

CLAIMANT'S NAME Gabriel Thompson		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION Grants Management Officer	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 1999 Harrison Street Suite 1650	TELEPHONE NUMBER (415) 396-9274
CITY STATE ZIP CODE [REDACTED]		CITY Oakland	STATE ZIP CODE CA 94612

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.540 - 535
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(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			
1/23		Home-->SFO-->MIA-->Miami, FL	266.68	17.53		24.09		34.10	T	6.00	23.00	12.31	25.00	388.49
1/24		Miami, FL	266.68	2.75	16.12	47.17						0.00		332.72
1/25		Miami, FL	266.68	15.67	21.60	17.39	7.63					0.00		328.97
1/26		Hotel-->MIA-->SFO-->Home		16.88	22.60	8.44		30.24	T	100.00	23.00	12.31	25.00	207.95
												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			800.04	45.20	60.32	99.76	7.63	64.34		106.00	46.00	24.62	50.00	1,255.24
												24.84		1,258.13

(13) SUBTOTALS													800.04	45.20	60.32	99.76	7.63	64.34		106.00	46.00	24.62	50.00	1,255.24		
																								24.84		1,258.13

COLUMN CODE (ACCTG. USE ONLY)																										
CLAIM TOTAL																										1,255.24
																										\$1,258.13

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Jan 23-26 SCOPE conference, Miami FL at Hyatt Regency
 - supervisor-approved as Training Request

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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 [REDACTED]	DATE 2/1/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 2/3/17
(17) SPECIFIC DUTY and TITLE (See Item 17 on reverse)			

[REDACTED] 2.2.17