

CLAIMANT'S NAME <b>Gabriel Thompson</b>		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT <b>CIRM</b>	
POSITION <b>Grants Management Officer</b>	CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS <b>1999 Harrison Street Suite 1650</b>		TELEPHONE NUMBER <b>(415) 396-9274</b>
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY <b>Oakland</b>	STATE <b>CA</b> ZIP CODE <b>94612</b>

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED <b>0.540</b>
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(4) MONTH/YEAR <b>Aug-16</b>	(5) DATE	(6) 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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
												MILES	AMOUNT		
	09/30		Monthly AC Transit reimbursement +						56.00	B			0.00		56.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
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													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
<b>(13) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	56.00		0.00	0.00	0.00	0.00	56.00
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															

<b>CLAIM TOTAL</b>	<b>\$56.00</b>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
**September AC Transit reimbursement to/from work**

<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 SIGNATURE [REDACTED]	DATE <b>10/4/16</b>	(16) SIGNATURE OF SUPERVISOR [REDACTED]	DATE <b>10/6/16</b>
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)  
 [REDACTED]