

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>	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>11440 San Vicente</b>	TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY <b>Los Angeles</b>
		STATE <b>CA</b>	ZIP CODE <b>90049</b>

(1) MONTH/YEAR Aug	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
8/2	7:00	LAX to OAK				23.39		18.92	T				42.31	
8/3	5:00	OAK to LAX		6.70	9.45			19.53	T	44.69			80.37	
8/7	8:00 7:00	Los Angeles								45.2 <del>45</del>	24.19 <del>241.18</del>		24.19 <del>241.18</del>	
8/15	8:00	LAX to OAK						22.14	T				22.14	
8/24	7:00	LAX to OAK			10.95	14.46		22.85	T				48.26	
8/25	2:00	SJC to OAK		12.87	14.48			82.18	T	76.18			185.71	
8/28	7:00	LAX to OAK			10.20	13.08		22.41	T				45.69	
8/29		OAK		6.70	10.70	45.15							62.55	
8/30	7:00	OAK to LAX		5.20				26.45	TB				31.65	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	31.47	55.78	96.08	0.00	214.48		120.87	45	24.19 <del>241.18</del>	0.00	542.87 <del>759.86</del>
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													<b>542.87</b> <del>759.86</del>	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 8/2-8/3 - CIRM Business Meetings 8/7 - Mileage City of Hope - Spark Meeting 8/15 - CIRM Business Meetings 8/24-8/25 - ICOC/ARS Meeting 8/28-8/30 CIRM Business Meetings and Clinical Review	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .535
<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> 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 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 9/12/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 9/12/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE