STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION  TRAVEL EXPENSE CLAIM  STD 262 (BEV. 7/2005)				See Instructions and *Privacy Statement On Reverse Side						Page 1 of 17 Pages			
STD. 262 (REV. 7/2005)  CLAIMANT'S NAME				SSN or EMPLOYEE NUMBER*					Page, of Pages  DEPARTMENT				
lan Tro	unson												
SITION			CB/ID	No.		DIVISION or	BUREAU					INDEX NU	MBER
President RESIDENCE ADDRESS						CIRM HEADQUARTERS ADDRESS						TELEPHONE NUMBER	
					210 King Street					(415) 396-9104			
TY <sup>.</sup>		STAT	E ZIP O	ODE		CITY					STATE		ODE
						San Franc	T				CA	94107	
MONTH/YEA	(3)  LOCATION  WHERE EXPENSES  WERE INCURRED	LODGING	(5)	MEALS	T = = =	O. INCIDEN- TALS	(7)	T	TRANSPORTAT			(8) BUSINESS	(9) TOTAL EXPENSES
08/11			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			
ATE TIM										MILES	AMOUNT	EXPENSE	FOR DAY
5/20 06:3 06:4	Commission, DC						10-00						10.00
08.0													
7/25 17:0									21.00				21.00
7/26 08:0 17:0	-San Francisco								21.00				21.00
3/12   11:3 13:0	Juli i iuneisco					-						45.97	45.97
3/16 12:0 14:0	Dan Francisco											62.86	62.86
3/17   14:0 15:3	Sail I failcisco					-					anni Labanani	32.94	32.94
/18 08:1 16:0	O MILITARIO CO								28.00		mannyan anaka		28.00
07:3 09:0	Dan Francisco			L.,								5.48	5.48
3/19 10:0 14:3	Sail I failcisco to Sacramento								12.00	109	60.50		72.5
3/24 19:0	San Francisco to Palo Alto								10.00	64	35.52		45.52
3/25 07:0	San Francisco to Palo Alto								12.00				12.00
													0.00
													0.00
SUBTOTALS 0.00		0.00	0.00	0.0	0.00	10.00	)	104.00	173	96.02	147.25	347	
COLUMI	N CODE (ACCTG. USE ONLY)					1 1				<u> </u>			
	CLAIM TOTAL								#33h	13 ac	Hed	,	380,7
1) PURPOS	SE OF TRIP, REMARKS AND DETAILS (A	ttach receipts/v	ouchers whe	n required)		7.0000000000000000000000000000000000000			from		OFIMAL WOR	RK HOURS	
	D/NIH Meeting in Washing								-				
) Parkir	ig for the CDAP Meeting at	the Hyatt	Wharf H		an Franc	cisco on J	uly 25 - 2	26, 201	11	(13) P	RIVATE VEH	ICLE LICENS	E NUMBER
	Business Meeting on Augu									(1.4) N	IILEAGE RAT	E CLAIMED	
	Business Meeting on Augu Business Meeting on Augu									0.55		E CLAIMED	
) Parkir	ng for the Strategic Planning	Retreat N	feeting of	n August	18, 201	11				-	GENCY AC	COLINTING	OFFICE
) CIRM	Business Meeting on Augu	st 15, 201	1	T. 10	2 40	Am Valas	to 11			A		SE ONLY	OFFICE
) irave. ) ICOC	to Sacramento for DOF Mt Board Mtg - Stanford on 8/	.g on 8/19/ 24 - 8/25	111 - 116	ne "	5,00	ruage	Commen	•			BY REVOLVIN	IG FUND CHI	ECK NUMBER
5) I HERE of Cali	EBY CERTIFY That the above is a true state fornia. If a privately owned vehicle was us to or greater than the rate claimed, and	atement of the sused, and if mile	eage rates ex	ceed the mir	nimum rate,	I certify that t	he cost of op-	erating the	e of the State e vehicle was				
	ling to vehicle safety and seat belt usage.		DATE		(1					E	NT D	ATE 09/01	/11
				9/01/11	<u>\</u>							and control and control and control and control	(/11
		TITLE	: (See Item 1	7 on reverse)				y			D	ATE	

Alan Trounson   CR/O No.   DIVISION of BUREAU   CRM   HEADQUARTERS ADDRESS   STATE   ZIP CODE   CITY   CAPPARIL   ZIP CODE   COST OF TYPE   ZIP CAPPARIL   ZIP CODE   COST OF TYPE   ZIP CAPPARIL   ZIP CODE   CAPPARIL   ZIP CODE   CAPPARIL   ZIP CODE   CAPPARIL   ZIP CAPPARIL   ZIP CODE   ZIP CODE   CAPPARIL   ZIP CODE	TELEPHO (415) 3 TE ZIP ( A 9410'  (8)  USE BUSINESS EXPENSE	UMBER  DNE NUMBER  396-9104  CODE  7  (9)  TOTAL  EXPENSE:		
