

CLAIMANT'S NAME Jonathan Thomas		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION Chariman	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 11440 San Vicente	TELEPHONE NUMBER
[REDACTED]		CITY Los Angeles	STATE CA
[REDACTED]		ZIP CODE 90049	

(1) MONTH/YEAR DATE	(2) 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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
1	7:00	LAX to OAK			16.10	8.95		86.54	T				111.59	
2		OAK to SAN			15.97			87.62	T				103.59	
3	11:00	SAN to LAX				10.25		103.14	T				113.39	
8	7:00	BUR to OAK		8.69	6.32 6.39	10.95		53.90	T				79.86 79.93	
9		OAK			14.26			49.54	T				63.80	
10	6:00	OAK to BUR		9.79		5.99		125.59	T	72.00			213.37	
15	7:00	LAX to OAK						42.00	T				42.00	
16		OAK				49.43		18.50	T				67.93	
17	2:00	SMF to OAK		5.50	26.87			46.00	T	72.00			150.37	
19		LA to San Diego						26.25		240	128.40		154.65	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	23.98	79.52 79.59	85.57	0.00	612.83		170.25	240	128.40	0.00	1,100.55 1,100.62

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 1,100.55
~~1,100.62~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 5/1- 5/3 CIRM Business Meetings 5/8-5/10 - CIRM Business Meetings 5/15-5/17 - Attend GWG Meetings and Finance meeting 5/19 - Meeting with J.Panetta - San Diego <div style="border: 2px solid red; padding: 5px; text-align: center;"> Remit Payment To: CIRM 1999 Harrison St. Ste 1650 Oakland, CA 94612-3520 </div>	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED 5.35
	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 <i>Jonathan Thomas</i>	DATE 6/6/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 6/6/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	