TRAVEL EXPENSE CLAIM STD. 262 (REV. 7/2005)					See Instructions and *Privacy Statement On Reverse Side							Page 1 of Pages			
CLAIMANT'S NAME								SSN or EMPLOYEE NUMBER*				DEPARTMENT Pages			
	Creas	ey													
POSITION Service Servi					CB/ID No.			DIVISION or BUREAU				-	INDEX NU	IMBER	
Senior Director -Strategic							CIRM	TEGE 4000					771 50110		
I IL OIDE	THUE NO	UNESS .		i			HEADQUARTERS ADDRESS 1999 Harrison Street, Suite 1650						(510) 340-9165		
CITY STATE					ODE		CITY	112011 2111	201, 31	1030		STATE		10-9103 200E	
								Oakland			CA		94612		
1) MONTHYEAR		(3)	(4)	(5)	(5) MEALS		(6)	(7) TRANSPORTA			TION		(8)	(9)	
8/17		LOCATION WHERE EXPENSES		BREAK-		O.T., L/T, N/C, RELO		(A)	(B) (C) TYPE CARFARE,		(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES	
(2) DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	т	EXPENSE	FOR DAY	
8/6	0800- 1700	Oakland to Burbank for Mtgs.				38.2	5	106.43	/τ				,	14149	
8/7	0800-	Migs at COH/SPARK	194, 88			1	/		/					144.68	
	1700 0800-	Budanta I A for ACCCA4	194.69		/	19.3	OV	18.81	T					-222:80	
8/8	1700	Burbank to LA for ASCC Mtg.		8.01				67.62	/т		,			75.63	
8/14	0800- 1700	UC Irvine/Brainstorm						31.93	PC	24,001	13	6.96		62.83 62.83	
												1		0.00	
														00,0	
														00.0	
														00,0	
							-	-			TO			00,0	
									_C	ayment IRM				0,00	
							19	99 Ha	rris	on St. S	te 1	650		00,0	
				11			0	aklan	d, C	A 9461	2-3	520			
														00,0	
				1.00										0.00	
10)		SUBTOTALS	194. 88	8.01	00.00	57.5	5 0.00	224.79	17	24.00	13	6.96	0.00	51/a.V 515.94	
COL	UMN (CODE (ACCTG, USE ONLY)					1 1130							7	
		CLAIM TOTAL												516.19 515.94	
(12) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)												ORMAL WOR	K HOURS		
August 6-8: Trip to City of Hope for SPARK Conference and meeting with City of Hope for ASCC													10		
ригре	oses.	First night of Hotel paid by	CIRM C	ynthia's (CIRM M	aster Ca	ird, Secoi	id night c	of Hot	el paid for	(13) P	13) PRIVATE VEHICLE LICENSE NUMBER 14) MILEAGE RATE CLAIMED			
υу-А	oia cre	edit card.									(14) M				
August 14. tein to 11C Invino for ACCC marting and Deviantame, process CLING 00004												535			
Both	Air fa	ires booked and paid throug	th Concu	r.							AC	GENCY ACCOUNTING OFFICE USE ONLY			
(15) I	HEREBY	CERTIFY That the above is a true state	ement of the tr	BYOL BYON	s Incurred by	/ ma ln acco	erdance with F	På ndes in th	ia sandr	of the State	PAID B	Y REVOLVIN	TING FUND CHECK NUMBER		
ē	qual to c	ala. If a privately owned vehicle was us or greater than the rate claimed, and the to vehicle safety and seat belt usage. SNATURE	ed, and If mile at I have met	age rates ex the requirem	ceed the min nents as pres	imum rate, I scribed by S	certify that the SAM Sections	e cost of ope 0750, 0751,	rating the 0752, 07	53 and 0754	DAVAST	OT I PO	TE		
sk	Pla	A Geavery		09-0	105-90	_	J. J.	W		NG TRAVEL AND	CATME	NT DA	9/12	12	
	ECIAL EX	PENSE AUTHORIZATION - SIGNATUR	E and TITLE	(See Ilem 17	on reverse)						95	DA	TE (0.000	
E															