

CLAIMANT'S NAME <b>Art Torres</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT <b>CIRM - ICOC</b>	
POSITION <b>Vice Chair - ICOC</b>		CB/ID No.		INDEX NUMBER	
RESIDENCE ADDRESS*		DIVISION OF BUREAU <b>CIRM</b>		TELEPHONE NUMBER <b>(510) 340-9107</b>	
HEADQUARTERS ADDRESS <b>1999 Harrison Street, Suite 1650</b>		CITY <b>Oakland</b>		STATE <b>CA</b>	
CITY [REDACTED]		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>0.575</b>
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(4) MONTH/YEAR <b>10/16</b>	(5) DATE	(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			
	TIME										MILES	AMOUNT		
	8/25	Berkeley						17.62	U			0.00		17.62
	9/12	Burlingame						95.11	U			0.00		95.11
	9/20	San Francisco/San Diego		10.26	/	29.16	/	128.80	T			0.00		168.22
	9/21	San Diego/San Francisco			10.75	/		124.36	T			0.00		135.11
												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	10.26	10.75	29.16	0.00	365.89			0.00	0.00	0.00	416.06
COLUMN CODE (ACCTG. USE ONLY)														

<b>CLAIM TOTAL</b>	<b>\$416.06</b>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	<b>AGENCY ACCOUNTING OFFICE          USE ONLY</b>  PAID BY REVOLVING FUND CHECK NUMBER
8/25 Event at UC Berkeley with Assembly Speaker	
9/12 Review meeting in Burlingame	
9/20-21/16 ICOC meeting, San Diego	

(15) STATEMENT OF 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, 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 PERMANENT TO VEHICLE SAFETY AND SEAT BELT USAGE.	DATE <b>10/10/16</b>	(16) SIGNATURE [REDACTED]	DATE <b>10/10/16</b>
(17) EMPLOYEE EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See Item 17 on reverse)		[REDACTED]	DATE