STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Alan Trounson	[redacted]	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
President		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King St	(415) 396-9105

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]			San Francisco	CA	94107

(1) MONTH/YEAR 05/13 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
5/7	2030	San Francisco						49.75						49.75
5/9		Sydney						50.40						50.40
5/10		Sydney/Melbourne						165.78						165.78
5/13		Melbourne			37.13					90.13 ~~88.11~~				127.26 ~~125.24~~
5/24	2010	San Francisco						47.44 ~~50.00~~						47.44 ~~50.00~~
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) **SUBTOTALS**			0.00	0.00	37.13	0.00	0.00	313.37 ~~315.93~~		90.13 ~~88.11~~	0	0.00	0.00	~~438.61~~ ~~441.17~~ 440.63
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														440.63 ~~438.61~~ ~~441.17~~

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

5/9: Interview with ABC on Stem Cells
5/10: Meeting with Victor Susman
5/13: Meeting with Mesoblast

O/S # 2012 PO07

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

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.

[redacted] DATE 6-3-13

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT — DATE

[redacted] Item 17 on reverse) [redacted] DATE 6/10/13