

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

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED <b>0.535</b>
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(4) MONTH/YEAR	(5) DATE	(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				
TIME										MILES	AMOUNT				
8/2017		Sacramento													
	8/21 0800	Sacramento								V	12.00	30.00	16.05	28.05	
		August Public Transit						90.00					0.00	90.00	
													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	
													0.00	0.00	
													0.00	0.00	
<b>(13) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	90.00			12.00	68.00	36.38	0.00	138.38

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	
<b>CLAIM TOTAL</b>	<b>\$138.38</b>

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

8/11 FISCAL Meeting  
 8/21 DOF Hyperion Training  
 August Public Transit

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

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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'S SIGNATURE <i>C. Silva-Martin</i>	DATE <b>8/31/17</b>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE <b>9/5/17</b>
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE
[Signature]			