

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Matthew James Plunkett		SSN or EMPLOYEE NUMBER* [REDACTED]	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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(5) DATE	(5) TIME	(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		
									MILES	AMOUNT			
11/29	2:25p	OAK-->San Diego				148.22		285.40	A	52.00	14.70	8.16	493.78
11/30		San Diego						6.00	T	6.00		0.00	6.00
12/1	9:40p	San Diego-->OAK->home		24.55						48.00	14.70	8.16	80.71
12/1		Public transit expenses for 11/28-11/30						7.88	B			0.00	7.88
12/7	2p	OAK-->Los Angeles				32.00					14.70	8.16	40.16
12/8	7p	Los Angeles-->OAK						187.70	A	32.00	14.70	8.16	227.86
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			0.00	24.55	0.00	180.22	0.00	480.98		138.00	58.80	32.63	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$856.39 \$856.38	

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

Nov 29-Dec 1: Stem Cells on the Mesa meeting
 Dec 7-8: ICOC meeting

10/11 Public Transit Nov 2011 @ \$10.50 x .75 = \$7.88
 Note: \$148.22 expense for dinner on 11/29 includes claimant and two co-workers on travel status @ \$49.41 per person.
 11/29 @ lost receipt of cabfare for \$52.00.

AGENCY ACCOUNTING OFFICE USE ONLY
PAID 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.

DATE 12/14/11	LAND PAYMENT	DATE 12-16-11
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED SIGNATURE]