CBIT ON   CBIT ON   CBIT ON   CITY   CITY   STATE   ZIP CODE   CITY   C	(415) 3 TE ZIP ( (415) 4 (415) 9410' (8) USE BUSINESS EXPENSE	ONE NUMBER 396-9104 CODE 7 (9) TOTAL EXPENSES		
CIRM	(415) 3 TE ZIP ( (415) 4 (415) 9410' (8) USE BUSINESS EXPENSE	ONE NUMBER 396-9104 CODE 7 (9) TOTAL EXPENSES		
HEADQUARTERS ADDRESS   HEADQUARTERS ADDRESS   210 K fing Street   STATE   ZIP CODE   CITY   STATE   CITY	(415) 3 TE ZIP 0 A 9410' (8) USE BUSINESS EXPENSE	396-9104 CODE 7 (9) TOTAL EXPENSES		
STATE   ZIP CODE   OTTY   OTT	(415) 3 TE ZIP 0 A 9410' (8) USE BUSINESS EXPENSE	396-9104 CODE 7 (9) TOTAL EXPENSES		
MOKITIVE   TIME	9410' (8) USE BUSINESS EXPENSE	7 (9) TOTAL EXPENSE:		
NONTHYPEAR   130   LOCATION WHERE EXPENSES WERE INCURRED   1200   1400	USE BUSINESS EXPENSE	(9) TOTAL EXPENSE		
OS/11	USE BUSINESS EXPENSE	TOTAL EXPENSE		
OS/11	UNT	EXPENSE		
NUMBER   TIME   NUMBER   NUM	UNT			
8/30   12:00   14:00   San Francisco to Menio Park   30   1 8/30   17:00   San Francisco to Menio Park   30   1				
8/30   17:00   30   1   17:00   30   30   1   17:00   30   30   30   30   30   30   30		16.78		
©) SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 30 1 COLUMN CODE (ACCTG. USE ONLY)	6.65	16.6		
(0) SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 30 TOLUMN CODE (ACCTG. USE ONLY)		0.0		
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O) SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 30 30 COLUMN CODE (ACCTG. USE ONLY)		0.0		
SUBTOTALS         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         30         1           COLUMN CODE (ACCTG. USE ONLY)         CLAIM TOTAL         CLAI		0.0		
SUBTOTALS         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         30         1           COLUMN CODE (ACCTG. USE ONLY)         CLAIM TOTAL         CLAI	And the second s	0.0		
SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.		0.0		
SUBTOTALS         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         30         1           COLUMN CODE (ACCTG. USE ONLY)         CLAIM TOTAL         CLAI		0.0		
SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.		0.0		
SUBTOTALS         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         30         1           COLUMN CODE (ACCTG. USE ONLY)         CLAIM TOTAL         CLAI		0.0		
SUBTOTALS         0.00         0.00         0.00         0.00         0.00         0.00         0.00         0.00         30         1           COLUMN CODE (ACCTG. USE ONLY)         CLAIM TOTAL         CLAI		0.0		
SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.		0.0		
CLAIM TOTAL	6.65 16.78	8 33.4		
		33.4		
11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) (12) NORMA	WORK HOURS			
potential and the second secon	, WORK HOURS			
) CIRM Business Meeting on August 30, 2011 2) Travel to Geron Kickoff Meeting on August 30, 2011 (13) PRIVATION (14) PRIVATION (15) PRIVATION	VEHICLE LICENS	SE NUMBER		
	(14) MILEAGE RATE CLAIMED  0.55			
east to the second seco	Y ACCOUNTING	3 OFFICE		
	OLVING FUND CH	IECK NUMBE		
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 (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE	11/11		
09/01/11	09/0	1/11		