

CLAIMANT'S NAME Neil Littman			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT											
POSITION Director, Business Development			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 [REDACTED]						(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]						(3) MILEAGE RATE CLAIMED 0.575					
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
DATE	TIME			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				
5-6/17 08/2017		San Francisco / Oakland						28.00				0.00	28.00	
8/17		San Francisco / Oakland						158.00				0.00	158.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
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												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	186.00		0.00	0.00	0.00	186.00
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$186.00
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Public transportation (clipper card)

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED BY REVOLVING FUND CHECK NUMBER

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

(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 	DATE 9/5/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 9/5/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	