

CLAIMANT'S NAME Cecilia Silva-Martin		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION Director of Finance	CB/ID No.	DIVISION or BUREAU Finance 64458500	INDEX NUMBER 8500
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison	TELEPHONE NUMBER (510) 340-9154
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Oakland
		STATE CA	ZIP CODE 94612

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.535
-------------------------------------	--	-----------------------------------

(4) MONTH/YEAR 3/2017	(5) DATE	(5) 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		
	3/3		FI\$Cal-Sacramento									38.00	20.33		20.33
	3/22	1000	PH to LA	192.84		18.11		5.00	27.98	U			0.00		243.93
	3/23	2100	and Return						7.09	U		24.00	12.84		19.93
	3/28		Oakland to SCO and return									48.00	25.68		25.68
	March		Public Transit						370.00				0.00		370.00
													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)	<b>SUBTOTALS</b>			192.84	0.00	18.11	0.00	5.00	405.07		0.00	110.00	58.85	0.00	679.87

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	
<b>CLAIM TOTAL</b>	<b>\$679.87</b>

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	<div style="border: 2px solid red; padding: 5px; display: inline-block;">           Remit Payment To:  <b>CIRM</b>            1999 Harrison St. Ste 1650            Oakland, CA 94612-3520         </div>	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
3/3 FI\$Cal Super User Meeting 3/22-23 Attend Alpha Clinic Symposium 3/28 SCO EFT Meeting March Public Transit		PAID 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'S SIGNATURE <i>C. Silva-Martin</i>	DATE 4/18/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 4/19/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	