

CLAIMANT'S NAME Matthew James Plunkett		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION Chief Financial Officer	CB/ID No.	DIVISION or BUREAU Calif. Institute for Regenerative Medicine	INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 King St.	TELEPHONE NUMBER (415) 396-9811
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	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	(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	TIME								MILES	AMOUNT					
May '12	5/23	C21 BioVentures								PC	5.00	79.80	44.29	49.29	
	5/8	San Francisco MoMo											0.00	40.48	
	5/11	Meetings in Woodside, CA								PC	6.00	93.70	52.00	38.02 58.00	
	5/17	Meeting in Menlo Park, CA								PC	2.50	82.00	45.51	38.02 86.03	
	5/22	Meeting in San Francisco, CA											0.00	56.28	
	5/24	ICOC meeting in Burlingame, CA						12.00	T				0.00	12.00	
	5/31	Public Transit for May 2012						125.00	B		22.00		0.00	147.00	
													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	137.00			35.50	255.50	141.80	134.78	449.08

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$449.08

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

5/8: Meeting with Managing Director from Disease Foundation to discuss best practices and cofunding opportunities (with Elona Baum)

5/11: Meeting with Finance Co-Chair to plan for May ICOC mtg.; separate discussion regarding venture investment in CIRM programs

5/17: Meeting to review cofunding opportunities

5/22: Meeting to discuss CIRM translational portfolio

5/24: ICOC Meeting in Burlingame, CA

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 C.A.M. Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

[REDACTED SIGNATURE]

(16) [REDACTED]