

CLAIMANT'S NAME <b>Jonathan Thomas</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION <b>Chariman</b>		CB/D No.	DIVISION or BUREAU <b>CIRM</b>		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS [REDACTED]			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

(1) MONTH/YEAR July 16	(2) DATE   TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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		
7	8:00 8:00	LAX/OAK/LAX			8:70	16.73	✓	87.00	X T	21.79				134.22
12	8:00	LAX/OAK		9:80	14:86	37.53	✓	43.00	X T					105.19
13	8:00	OAK/LAX		11:00	10:62	16.97	✓	42.00	X T	43.57				124.16
17	9:00	SFO						211.78	? A					211.78
17								98.00	A T					98.00
18		OAK		4:25	9:95	17.09	✓	20.00	B					51.29
19		OAK			4:25	12.20	✓							16.45
20	6:00	OAK/LAX		8:25		29.04	✓	57.00	X T					94.29
21	8:00 5:00	LA/SAN		5:78						4.00	258	139.32		149.10
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	39.08	48.38	129.56	0.00	558.78		69.36	258	139.32	0.00	984.48
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL**

984.48

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

July 7th CIRM Meetings  
 July 12th - 13th CIRM Meetings  
 July 17th to 20th - Attend Bridges Meetings  
 July 21st - Attend ICOC Meeting San Diego

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.54

AGENCY ACCOUNTING OFFICE  
 USE ONLY  
 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 equal to or greater than the rate claimed, and that I have met the requirements as prescribed.

DATE  
 8/23/16

See Item 17 (n reverse)

PAYMENT

DATE

8/26/16

DATE