	AVI & IVI					1 .	SSN or EMPL	OVER AU IL	DED*		DEDAG	DTMENT		***************************************	
CLAIMANT'S NAME Jonathan Y. Thomas							DOIN OF EMPL	OYEE NUME	oEH"		PARTMENT D.M.				
CB/ID No. Chairman RESIDENCE ADDRESS *							DIVISION OF BUREAU CIRM						INDEX NU	MBER	
							HEADQUARTERS ADDRESS							NE NUMBER	
NITY OTHER TIP CORE							CITY STATE							(415) 396-9113	
CITY STATE ZIP CODE							os Ange	les				STATE CA	ZIP CODE 90049		
, MONTH/YEAR			(4)	(5) MEALS			(6)	(7) TRANSPORTAT					(8)	(9)	
10/2011		(3) LOCATION WHERE EXPENSES	(")	(5)		0.T., L/T,	- (0)	(A)	(B)	(C)	(D)		-	TOTAL	
)		WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR	INCIDEN- TALS	COST OF TRANS.	TYPE	CARFARE, TOLLS,	PRIVATE CAR USE		BUSINESS	EXPENSES FOR DAY	
ATE	TIME		Lobalita	17.01	2011011	DINNER	IALO	110416.	- COLD	PARKING	MILES	AMOUNT	EXI ENGE	TONDAT	
3	07:00 22:00	LA to Pasadena to LA		:	:		1			9,00	54	29,97	1	38.97	
4	07:00 23:30	LA to Pasadena to LA	:		:	1	!	!		18.00	54	29.97		47.97	
6	19:00	Los Angeles to San Francisco		:	:	1		56.00				:		56.00	
7	18:30	San Francisco to Los Angeles			:		1	45,77 46.80	Т	17.55	-	1		63,31 64:35	
13	13:00	Los Angeles to San Francisco						12.00	T	:				12.00	
14	14:30											:		0.00	
16	19:00	Los Angeles to San Francisco	:			1	1					:		0.00	
17	20:30	San Francisco to Los Angeles	:	:	:		1	50.00	e T			:	1	50.00	
21	06:00 18:30	LA to SF, OAK to LA	:	:	:			:		17.55	/	:	:	17.55	
23	19:00	LA to San Francisco				141							:	0.00	
24	20:30	San Francisco to LA			: : :					17.55	ſ		:	17:55	
25	17:00	LA to Irvine			24.36		1			:				24.36	
26	17:00	Irvine to LA	1	:					28	1				0.00	
0)	,	SUBTOTALS	0.00	0.00	24.36	0.00	0,00	164.80		79.65	108	59.94	0,00	Subtot	
COL	UMN (CODE (ACCTG. USE ONLY)											-	മ	
		CLAIM TOTAL										Pa	ge 10 pm	27 327	
		CLAIW TOTAL					******************************					(See	Total or	h page	
1) PUF	RPOSE C	OF TRIP, REMARKS AND DETAILS (Atta	ach receipts/vo	ouchers when	required)						(12) N	ORMAL WOR	K HOURS		
		Stem Cell Summit, Pasado									(12) D	RIVATE VEHI	CLETICENS	ENLIMBED	
		M meetings; 21) UC Berkerd Meeting, Irvine;	eley stem	cell build	ding oper	ning; 23-	·24) CIR.	M meetii	ngs; Z:	0-26)	(13) 1	NIVATE VEHI	OLL LICENSI	- NOMBER	
) DOG	id meeting, ii vine,									(14) M	ILEAGE HAT	E CLAIMED		
											.555				
											AC	SENCY ACC	OUNTING	OFFICE	
												US	E ONLY		
											PAID B	Y REVOLVIN	G FUND CHE	CK NUMBER	
5) l	HEREBY	CERTIFY That the above is a true stat	ement of the tr	avel expense	s incurred by	me in accor	dance with D	PA rules in t	he service	of the State	1				
0	f Californ qual to c	nia. If a privately owned vehicle was us or greater than the rate claimed, and th	ed, and if mile at I have met	age rates ex the requirem	ceed the min ents as pres	mum rate, I cribed by S	certity that th AM Sections	e cost of ope 0750, 0751,	erating the 0752, 07	venicle was 53 and 0754					
0		to vehicle safety and seat belt usage.		1		(4.0) 01	011471105.0	4			Lanca de la constante de la co		# 1	CONTROL STANDARDS STANDARDS	
	NITIC CIC			I INTE		(16) SI	GNATURE O	F OFFICER A	APPROVI	NG TRAVEL AND	PAYME	VI DA	TE I		

							ns and *Privacy n Reverse Side					Page 2 of 2 Pages				
CLAIMANT'S NAME Jonathan Y. Thomas POSITION Chairman CB/ID No.							SSN or EMPLOYEE NUMBER* DIVISION or BUREAU CIRM					RTMENT	, a	y - ~		
												1	INDEV NO	LIDED		
													INDEX NU	MBEH		
CHAITHAIT RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS						TELEPHONE NUMBER			
													(415) 396-9113			
CITY STATE ZIP CODE							CITY Los Angeles					STATE	ZIP CODE 90049			
MONT	THOUS AS			<u> </u>				T			CA		T	T		
10/2011		(3)	(4)	(5)	MEALS	O.T., L/	(6)	(7)	(D)	TRANSPORTAT			(8)	(9)		
1.07.2 2)	.011	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, REL	O. INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES		
· .	TIME				LUNCH	DINNE	R				MILES	AMOUNT	EXPENSE	FOR DAY		
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	(CLAIM TOTAL										TOTA	44.40	240		
1) PUF	RPOSE C	OF TRIP, REMARKS AND DETAILS (Attach receipts/ve	ouchers when	required)						(12) N	ORMAL WOR	K HOURS	1 570,		
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15) l	HEREBY	CERTIFY That the above is a true s	tatement of the ti	ravel expense	s incurred by	me in acc	cordance with D	PA rules in the	ne servic	e of the State	1					
o e	qual to o	nia. If a privately owned vehicle was or greater than the rate claimed, and to vehicle safety and seat belt usage	usea, and it mile that I have met	the requiren	beed the min lents as pres	cribed by	SAM Sections	e cost of ope 0750, 0751,	0752, 07	53 and 0754						
4	LTIO OLG	2		L DATE					F 5					en mining versus routh		