

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

Page _____ of _____ Pages

CLAIMANT'S NAME Ellen Feigal		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION Senior VP	CB/ID No.	DIVISION or BUREAU Research and Development	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER (415) 396-9106
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco
		STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
	TIME								MILES	AMOUNT			
8-10/12	8/29	San Diego, CA							68.42 58.80		58.80	0.00	58.42 58.80
	9/6	Burlingame, CA									8.00	0.00	8.00
	9/18	SFO									8.00	0.00	8.00
	9/19	Stanford, CA									9.85	0.00	9.85
	10/5-10/6	SFO									72.00	0.00	72.00
	10/23	SF, CA			52.49							0.00	52.49
												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	52.49	0.00	0.00	0.00	156.65	0.00	0.00	0.00	208.76 209.14

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$208.76 \$209.14

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
	PAID BY REVOLVING FUND CHECK NUMBER

8/29 Visit/Speaker - Genomics Institute of the Novartis Research Foundation
 9/6 ICOC Board Meeting
 9/18 Trip to San Diego to visit team Goldstein (flight got cancelled)
 9/19 Visit of team Weissman at Stanford
 10/5 Consulate General of China Reception
 10/23 Lunch with Bettina Steffen (CIRM Staff) and Interview Candidate

(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 EF 24 Oct 2012	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 10.26.12
(17) NATURE and TITLE (See Item 17 on reverse)			DATE