

CLAIMANT'S NAME Kenneth C Burtis		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION ICOC member		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER 5ZMS876	(3) MILEAGE RATE CLAIMED 0.565
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(4) MONTH/YEAR 10/13	(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., L.T. N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
												MILES	AMOUNT		
10/8	1700		Travel from Davis to Burlingame +				12.00				4.00	97 87.00	54.81 49.16		53.16 70.81
10/9	1600		San Mateo, CA				12.00						0.00		12.00
10/9	1600		Travel from Burlingame to Davis +								11.00	97 87.00	54.81 49.16		60.16 65.81
													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				0.00	0.00	0.00	12.00	0.00	0.00		15.00	174.00	109.62 98.31	0.00	125.31 136.62
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL	\$125.31 136.62
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Attendance at 9 Oct 2013 meeting of the CIRM ICOC board.
** NO RECEIPT Available for Dinner 10/8 NO ALCOHOL PURCHASED*
** NO RECEIPT Available for toll charges*

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 [REDACTED]	DATE 10/10/13	(16) SIGNATURE OF OFFICER APPROVING TRIP AND PAYMENT [REDACTED]	DATE 10.17.13
(17) TITLE (See Item 17 on reverse)		DATE	