| TRAVEL EXPENSE CLAIM See Instructions and *Privacy STD. 262 (REV. 9/2007) Statement On Reverse Side | | | | | | | | | | Page of Pages | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------|----------------------|------------------------------------|--------|------------------|-------------------------|-----------------------------------|--------------|--------------------|-------------------------------------|----------|----------|---------------------|
| CLAIMANT'S NAME | | | | | | | SSN or EMPLOYEE NUMBER* | | | | DEPARTMENT | | | |
| C. Randal Mills POSITION President and Chief Executive Officer RESIDENCE ADDRESS* | | | | | | | | DIVISION or BUREAU | | | | <u> </u> | | |
| | | | | | | | | | | | | | | INDEX NUMBER |
| | | | | | | | | HEADQUARTERS ADDRESS | | | | | TELEPHO | NE NUMBER |
| | | | | | | | 1999 Harrison Street | | | | (510) 340-93 | | 40-9105 | |
| CITY STATE ZIP CODE | | | | | | | CITY | | | | STATE ZIP CODE | | | |
| | | | | Oakland | | | | CA | | 94612 | | | | |
|) NOR | AAL WO | RK HOURS | (2 | (2) PRIVATE VEHICLE LICENSE NUMBER | | | | (3) MILEAGE RATE CLAIMED 0.540 | | | | | | |
| 4) MONTH/YEAR (6) (7) (8) MEALS | | | | | | | (9) (10) TRANSPORTA | | | | | | (11) | (12) |
| 09/16 | | (6) LOCATION WHERE EXPENSES WERE INCURRED | LODGING | | | O.T., L∕T, | | (A) (B) (C) | | | (D) | | ('') | TOTAL |
|) | | | | BREAK- FAST | LUNCH | N/C, RELO. OR | INCIDEN- TALS | COST OF TRANS. | TYPE USED | CARFARE, TOLLS, | PRIVATE CAR USE | | BUSINESS | EXPENSES FOR DAY |
| DATE | TIME | | 2020110 | 17.01 | LONGIT | DINNER | TALO | 110410. | 0025 | PARKING | MILES | AMOUNT | EXPENSE | TORDAT |
| 9/20 | 08:00 | SFO to SAN | | | 19.50 | 31.46 | . / | 149.24 | Т | | | 0.00 | | 200.20 |
| 9/21 | 18:23 | SAN to LAX | | | | | | 61.89 | T | | | 0.00 | | 61.89 |
| 9/22 | | | | 39.79 | 34.21 | - / | | 146.76 | /T | | | 0.00 | 50.62 | 277.52 |
| 09/23 | 16:00 | RT: LAX to SFO | | | | | | 13.35 | Т | 144,00 | / | 0.00 | | 157.35 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | . 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 00.0 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| 13) | | | | | | | | | | | | 0.00 | | 00.0 |
| | | SUBTOTALS | 0.00 | 39.79 | 59.85 | 31.46 | 00.00 | 371.24 | | 144.00 | 00.0 | 0.00 | 50.62 | 690.8 -696.96 |
| COI | | CODE (ACCTG. USE ONL' CLAIM TOTAL | Y) | | | | | | | | | | | 690. -\$696.96 |
| 14\ DU | | | (Attack page into 6) | | | | | | | | | | | 0 10°0. |
| (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 09/20 - 9/21/16: ICOC Board Meeting - La Jolla, CA | | | | | | | | | | | AGENCY ACCOUNTING OFFICE USE ONLY | | | |
| 9/21 | - 09/ | 23/16: CIRM Roadshow | - Los Ange | les, CA | | | | | | | PAID BY REVOLVING FUND CHECK NUMBER | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | l | | | |
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Int 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 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 ning to vehicle safety and seat belt usage.

CLI

DATE

(16

DATE

TITLE (See Item 17 on referse)

DATE

DATE