

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 0.555

(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		
5/11	0600	Baltimore	167.48					42.00				0.00		209.48
5/14	2300	Baltimore		3.25	8.43			39.00				0.00		50.68
5/12		Baltimore	167.48	6.75	7.50							0.00		181.73
5/13		Baltimore	167.48			8.25	8.25					0.00		175.73
6/11		Boston	289.56		10.70	23.03	23.03					0.00	14.95	338.24
6/12		Boston	289.56		10.70	4.99	4.99					0.00		305.25
6/13		Boston	289.56			4.99	4.99					0.00		294.55
6/14		Boston	289.56		10.70							0.00		300.26
6/15	2100	Boston		2.99	74.06		2.99	19.77	20.55			0.00		96.77
6/10	1600	Boston						38.28				0.00		38.28
												0.00		0.00
												0.00		0.00

(13) SUBTOTALS	1,660.68	23.50	111.39	23.03	46.87	139.83	0.00	0.00	0.00	0.00	1,991.80
COLUMN CODE (ACCTG. USE ONLY)											1,990.97

CLAIM TOTAL 1,990.97 ~~1,991.80~~

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 5/12-14 Brain mapping society meeting (Speaker) O/S # 2012 SD 31 = \$617.62
 6/10-15 ISSCR Boston }
 6/15 Lunch with Ian Sweedler, Bettina Steffen, Uta Grieshammer } O/S # 2012 SD 32 = \$1,373.35

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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	APPROVED AND PAYMENT [REDACTED]	DATE 7-1-13
TITLE and TITLE (See Item 17 on reverse)			DATE