

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME <b>Neil Littman</b>		[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 <b>9/20</b>	(5) DATE	(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		
	TIME									MILES	AMOUNT		
9/20		SFO / San Diego		9.11	24.60	32.00		89.13				0.00	154.84
9/22		San Diego / LA		18.26	32.52			<del>57.32</del> -58.35				0.00	<del>109.10</del> -109.13
												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>SUBTOTALS</b>			0.00	27.37	57.12	32.00	0.00	<del>176.45</del> +147.48		0.00	0.00	0.00	<del>262.94</del> -262.97
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

**CLAIM TOTAL** **262.94**  
~~262.97~~

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
**Leadership Team roadshow in San Diego & L.A.**

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

(15) CLAIMANT'S SIGNATURE [REDACTED]	DATE <b>10/10/16</b>	(16) EMPLOYER'S SIGNATURE [REDACTED]	DATE <b>10/17/16</b>
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	
[REDACTED]		[REDACTED]	