

CLAIMANT'S NAME Gabriel Thompson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Grants Management Officer		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 1999 Harrison Street Suite 1650			TELEPHONE NUMBER (415) 396-9274
CITY [REDACTED]		STATE	ZIP CODE	CITY Oakland	STATE CA
[REDACTED]		[REDACTED]		ZIP CODE 94612	
(1) NORMAL WORK HOURS [REDACTED]			(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]		(3) MILEAGE RATE CLAIMED 0.540

(4) MONTH/YEAR	(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		
Aug-16	8/31	8:5	Clipper Card/AC Transit							B		0.00		92.20
	9/10	12:1	Ozumo			21.60						0.00		21.60
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	113.80

COLUMN CODE (ACCTS. USE ONLY)

CLAIM TOTAL (113.80) \$0.00

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Monthly AC Transit Clipper Card reimbursement
 Business meeting with PRC Clinical

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 [REDACTED] DATE 9/6/16 (16) [REDACTED] DATE 9/8/16

(17) SPECIAL AGENT and TITLE (See Item 17 on reverse) [REDACTED] DATE [REDACTED]

9.8.16