

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 [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco
			STATE CA
			ZIP CODE 94107

(1) NORMAL WORK HOURS \_\_\_\_\_ (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (3) MILEAGE RATE CLAIMED [REDACTED]

(4) MONTH/YEAR 4/13	(5) DATE	(6) 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			
4/6			DC	296.56		10.00						0.00	306.56	
4/7			DC	296.56		10.00						0.00	306.56	
4/8			DC	296.56		10.00						0.00	306.56	
4/9			DC	296.56		9.00						0.00	305.56	
4/10			DC						84.00			0.00	84.00	
4/5	0700		DC	296.56					74.18 <del>76.56</del>		54.00	30.57 <del>29.97</del>	401.25 <del>403.13</del>	
4/10	1700		SFO								14.00	7.91 <del>7.77</del>	7.91 <del>7.77</del>	
4/23	1230		SFO									72.00	72.00	
4/23			Chicago	186.24								44.22 <del>45.45</del>	230.46 <del>231.69</del>	
4/24	2130		Chicago									53.00	53.00	
												0.00	0.00	
												0.00	0.00	
<b>(13) SUBTOTALS</b>				1,669.04	0.00	39.00	0.00	0.00	160.50		170.45	68.00	37.74	0.00
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														2076.09 <del>2076.73</del> 2073.86

1,718.40  
355.46

**CLAIM TOTAL** \$2,073.86 ~~2,076.09~~

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 4/5 - 4/9 Cancer Research Meeting 01/5# 2012 SD23 = \$1,718.40  
 4/23/24 BIO 2013 01/5# 2012 SD24 = \$ 355.46

**AGENCY ACCOUNTING OFFICE USE ONLY**  
 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.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 28 June 2013	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 7.1.13
TITLE and TITLE (See Item 17 on reverse)			DATE