	VEL E 2 (REV. !	EXPENSE CLAIM 9/2007)					s and *Pri Reverse S				Page _	of _	Pag	jes
CLAIMANT'S NAME							SSN or EMPL	OYEE NUME	ER*		DEPAR	TMENT		
Gilberto R Sambrano											CIRN	1		
POSITION CB/ID No. Director Portfolio Development & Review							DIVISION or BUREAU Portfolio Development and Review						INDEX NU	MBER
RESIDENCE ADDRESS *								HEADQUARTERS ADDRESS				TELEPHONE NUMBER		
							1999 Harrison Street, Suite 1650					(510) 340-9170		
CITY STATE ZIP CODE							CITY					STATE ZIP C		
								Oakland (2) PRIVATE VEHICLE LICENSE NUMBER				CA 94612 (3) MILEAGE RATE CLAIMED		
1) NOR	MAL WO	RK HOURS				(2	?) PRIVATE V	EHICLE LICE	NSE NU	MBER	(3) MIL 0.56		CLAIMED	
(4) MONTH/YEAR		(6)	(7)	(8)	(8) MEALS		(9)	(10) TRANSPORTAT			L		(11)	(12)
10/2016		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST		O.T., L/T,		(A) COST OF TRANS.	(B)	(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE		EXPENSE	TOTAL EXPENSES FOR DAY
(5)					LUNCH	N/C, RELO. OR	INCIDEN- TALS		TYPE USED					
	1:00	Irvine, CA				DINNER				PARKING	MILES	AMOUNT		
5	PM	nvine, CA			27.31					48.00	/	0.00		75.31
												0.00		0.00
11	11:30 AM	San Francisco, CA								7.50	/	0.00		7.50
												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)							1					0.00		0.00
11110		SUBTOTALS	0.00	0.00	27.31	0.00	0.00	0.00		55.50	0.00	0.00	0.00	82.81
CO		CODE (ACCTG, USE ONLY) CLAIM TOTAL						İ						\$82.81
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											AGENCY ACCOUNTING OFFICE			
Trip to San Diego/Irvine for Roadshow presentation.											USE ONLY			
											PAID BY REVOLVING FUND CHECK NUMBER			
Parking at UCSF/Gladstone for Roadshow presentation.														
(15)	I HERE	EBY CERTIFY That the above is a true	statement of th	e travel expe	nses incurre of operating and seat be	d by m the vel				State d tha	of Califor t I have m	nia. If a priva	ately owned vernents as pre	ehicle was escribed by
CLAII				hicle safety DATE	/ and seat be	it usag					D PAYME		ATE /	
29 (10%	24-11								0/2	6/11
(17) 5				See Item 1	7 on reverse)							<u> </u>	ATE /	0/10