

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

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.575
-----------------------	--	--

(4) MONTH/YEAR 3-4/17	(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			
(5) DATE	TIME									MILES	AMOUNT		
4/10		San Francisco / Oakland					29.00					0.00	29.00
4/5		San Francisco / Oakland					29.00					0.00	29.00
3/27		San Francisco / Oakland					35.00					0.00	35.00
3/16		San Francisco / Oakland					27.00					0.00	27.00
3/9		San Francisco / Oakland					34.00					0.00	34.00
												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	0.00	0.00	154.00		0.00	0.00	0.00	154.00
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	\$154.00
--------------------	-----------------

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Pblc transportation reimbursement (clipper card)

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

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 0730, 0731, 0732, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 4/10/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 4/19/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	