

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 11440 San Vicente			TELEPHONE NUMBER
CITY [REDACTED]		CITY Los Angeles		STATE CA	ZIP CODE 90049

(1) MONTH/YEAR June/17	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
					BREAKFAST	LUNCH	O.T., L/T, I/C, RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT			
	18th	9:00	LAX to FSD			13.00	2.46		12.00	T				27.46	
	19th	10:00	FSD to LAX		3.23	17.29	14.98							35.50	
														0.00	
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(10) SUBTOTALS				0.00	3.23	30.29	17.44	0.00	12.00		0.00	0	0.00	0.00	62.96
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													[REDACTED]	62.96	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 6/18-6/19 - Travel to FSD for Meeting with D. Knudson and D. Sanford
 No Mileage Claimed

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
[REDACTED]

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 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 7/11/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>Julia</i>	DATE 7/14/17
(17) SPECIAL EXPENSE AUTHORIZATION SIGNATURE and TITLE (See Item 17 on reverse) <i>Julia</i>		DATE 7/14/17	