

See Instructions and \*Privacy Statement On Reverse Side

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

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED <b>0.535</b>
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*July 17 2017*

(4) MONTH/YEAR 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., LT., N/C, RELO OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
7/31		AC Transit - July 2017						47.45	B			0.00		47.45
												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
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
<b>(13) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	47.45		0.00	0.00	0.00	0.00	47.45
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL** **\$47.45**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 July 2017 Monthly public AC Transit reimbursement

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

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 CIPA 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>Gabriel Thompson</i>	DATE <i>8/17/17</i>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE <i>8.5.2017</i>
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
<i>[Signature]</i>	