

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME C. Randal Mills			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION President and Chief Executive Officer		CB/D No.	DIVISION or BUREAU				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1999 Harrison Street				TELEPHONE NUMBER (510) 340-9105	
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE		
			Oakland		CA	94612		

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.540
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(4) MONTH/YEAR	(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									MILES	AMOUNT		
07/16	15:00	SFO to SAN	342.47					64.17	T			0.00	406.64
07/21	20:50	RT: SAN to SFO		40.92				20.23	T	66.00		0.00	127.15
												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
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
(13) SUBTOTALS			342.47	40.92	0.00	0.00	0.00	84.40		66.00	0.00	0.00	533.79

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$533.79

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 07/20 - 07/21/16: July ICOC/Application Subcommittee Meeting and Patient Advocate Meeting - San Diego, CA

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED BY REVOLVING FUND CHECK NUMBER

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 the State of California. If a privately owned vehicle was used, 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 the State of California.

DATE	DATE
7/22/16	8/2/16

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)