

CLAIMANT'S NAME Cecilia Silva-Martin		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION Director of Finance	CB/ID No.	DIVISION or BUREAU Finance	INDEX NUMBER [REDACTED]
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison	TELEPHONE NUMBER (415) 730-7418
CITY [REDACTED]	STATE CA	CITY Oakland	ZIP CODE 94612

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.540
-------------------------------------	--	-----------------------------------

(5) DATE	(6) 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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
		Public Transit						370.00				0.00	370.00	
9/13	0800 1900	Oak to Burlingame & Return								5.00	60.00	32.40	37.40	
9/20	1000	Sacto to SD			3.23						25.00	13.50	16.73	
9/21		and Return				4.73	3.00			99.86	25.00	13.50	121.09	
9/23		EG to DGS & Return								5.00	32.00	17.28	22.28	
9/29	0730	To Sacto-DoF								12.00	32.00	17.28	29.28	
9/30	1300	Sacto-DoF and Return								12.00	32.00	17.28	29.28	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
<b>(13) SUBTOTALS</b>			0.00	0.00	3.23	4.73	3.00	370.00		133.86	206.00	111.24	0.00	626.06

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** \$626.06

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Sept 2016 Public Transit  
 9/13/16 Leadership Offsite  
 9/20-21 ICOC Mtg  
 9/29-30 DOF Training and GB Upload

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 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT SIGNATURE [REDACTED]	DATE 10/3/16	(16) SIGNATURE [REDACTED]	DATE 10/17/16
----------------------------------	-----------------	------------------------------	------------------

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

SIGNATURE: [REDACTED] TITLE: [REDACTED] DATE: [REDACTED]