

CLAIMANT'S NAME <b>Art Torres</b>			SSN or EMPLOYEE NUMBER*			DEPARTMENT <b>CIRM - ICOC</b>		
POSITION <b>Vice Chair - ICOC</b>			CB/ID No.			DIVISION OF BUREAU <b>CIRM</b>		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS <b>1999 Harrison Street, Suite 1650</b>			TELEPHONE NUMBER <b>(510) 340-9107</b>		
CITY <b>San Francisco</b>		STATE <b>CA</b>	ZIP CODE <b>94117</b>		CITY <b>Oakland</b>		STATE <b>CA</b>	ZIP CODE <b>94612</b>

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED <b>0.575</b>
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
DATE	TIME			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			
05/15		Burlingame					61.39	U			0.00	61.39	
05/15		Burlingame					19.80	U			0.00	19.80	
05/16		Burlingame					52.81	T			0.00	52.81	
											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	134.00		0.00	0.00	0.00	134.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL											\$134.00		

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 5/15-16 Review meeting in Burlingame

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

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

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>Art Torres</i>	DATE <b>05/30/17</b>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>Pat La</i>	DATE <b>5/11/2017</b>
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE

6/5/17