

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME Ellen Feigal			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION Senior VP		CB/ID No.	DIVISION or BUREAU Research and Development				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9106	
CITY San Francisco	STATE CA	ZIP CODE 94107	CITY San Francisco	STATE CA	ZIP CODE 94107			

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR 10/11/12	(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., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
	TIME									MILES	AMOUNT		
10/17		SF			60.45						0.00		60.45
10/25		Burlingame					62.35				0.00		62.35
10/28	1700	San Diego	191.36				60.00				0.00		251.36
10/29		San Diego	191.36								0.00		191.36
10/30	1900	San Diego	191.36								0.00		191.36
11/16		San Diego					66.20				0.00		66.20
11/16		SFO							36.00		0.00		36.00
11/16		SF								26.4	14.65 -0.00		14.65 -0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
<b>(13) SUBTOTALS</b>			574.08	0.00	60.45	0.00	0.00	188.55	36.00	0.00	0.00	0.00	859.08 <b>873.73</b>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													
<b>CLAIM TOTAL</b>												<b>873.73</b>	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 10/17 Lunch w/ Bettina Steffen (CIRM) + candidate  
 10/25 ICOC  
 10/28-10/31 Stem Cell Meeting on the Mesa  
 11/16 Meeting with Dr. Carson

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAY 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 [REDACTED]	DATE 13 Dec 2012	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 12/19/12
(17) NATURE and TITLE (See Item 17 on reverse)			DATE