

CLAIMANT'S NAME Pat Olson		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM	
POSITION Executive Director, Scientific Activities	CB/ID No.	DIVISION or BUREAU Science Office		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9116
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
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(4) MONTH/YEAR 7-8, 2013	(5) DATE	(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			
	TIME										MILES	AMOUNT		
	7/18	City Park									32.00	0.00		32.00
	7/19	city Park									15.00	0.00		15.00
	7/8	Owens Street Garage									28.00	0.00		28.00
	7/9	Owens Street Garage									28.00	0.00		28.00
	7/10	Owens Street Garage									28.00	0.00		28.00
	8/12	Fifth & Mission Garage									21.50	0.00		21.50
	8/30	Coco 500 Restaurant										0.00	200.00	200.00
	10/10	6:00 Travel from home to SFO										0.00		0.00
	10/10	Travel from LAX to meeting										0.00		62.39
	10/10	Travel to LAX from meeting										0.00		50.55
	10/10	Parking at SFO									28.00	0.00		28.00
	10/10	22:00 Return home from SFO										0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	114.70		180.50	0.00	0.00	200.00	493.44
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													493.44	8495.20

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

7/18-19/2013 Bridges Meeting at Nikko Hotel
 7/8-10/2013 ACDRS Meeting at UCSF
 8/12/2013 Creativity Day at W Hotel
 8/30/2013 Took Seminar Speaker to Lunch w/CIRM Staff
 10/10/2013 Site Visit at Cedar Sinai in Los Angeles

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.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 10/15/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 10/17/2013
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	