

CLAIMANT'S NAME <b>Alan Trounson</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT <b>CIRM</b>	
POSITION <b>President</b>		CB/ID No.		DIVISION or BUREAU <b>CIRM</b>	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>210 King St</b>		TELEPHONE NUMBER <b>(415) 396-9105</b>	
CITY		STATE		ZIP CODE	
<b>San Francisco</b>		<b>CA</b>		<b>94107</b>	

(1) MONTH/YEAR 10/11	(2) DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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			
10.19		San Francisco				69.31 <del>112.47</del>		54.50				69.31	123.81 <del>166.97</del>
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(10) SUBTOTALS			0.00	0.00	0.00	112.47	0.00	54.50		0	0.00	0.00	123.81 <del>166.97</del>
COLUMN CODE (ACCTG. USE ONLY)													

<b>CLAIM TOTAL</b>	<b>123.81</b> <del>166.97</del>
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Visit to UC Irvine Stem Cell Research Center, meeting with Dr. Donovan and team Meeting with [REDACTED] re: CA company move	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER <i>out</i>
	(14) MILEAGE RATE CLAIMED

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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.

DATE 10.28.11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 11/18/2011
SIGNATURE AND TITLE (See Item 17 on reverse)		DATE