIAL AGENT TITLE (See Item 17 on reverse) DATE