

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 [REDACTED]	ZIP CODE [REDACTED]	CITY Oakland	STATE CA	ZIP CODE 94612

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.535
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(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT			
Aug-16												0.00		0.00	
												0.00		0.00	
3/28 2/28	8 5		Home-->1999 Harrison --> Sacramento							PC	8.20	178.00	95.23	103.43	
												0.00		0.00	
Mar 17			AC Transit - Mar 17							B	70.40	0.00		70.40	
												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		78.60	178.00	95.23	0.00	173.83
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL \$173.83 ✓

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	State Controller's Office visit re: Electronic Payment Implementation Process	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
	Mar 2017 AC Transit Reimbursement	

Remit Payment To:
CIRM
 1999 Harrison St. Ste 1650
 Oakland, CA 94612-3520

(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>[Signature]</i>	DATE 4/10/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 4/10
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE

Jed 4.10.17