

CLAIMANT'S NAME Cecilia Silva-Martin			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT											
POSITION Director of Finance			CB/ID No.			DIVISION or BUREAU Finance 64458500			INDEX NUMBER								
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					
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(4) MONTH/YEAR 9/2017	(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		
	9/11		Sacramento and Return									136.00	72.76		72.76
	9/20		Sacramento and Return								20.00	136.00	72.76		92.76
			September Public Transit						150.00				0.00		150.00
													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	150.00		20.00	272.00	145.52	0.00	315.52

COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													\$315.52		

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)													AGENCY ACCOUNTING OFFICE USE ONLY		
9/11 Audit Entrance 9/20 DGS Travel Coord Mtg & FISCAL Forum September Public Transit [REDACTED]															
<div style="border: 2px solid red; padding: 5px; display: inline-block;"> Remit Payment To: CIRM 1999 Harrison St. Ste 1650 Oakland, CA 94612-3520 </div>													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 9/22/17		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>				DATE 9/29/17		
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse)											DATE	