

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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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 [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR Oct 2011	(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				
(5) DATE	TIME									MILES	AMOUNT			
10/27											16.00	0.00		16.00
10/25												0.00		8.62
10/26												0.00		7.53
10/27									R		23.69	0.00		23.69
10/27												0.00		8.57
10/2												0.00		26.56
10/5		601.80										0.00		601.80
10/17											3.00	0.00		3.00
10/17										78.00	43.29			43.29
10/12												0.00		68.55
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS		601.80	0.00	84.65	35.18	0.00	0.00			42.69	78.00	43.29	0.00	807.61
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$807.61
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

10/25 Public Meeting, LA

10/26 ICOC Boardmeeting, Irvine, CA

10/27 Strategic Plan Stakeholders Meeting, San Diego, CA

10/2-10/5 World Stem Cell Summit 2011, Pasadena, CA

10/17 Meeting with Dr. Weissmann

10/12 Lunch with Bettina Steffen (CIRM Staff) and interview candidate

10/25 Strategic Plan Stakeholders Meeting, USC, LA, 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 SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 12/2/2011	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 8-12-11
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(17) SPECIAL EXPENSE AG (OR) EXTENSION SIGNATURE and TITLE (See Item 17 on reverse)	DATE
[REDACTED]	