

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Patricia Olson		SSN or EMPLOYEE NUMBER*	DEPARTMENT CIRM
POSITION Executive Dir. of 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 0.555
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(4) MONTH/YEAR 9/2011	(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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
	9/21	600	Marin Airporter					20.00	B			0.00	20.00	
	9/21	2000	Marin Airporter					20.00	B			0.00	20.00	
	9/21	600	Parking at Marin Airporter							4.00		0.00	4.00	
	9/21	2000	Return									0.00	0.00	
	9/29	6:14	SFO Int'l Airport parking					20.00				0.00	20.00	
	9/29	1700	AirRide Sedan Service					58.80				0.00	58.80	
	9/29	2200	Return									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	118.80		4.00	0.00	0.00	122.80
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL \$122.80

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 9/21 trip to San Diego to meet with SCRM
 9/29 trip to San Diego to meet with ViaCyte

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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 9/30/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 9/30/11
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED]		DATE	