

CLAIMANT'S NAME Jonathan Thomas		SSN or EMPLOYEE NUMBER* XXX-XX-7750	DEPARTMENT
POSITION Chairman	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 11440 San Vicente	TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Los Angeles
		STATE CA	ZIP CODE 90049

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.535
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(4) MONTH/YEAR April/17	(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			
4/3	7:00		LAX to OAK				6.27					0.00		6.27	
4/4	8:00		OAK to LAX		9.00		9.99			22.35		0.00		41.34	
4/18	7:00		BUR to OAK			17.90	44.97		51.37	T		0.00		114.24	
4/19	2:00		SFO to BUR			19.26			50.84	T	48.00	0.00		118.10	
4/20	9:30	3:00	LA to San Diego								7.61	248.00	132.68	140.29	
4/23	8:00		LAX to OAK				38.68		74.95	T		0.00		113.63	
4/24			Oakland		7.00	10.68	22.57					0.00		40.25	
4/25	3:30		OAK to LAX							20.36		0.00		20.36	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(13) SUBTOTALS				0.00	16.00	47.84	122.48	0.00	177.16		98.32	248.00	132.68	0.00	594.48

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL **\$594.48**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 CIRM Business Meeting April 3-4: April 18-19: April 24-25
 Attend Patient Advocate meeting Speaker San Diego April 20th
 Clinical Meeting: April 24th and 25th

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER
1999 Harrison St. Ste 1650 Oakland, CA 94612-3520

(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>Jonathan Thomas</i>	DATE 5/15/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 5/11
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)