

See Instructions and *Privacy
 Statement On Reverse Side

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	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			

(1) MONTH/YEAR Jan 17	(2) DATE	(3) TIME	(4) LOCATION WHERE EXPENSES WERE INCURRED	(5) 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			
3	6:00		LAX to OAK		4.25	10.68	38.76	67.32	T				121.01	
4	7:00		OAK to LAX		9.45	42.67	5.99	132.35	TB				190.46	
7			OAK					62.00	T				62.00	
8			OAK				7.53	9.30	B				16.83	
9			OAK/SF			22.22		16.15	T				38.37	
10			OAK				10.77						10.77	
11	7:00		SFO/LAX			28.07	20.19	30.86	T	108.93			188.05	
18	7:00		OAK					22.14	T				22.14	
19	7:00		OAK/LAX				25.12	37.42	T	65.36			127.90	
24	7:00		LAX/OAK			13.06	12.49	68.80	T				94.35	
25			OAK			13.05	16.51						29.56	
26	7:00		OAK/LAX				12.97	20.43	T	65.36			98.76	
													0.00	
(10) SUBTOTALS				0.00	13.70	129.75	150.33	0.00	466.77		239.65	0	0.00	1,000.20

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

1,000.20

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Travel for CIRM Business Meetings No Mileage Claimed Jan (18-19) → ICCOTELE-SUBCOM		Remit Payment To: CIRM 1999 Harrison St. Ste 1650 Oakland, CA 94612-3520		(12) NORMAL WORK HOURS [REDACTED]
				(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
		(14) MILEAGE RATE CLAIMED 54 .535		
		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, I certify that the mileage rate claimed is equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM.				
DATE 3/18/17		(16) SIGNATURE [REDACTED]		
		DATE 3/17/17		