

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Cecilia Silva-Martin		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Director of Finance		CB/ID No.	DIVISION or BUREAU Finance 64458500		INDEX NUMBER 8500
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison			TELEPHONE NUMBER (510) 340-9154
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Oakland	STATE CA	ZIP CODE 94612

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.535
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(4) MONTH/YEAR	(5) DATE 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			
5/2017	5/4	Oakland to Sacto									17.50	40.00	21.40	38.90	
	5/5	and Return									9.00	30.00	16.05	25.05	
	5/17	Oakland to Sacto & Return							5.00	T	4.50	164.00	87.74	97.24	
		May Public Transit							90.00				0.00	90.00	
													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			0.00	0.00	0.00	0.00	0.00	95.00			31.00	234.00	125.19	0.00	251.19

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$251.19

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 5/4-5/17 FI\$Cal Training
 5/17/17 GO Bond Finance Committee Mtg

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

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 SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 5/30/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 6/15/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	