

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

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			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			
Nov 16		LAX to NY						81.38	T				81.38
14		NY		2.99		29.18							32.17
15	9:00	NY to LAX				18.51		58.34	T	65.36			142.21
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
(10) SUBTOTALS			0.00	2.99	0.00	47.69	0.00	139.72		65.36	0	0.00	255.76

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 255.76

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend Partnering for Cures - NY	# 2016005	(12) NORMAL WORK HOURS [REDACTED]
		(13) PRIVATE VEHICLE LICENSE NUMBER 6MOC801
		(14) MILEAGE RATE CLAIMED .54
		AGENCY ACCOUNTING OFFICE USE ONLY
		PAID BY REVOLVING FUND CHECK NUMBER

Remit Payment to: CIRM 1999 Harrison St, Ste 1650, Oakland

(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.

[REDACTED]	DATE 1/13/17	[REDACTED]	DATE 1/29/17
	(See item 7 on reverse)		