

See Instructions and \*Privacy  
 Statement On Reverse Side

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

(1) MONTH/YEAR	(2) DATE	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
	TIME									MILES	AMOUNT			
Oct 16	10/3	LAX/OAK/LAX						77.43	T	21.79			99.22	
	10/10	LAX/OAK		7.00		46.33		72.61	T				125.94	
	10/11	OAK/LAX			14.13			106.58	TB				120.71	
	10/13	LAX/SFO						51.37	T				51.37	
	10/14	SFO/LAX						182.37	T				182.37	
	10/17	LAX/OAK		6.55	12.77			89.26	T				108.58	
	10/18	OAK/LAX			25.43			56.26	T				81.69	
	10/25	SFO/OAK		9.30	12.42			47.21	T				68.93 21.72	
<b>(10) SUBTOTALS</b>			0.00	22.85	64.75	46.33	0.00	683.09 635.88		21.79	0	0.00	0.00	838.01 791.60
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL**

838.81 791.60

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

10/3 - Attend CIRM Business Meetings  
 10/10-10/11 - Attend CIRM Business Meetings - Roadshow SF  
 10/13-10/14 - Attend GWG Meeting - Translation  
 10/17-10/18 - Attend ICOC/Application Subcommittee Meeting  
 10/25 - Attend CIRM Business Meetings

CLINQ414

No Mileage Claimed

(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 rate, equal to or greater than the rate claimed, and that I have met the requirements as prescribed by

DATE

11/2/16

(16) SIGNATURE

(See Item 17 of reverse)

PAYMENT

DATE

11/2/16

DATE