	IVIE.													
claimant's name Gabriel Thompson							SSN or EMPLOYEE NUMBER*				DEPARTMENT			
N	ompson		CB/ID	No.		DIVISION or I	BUREAU		· · · · · · · · · · · · · · · · · · ·	CIRI	VI	INDEX NU	MRER	
													*IDEIX	
DESIDENCE ADDRESS :						HEADQUARTERS ADDRESS				TELEPHONE			NE NUMBE	
CITY STATE ZIP CODE						1999 Harrison Street Suite 1650				STATE		ZIP CODE		
							Oakland							
1) NORMAL WORK HOURS							(C) BON (ATE) (ELVO) ELVO NSE NUMBER				(3) MILEAGE RATE CLAIMED			
											0.540			
	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8)	MEALS	O.T., L/T, N/C, RELO. OR	INCIDEN-	(10)		-	TION		(11) BUSINESS EXPENSE	(12) TOTAL EXPENSE FOR DAY	
			BREAK- FAST	LUNCH			(A) COST OF TRANS.	(B) TYPE USED	TYPE CARFARE, USED TOLLS,					
8	Clipper Card/AC Transit				BINNER		62.40	В	PARKING	MILES	0.00		62.4	
,											0.00		0.0	
		 									0.00		0.0	
											0.00		0.0	
											0.00		0.0	
											0.00		0.0	
											0.00		0.0	
											0.00		0.0	
											0.00		0.0	
											0.00		0.0	
											0.00		0.0	
											0.00		0.0	
;	SUBTOTALS	00.0	0.00	0.00	0.00	0.00	62.40		0.00	0.00	0.00	0.00	62.4	
UMN	CODE (ACCTG: USE ONLY								ar that the star	1.0				
(CLAIM TOTAL								Ę				\$62.4	
POSE C	OF TRIP, REMARKS AND DETAILS (A	Attach receipts/v	ouchers when	required)								OT NUT NO	OBBICE	
Monthly AC Transit Clipper Card reimbursement										USE ONLY				
										PAID B	Y REVOLVIN	G FUND CHE	CK NUMB	
LUEDEE	DV CERTIFY That the above is a fine	-1-1			. :									
useu, an	iu ii imieage rates exceed the minimu	п гате, г септу т	nat the cost o	it operating tr	ne venicie wa	cordance with is equal to or	n DPA rules i greater than	n the ser the rate	vice of the State claimed, and that	of Califor I have m	nia. If a priva	tely owned ve ments as pres	hicle was scribed by	
		. 5	DATE	/		NATURE OF	COFFIGER A	00001	NO TON (EL AND	DAY E	NT DA	TE ,		
			9,	5/16	25						18	PIIII	1	
			- 1	7 7 70						سهري	I U	11111	Λ	
	AL WOO	S Management Officer AL WORK HOURS WEAR (6) LOCATION WHERE EXPENSES WERE INCURRED TIME 8 Clipper Card/AC Transit SUBTOTALS CLAIM TOTAL POSE OF TRIP, REMARKS AND DETAILS (A lay AC Transit Clipper Card rejused, and if mileage rales exceed the minimulated.	S Management Officer STATE AL WORK HOURS MERE EXPENSES WERE INCURRED LODGING TIME S Clipper Card/AC Transit SUBTOTALS SUBTOTALS CLAIM TOTAL POSE OF TRIP, REMARKS AND DETAILS (Attach receipts/or ally AC Transit Clipper Card reimburseme	SIATE ZIP CONTROL AL WORK HOURS Clipper Card/AC Transit BERAK. FAST Clipper Card/AC Transit SUBTOTALS O(0) 0.00 CLAIM TOTAL POSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when ally AC Transit Clipper Card reimbursement THEREBY CERTIFY That the above is a true statement of the travel experised, and if mileage are exceed minimum or rate, lorerly to withcle safe and sold for mileage are second minimum or rate, lorerly to withcle safe and sold for mileage are second minimum or rate, lorerly to withcle safe and sold for mileage are sold and if mileage are sold for minimum or rate, lorerly to withcle safe and sold for mileage are sold and if mileage are sold for minimum or rate, lorerly to withcle safe and sold for mileage are sold for the minimum or rate, lorerly to withcle safe and sold for mileage are sold for minimum or rate, lorerly to withcle safe and sold for mileage are sold for minimum or rate, lorerly to withcle safe and sold for mileage are sold for minimum or rate, lorerly to withcle safe and sold for mileage are sold for minimum or rate, lorerly to withcle safe and sold for mileage are sold for minimum or rate, lorerly to withcle safe and sold for mileage are sold for minimum or safe, lorerly to withcle safe and sold for mileage are sold for minimum or safe, lorerly to with safe and safe are sold for minimum or safe, lorerly to with safe and safe are safe and safe are safe and safe are safe and safe are safe and safe and safe are sa	STATE ZIP CODE AL WORK HOURS PAR (6) LOCATION WHERE EXPENSES WERE INCURRED LODGING FAST LUNCH STATE ZIP CODE AL WORK HOURS Clipper Card/AC Transit SUBTOTALS SUBTOTALS CLAIM TOTAL POSE OF TRIP, REMARKS AND DETAILS (Altach receipts/vouchers when required) and finilega greate exceed the minimum rate, I certify that the cost of operating it leads and finilega greate exceed the minimum rate, I certify that the cost of operating it leads