STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM STD. 262 (REV. 7/2005) CLAIMANT'S NAME					SSN or EMPLOYEE NUMBER*							Page 2 of 2 Pages DEPARTMENT			
POSITION					CB/ID No. DIVISION or BUREAU								INDEX NUMBER		
Chairman CIRM RESIDENCE ADDRESS HEADQUARTERS ADDRESS											TELEPH		NE NUMBER		
							-		,			07175	(415) 31 ZIP C	96-9113	
ITY			STATE	E ZIP CO	ODE	- 1	CITY Los Ange	lec				STATE CA	90049		
			(4)	(5)	MEALS		(6)			TRANSPORTAT			(8)	(9)	
1) MONTH/YEAR 10/2011		(3) LOCATION	(4)	(5)	MEALS	O.T., L/T,		(/)	(B)	(C)	(C) (E			TOTAL	
1 U/ Z 2)	.011	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO OR	LO. INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFÁRE, TOLLS,		TE CAR USE	BUSINESS EXPENSE	FOR DAY	
	TIME		Lobalita	//-		DINNER	-			PARKING	MILES	AMOUNT			
23	19:00	LA to SF	197.62			4	2.25				13	7.21	•	207.08	
24		SF to LA			2 5 10	11 -		48.00	Т	17.55	13	7.21		85,17	
24	20:30		· · · · · · · · · · · · · · · · · · ·	6.92	5.49			46.00	1	17.33		7,22	-		
25	17:00	LA to Irvine								2.00	51	28.30	4	30.30	
26		Irvine to LA									51	28.30		28.30	
26	17:00											20.50	+		
31	06:00 17:30	LA to SF to LA								17.55	26	14.42		31.97	
	17.50													0.00	
					-			-		-					
														0.00	
														0.00	
											-				
														0.00	
														0.00	
									-						
														0.00	
									-					0.00	
											+	-		-	
														0.00	
(10)	<u> </u>	CURTOTALC				0.0	2.2	40.00		37.16	0 154	4 85.44	4 0.0	382.82	
		SUBTOTALS	197.62	2 6.92	2 5.4	9 0.0	00 2.25	5 48.00	,	37,10	13-	7 03.4	1 0.0	302102	
со	LUMN	CODE (ACCTG. USE ONL'	Υ)			- de la contraction de la cont				1		1			
		CLAIM TOTAL												382.82	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(12)	(12) NORMAL WORK HOURS			
23-24) CIRM meetings; 25-26) Strategic Plan Public Mtg (no receipt avail for parking), ICOC Comm											(5.54)	(13) PRIVATE VEHICLE LICENSE NUMBER			
Sub	cmte a	and Board Meeting; 31) (CIRM meet	ings							(10)	THE PERSON NAMED IN	THOLE LIVE		
											(14)	MILLAGE IV	CI C OLAWICE		
											.55:	5			
									1 '	AGENCY ACCOUNTING OFFICE USE ONLY					
											PAIC			HECK NUMBER	
	11.5.14.15.15.15.15.15.15.15.15.15.15.15.15.15.	CANADA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONT		- Ann 1	anna ina	l bu ma in a-	cordance with	DPA rulae ir	the serv	ice of the State	-				
(15)	of Califo	BY CERTIFY That the above is a true ornia. If a privately owned vehicle we or greater than the rate claimed, a	as used, and it is	e travel exper nileage rates net the requir	exceed the rements as p	ninimum rate rescribed by	, I certify that SAM Section	the cost of ons 0750, 075	perating 1 1, 0752,	the vehicle was 0753 and 0754					
CLAIN	∾nertaini	ng to vehicle safety and seat belt usa	ge.	DATE		(16)	SIGNATURE	OF OFFICE	R APPRO	VING TRAVEL A	ND PAYM	MENT	DATE		
1				1	11/1	X	41.1						1.8	2012	
1						1/100							•	-	