

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Matthew James Plunkett		SSN or EMPLOYEE NUMBER*	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
-------------------------------------	--	--

(4) MONTH/YEAR <i>July June '12</i>	(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				
(5) DATE	TIME									MILES	AMOUNT			
7/25	6p 830p								PC	11.50	52.80	29.30	166.10	206.90
7/31							118.23		T	5.00		0.00		123.23
7/27	noon 130p								PC	4.00	57.00	31.64		35.64
8/2							20.31		T	1.00		0.00		21.31
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												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	0.00	0.00	0.00	0.00	138.54		21.50	109.80	60.94	166.10	387.08

COLUMN CODE (ACCTG. USE ONLY)														
--------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CLAIM TOTAL														\$387.08
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	-----------------

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

7/27 Meeting with ICOC finance subcommittee member
 7/25 ICOC Science Subcommittee meeting
 7/31 & 8/2 Public Transit expense.

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 8/2/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 8.2.12
------------------------------------	-----------------------	--	-----------------------

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
---	------