and finilega greate exceed the minimum rate, I certify that the cost of operating its ways seek set who seek set was seek was	SIATE ZIPCODE AL WORK HOURS WHERE EXPENSES WERE INCURRED LOGING WHERE EXPENSES WERE INCURRED LOGING TIME Clipper Card/AC Transit SUBTOTALS SUBTOTALS CLAIM TOTAL CLAIM TOTAL CLAIM TOTAL CLAIM TOTAL CLAIM TOTAL CHAIM TOTAL C	SMANAGEMENT OFFICER STATE TRICOSE STATE TRICOSE	S MANAGEMENT OFFICE CERTIFY That the above is a five statement of the travel coopenses incurred by me in accordance with DPA rutes seed, and if misage rates cooped the minimum and, leading to which sales but usage. HEREBY CERTIFY That the above is a five statement of the travel coopenses incurred by me in accordance with DPA rutes seed, and if misage rates cooped the minimum and, leading the sales and so greater than the sales coopenses incurred by me in accordance with DPA rutes seed, and if misage rates cooped the minimum and, leading this coopenses incurred by me in accordance with DPA rutes seed, and if misage rates cooped the minimum and, leading this coopenses incurred by me in accordance with DPA rutes seed, and if misage rates cooped the minimum and, leading this coopenses incurred by me in accordance with DPA rutes. HEREBY CERTIFY That the above is a five statement of the travel coopenses incurred by me in accordance with DPA rutes. HEREBY CERTIFY That the above is a five statement of the travel coopenses incurred by me in accordance with DPA rutes. Seed. and if misage rates cooped the minimum and, leading this coopenses incurred by me in accordance with DPA rutes. SEED TRAVELONG COOPENS of the coopenses incurred by me in accordance with DPA rutes. SEED TRAVELONG COOPENS of the coopenses incurred by me in accordance with DPA rutes. SEED TRAVELONG COOPENS of the coopenses incurred by me in accordance with DPA rutes. SEED TRAVELONG COOPENS of the coopenses incurred by me in accordance with DPA rutes. SEED TRAVELONG COOPENS of the coopenses incurred by me in accordance with DPA rutes. SEED TRAVELONG COOPENS of the coopenses incurred by me in accordance with DPA rutes. SEED TRAVELONG COOPENS of the coopenses incurred by me in accordance with DPA rutes. SEED TRAVELONG COOPENS of the coopenses incurred by me in accordance with DPA rutes. SEED TRAVELONG COOPENS of the coopenses incurred by me in accordance with DPA rutes. SEED TRAVELONG COOPENS of the coopenses incurred by me in accordance with DPA rutes.	STATE TROOPS ALL MADERS ADDRESS STATE TRANSPORT ALL STATE TO CORP. AND STREET STATE TO CORP. AND STREET STATE TO CORP. AND STREET STATE ST	S Management Officer HEADQUARTERS ADDRESS 1999 Harrison Street Suite 1650 CITY Oakland AL WORK HOURS STATE ZE CODE STATE THE CODE OCT. UT, Oakland OCT. UT, Oakland	SIATE 70 COOPS OR LOCATION WHERE EXPENSES WERE NOURRED LOGGING FAST LUNCH ONNER NOURS NUMBER COOP OF THE PROPERTY NOURS NOURS NUMBER COOP OF THE PROPERTY NOURS NOURS NOURS NUMBER COOP OF THE PROPERTY NOURS NOURS NUMBER SUBSTOTALS GO TO FIRST COOPS NOURS NUMBER GO TO FIRST NUMBER FAST NUMBER HERCEN CERTIFY That the above is a true statement of the trivial appendes incurred by ym an accordance with DPA value in the service of the Size of Californess Number required) IN AC Transit Clipper Card reimbursement HERCEN CERTIFY That the above is a true statement of the trivial appendes incurred by ym an accordance with DPA value in the service of the Size of Californess Number required) IN AC Transit Clipper Card reimbursement HERCEN CERTIFY That the above is a true statement of the trivial appendes incurred by ym an accordance with DPA value in the service of the Size of Californess Number required in the service was equal to or greater from the risk claimed, and that there in the service of the Size of Californess Number required in the service was equal to or greater from the risk claimed, and that there in the service was equal to or greater from the risk claimed, and that there in the service was equal to or greater from the risk claimed, and the service was equal to or greater from the risk claimed, and the service was equal to or greater from the risk claimed, and the service was equal to or greater from the risk claimed, and the service was equal to or greater from th	**Management Officer** Management Officer	SMATE ADDRESS STATE 2000 CTY STATE 2000 CTY STATE 2000 CTY STATE 2000 CTY CTY STATE 2000 CTY	