

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

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.535
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(4) MONTH/YEAR April/17	(5) DATE	(5) 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., LIT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
												MILES	AMOUNT		
	4/9	1:00	LAX to ATL			14.93			27.26	T			0.00		42.19
	4/10		ATL		29.78	21.27			103.46	T			0.00		154.51
	4/16	11:00	BOS to LAX						308.59	T			0.00		308.59
													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)	<b>SUBTOTALS</b>			0.00	29.78	36.20	0.00	0.00	439.31		0.00	0.00	0.00	0.00	505.29

<b>COLUMN CODE (ACCTG. USE ONLY)</b>																
<b>CLAIM TOTAL</b>																505.26 \$505.29

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 4/9- Travel to Atlanta for Meeting at Emory University 4/16 -Return from BOS *No mileage claimed [REDACTED]	Remit to CIRM: 1909 Harrison St. Suite 1650 Oakland CA 94612	<b>AGENCY ACCOUNTING OFFICE          USE ONLY</b>  PAID BY REVOLVING FUND CHECK NUMBER
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(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 Jonathan Thomas	DATE 5/15/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Signature]	DATE 5/15/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)				DATE