

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME <b>Neil Littman</b>		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION <b>Director, BD &amp; Infrastructure</b>	CB/ID No.	DIVISION or BUREAU <b>CIRM</b>	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>1999 Harrison Street</b>	TELEPHONE NUMBER <b>(415) 396-9122</b>
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE
		<b>Oakland</b>	<b>CA</b>
			<b>94612</b>

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED <b>0.575</b>
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(4) MONTH/YEAR	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
										MILES	AMOUNT			
7/16			San Francisco / Oakland						93.30			0.00	93.30	
8/16			San Francisco / Oakland						122.00			0.00	122.00	
9/16			San Francisco / Oakland						34.40			0.00	34.40	
10/16			San Francisco / Oakland						95.00 <del>104.15</del>			0.00	95.00 <del>104.15</del>	
11/16			San Francisco / Oakland						98.50 <del>95.05</del>			0.00	98.50 <del>95.05</del>	
12/16			San Francisco / Oakland						98.20 <del>93.65</del>			0.00	98.20 <del>93.65</del>	
											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	0.00	0.00	541.40 <del>542.55</del>		0.00	0.00	0.00	541.40 <del>542.55</del>

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL** 541.40  
~~542.55~~

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
**Work-related public transportation reimbursement (clipper card)**

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAYED BY REVOLVING FUND CHECK NUMBER

(15) [REDACTED] 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, 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 the State of California regarding vehicle safety and seat belt use.

CLAIMANT'S SIGNATURE: [REDACTED] DATE: **12/29/16**

(17) SUPERVISOR'S SIGNATURE: [REDACTED] DATE: **1/11/17**