TD 26		EXPENSE CLAIM 7/2005)					s and *Priv Reverse S	,				,			
CLAIMANT'S NAME Alan Trounson POSITION CB/ID No.							SSN or EMPLOYEE NUMBER*					Page of Pages DEPARTMENT			
							DIVISION or BUREAU				CIRM				
													INDEX NU	INDEX NUMBER	
President RESIDENCE ADDRESS *								CIRM							
ACOUNTY JONIANICAL							HEADQUARTERS ADDRESS 210 King St				TELEPHONE NUMBE				
CITY STATE ZIP CODE								CITY				STATE		(415) 396-9105 ZIP CODE	
San Francisco							San Francisco				CA		94107		
) MONTH/YEAR 10/12		(3) LOCATION WHERE EXPENSES	(4)	(5)	MEALS		(6)	(7)		TRANSPORTAT	ΓΙΟΝ		(8)	(9)	
				PDEAM		O.T., L/T		(A)	(B)	(C) CARFARE,	(D)			TOTAL	
	TIME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER	TALS	COST OF TRANS.	TYPE USED	TOLLS,	-	TE CAR USE	BUSINESS EXPENSE	EXPENSES FOR DAY	
	1800	DC				DINNER	1	80,50		PARKING	MILES	AMOUNT		187.0	
10/15	(0 -	DC				106.5	8	-88.00					106.58	194.58	
/17		DC	229.35											286.94	
18		DC	229.35	14.64				30.00					12.93	729.3	
19		Charlotte, NC	257.33	7.01				80.00					53636		
		Halifax, Nova Scotia			20.18	24.2	2	81.05					33.33	44.4	
20		Hamax, Nova Scotta			-19.77	-13.2	3						-8.00	41.00	
							1								
														0.00	
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							÷							0.00	
	9	SUBTOTALS	471.65	21.65	19.77	13.23	3 0.00	198.00		0.00	0	0.00	170.17	960-98	
COLUMN CO		ODE (ACCTG. USE ONLY)	4/1.03	21.05	15,77	13.20	3 0.00	196.00	In of Aurop and	0.00	0	0.00	170.17	894.47	
<u> </u>	JIVII C	ODE (ACCIG. USE ONEI)												900 0	
	(CLAIM TOTAL												894:47	
PUF	POSE C	OF TRIP, REMARKS AND DETAILS (Att	ach receipts/vo	uchers when	required)						(12) NO	ORMAL WOR	K HOURS	8920	
/16	FDA	Roundtable in DC									, ,				
10/17-10/18: Regenerative Medicine Foundation's Conference 2012 in Charlotte, NC										(13) PRIVATE VEHICLE LICENSE NUMBER					
10/19-10/20: Speaker for the Brain and Spinal repair Symposium 10/19: Meeting with Dr. Beaudet, potential CFP															
19	. IVIE	sung with Dr. Beaudet, por	tential CF	8							(14) MI	ILEAGE RATE	CLAIMED		
	0/3	5 # 2012 PO 17 = 5 # 2012 PO 96 ; Two delailed	\$7000								fa a spiritualis	10571-0503-05190			
T	٠.٠	TIN dolarles	Secon	ist s	los A	Sal.		,	0~	4	AGENCY ACCOUNTING OFFICE USE ONLY				
		10/19/12 - no	of and	70 /	1.usl	- sen	- XI (C)	nne	0		PAID B	Y REVOLVING		CK NUMBER	
all below to be	HEREBY	CERTIEY That the above is a true state	ement of the tra	vel evnence	e incurred by	mo in acco	rdanaa with DI	DA ruloo in th	e service	of the State	ł				
) I H	Californi	r greater than the rate claimed, and th	ed, and if miles at I have met	age rates exc	eed the minir	num rate, I	certify that the	cost of oper	ating the	vehicle was					
ec	rtoi!						SIGNATURE OF OFFICER APPROVING TRAVEL AND				PAYMENT DATE				
ec pe	rtaining	to vehicle safety and seat belt usage. NATURE									PAYMEN	IT DA	TE		