

See Instructions and *Privacy
 Statement On Reverse Side

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
CITY [REDACTED]	STATE	ZIP CODE	CITY Los Angeles	STATE CA	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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
									MILES	AMOUNT			
May 22nd	7:00	LAX to OAK						19.27	T				19.27
May 23rd	7:00	OAK to LAX						21.77	T				21.77
													0.00
													0.00
													0.00
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													0.00
													0.00
SubTOTALS			0.00	0.00	0.00	0.00	0.00	41.04		0.00	0	0.00	41.04
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												41.04	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

(12) NORMAL WORK HOURS

Travel for CIRM Business Meetings

(13) PRIVATE VEHICLE LICENSE NUMBER

No Mileage Claimed

(14) MILEAGE RATE CLAIMED

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

54.535

**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
7/14/17

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

[Signature]

DATE
7/14/17

(17) SPECIAL EXPENSE AUTHORIZATION – SIGNATURE and TITLE (See Item 17 of reverse)

[Signature]

DATE
7/14/17