

CLAIMANT'S NAME Jonathan Thomas		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION Chariman	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS	TELEPHONE NUMBER
		CITY	STATE ZIP CODE

(1) MONTH/YEAR Dec 16	(2) DATE TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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			
12/12	7:00	OAK to LAX			37.54	✓		6.90	T			144.35 146.55	168.79 190.99	
12/13	7:00	LAX to OAK						40.00	T				40.00	
12/14	8:00 5:00	LA to San Diego								254	137.16		137.16	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
SUBTOTALS			0.00	0.00	37.54	0.00	0.00	46.90		0.00	254	137.16	144.35 146.55	365.95 368.15

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 365.95
368.15

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Travel for ICOC Meeting - December 13th, 2016 12/14 - Meeting with P Schutlz San Diego	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .54
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	

Remit Payment to CIRM: 1909 Harrison St., Ste 1650, Oakland

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate equal to or greater than the rate claimed, and that I have met the requirements as prescribed pertaining to vehicle safety and seat belt usage.

CL [REDACTED] DATE 1/18/17 (1) [REDACTED] DATE 1/19/17

TITLE (See Item 17 on reverse)