

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

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
		0.530 - 535

(4) MONTH/YEAR 6/17	(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		
	6/28	Burlingame						71.16	U			0.00		71.16
	6/29	Burlingame						133.60	U			0.00		133.60
												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
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	204.76			0.00	0.00	0.00	204.76
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$204.76
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Transportation to and from ICOC Dinner and Board meeting on June 28 - 29, 2017

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER
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>Art Torres</i>	DATE 06/30/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>Methan Thomas</i>	DATE 7-5/2017
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE