TRA		FORNIA - DEPARTMENT OF PERSO EXPENSE CLAIM 9/2007)	NNEL ADMINI	STRATION			s and *Pri Reverse \$				Baga	of.	Pas		
CLAIMANT'S NAME						T						Page of Pages DEPARTMENT			
Neil	Littm	an													
POSITION CB/ID No.								DIVISION or BUREAU					INDEX NU	MBER	
Director, Business Development								CIRM							
RESIDE	NCE AD	DRESS*	-		HEADQUARTERS ADDRESS						TELEPHONE NUMBER				
				1999 Harrison Street					(415) 396-912						
CITY			ODE	CITY					STATE		ZIP CODE				
.					Oakland				CA		94612				
1) NOR	MAL WC	DRK HOURS		(2) PRIVATE VEHICLE LICENSE NUMBE			MBER	(3) MIL 0.53	EAGE RATE	CLAIMED				
(4) MONTH/YEAR		(6)	(7)	(8) MEALS			(9)	(10) TRANSPORTA			TION		(11)	(12)	
גןדס	1017	LOCATION WHERE EXPENSES		DDEAK		O.T., L/T, N/C, RELO		(A)	(B)	(C)		(D)		TOTAL	
5)		WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR	INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS,		E CAR USE	BUSINESS EXPENSE	FOR DAY	
DATE	TIME					DINNER	-		-	PARKING	MILES	AMOUNT			
7/17		San Francisco / San Diego						64.17	/	25.00	14.20	7.60		96.77	
7/18		San Francisco / San Diego								25.00		0.00		25.00	
7/19		San Francisco / San Diego		7.00	/	8.95	/			25.00	14.20	7.60	/	48.55	
												0.00		0.00	
												0.00	!	0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
		18										0.00		0.00	
												0.00		0.00	
												0.00		0.00	
13)		SUBTOTALS	0.00	7.00	0.00	8.95	0.00	64.17		75.00	28.40	20 15.19	0.00	170.3	
COI		CODE (ACCTG. USE ONLY)													
		CLAIM TOTAL												\$170.33	
14) PU	RPOSE (OF TRIP, REMARKS AND DETAILS (At	tach receipts/ve	ouchers when	required)						AC	ENCY ACC	COUNTING	OFFICE	
		Team Off-site Meeting in									AG		E ONLY	OFFICE	
Remit Payment To: CIRM											PAID BY REVOLVING FUND CHECK NUMBER				
						1701		DAA							
							U	KIVI		4050					
					19	99 H	arriso	n St.	Ste	1650					
		1			0	aklar	nd, CA	\ 946	12-3	3520					
					L										
15)	I HERE used, an	BY CERTIFY That the above is a true s nd if mile age rates of Ceed the minimum actions 6750 0751,0752,0753 and 0754	tatement of the	e travel exper	nses incurred of operating the	by me in ac ne vehicle wa	cordance wit as equal to o	h DPA rules greater than	in the ser	vice of the State claimed, and that	of Californ I have m	nia. If a priva et the require	tely owned ve ments as pres	hicle was scribed by	
CLAIMA		GUATURE 1	. paraming to t	DATE)					NG TRAVEL AND		T 5.4	TE 8		
<u>e</u>	11	1 XXW/		9/1	117	Sa	(li	M					Acp!	5.70	
17) SP	ECIAL E	XPENSE AUTHORIZATION - SIGNATU	DE and TITLE	/See Hem 17	an munmal							-		-	