

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

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.535
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(5) DATE	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		
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
May 1		AC Transit - May 2017							B	89.20	0.00		89.20
											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		89.20	0.00	0.00	89.20
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	\$89.20
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 May 2017 AC Transit Reimbursement

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

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>Gabriel Thompson</i>	DATE <i>6/5/17</i>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE <i>6/5/17</i>
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE