

CLAIMANT'S NAME Alan Trounson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION President		CB/ID No.	DIVISION or BUREAU OOP				INDEX NUMBER 3000	
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9105	
CITY San Francisco		STATE CA	ZIP CODE 94107		CITY San Francisco		STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR 7/11	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
												MILES	AMOUNT		
7	16:00	20:00	SF-SFO-SF				20.57					26.00	14.30		34.87
8	17:00	22:00	SF-Redwood City-SF									52.00	28.60	186.02	214.62
12	06:00	19:30	SF-Sacramento-SF				6.50		89.00	T	33.00	26.00	14.30	60.44	203.24
13	11:15	14:00	SF-Woodside-SF									60.00	33.00	69.98	102.98
15	07:00	20:00	SF-Sacramento-SF				35.59				12.00	172.00	94.60		142.19
21	12:00	19:15	San Francisco										0.00	127.42	127.42
													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	62.66	0.00	89.00		45.00	336.00	184.80	443.86	825.32

COLUMN CODE (ACCT.G. USE ONLY)

CLAIM TOTAL

\$825.32

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

7/07 Attend Bridges Trainee Meeting
 7/08 CIRM Business meeting - Redwood City - Discuss CIRM funding
 7/12 CIRM Business meeting - Los Angeles
 7/13 CIRM Business meeting - Woodside - Discuss industry collaborations
 7/15 Stem Cell Genomics Meeting - UC Davis - Sacramento
 7/21 Two CIRM Business meetings 1) Discuss business development and 2) Discuss Japan Science and Technology Programs

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 8/8/2011	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 9 Aug 2011
[REDACTED]		DATE	