

See Instructions and *Privacy
 Statement On Reverse Side

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]		CITY Oakland	STATE CA
		ZIP CODE 94612	

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.540
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(4) MONTH/YEAR July 2016	(5) DATE 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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
	7/1	Public Transit						320.50				0.00		320.50
												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
												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) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	320.50		0.00	0.00	0.00	0.00	320.50
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$320.50
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 July 2016 Public Transit
TRANSIT SUBS. by 344.00 claiming max 255.00
" PARKING 65.50

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'S SIGNATURE [REDACTED]	DATE 8/22/16	(16) SIGNATURE [REDACTED]	PAYMENT	DATE 8/22/16
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)				DATE