

CLAIMANT'S NAME Neil Littman		SSN or EMPLOYEE NUMBER [REDACTED]	DEPARTMENT
POSITION Director, BD & Infrastructure	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison Street	TELEPHONE NUMBER (415) 396-9122
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
			Oakland CA 94612

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.575 .54
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(4) MONTH/YEAR 9-10/16	(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		
	9/12	Translating Center Review									37.20	21.39 20.08		21.39 20.08
	9/13	Leadership Team Offsite									33.00	18.98 17.82		18.98 17.82
	9/26	Roadshow - CSLA									24.00	13.80 12.96		13.80 12.96
	9/27	MPM Meeting									31.50	18.11 17.00		18.11 17.00
	9/28	Roadshow - Stanford									72.50	41.69 39.15		41.69 39.15
												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	0.00	0.00	0.00	198.20	113.97 107.02	0.00	113.97 107.02
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL **\$113.97**
107.02

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
Translating Center review, CIRM roadshows, LT Offsite, ATP3 meetings

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED BY REVOLVING FUND CHECK NUMBER

(15) I certify that the cost of operating the vehicle was for the purpose of the travel expenses incurred by me in the performance of my official duties as an employee of the State of California. If a privately owned vehicle was used, I have met the requirements as prescribed by the State of California.	(16) DATE 10/10/16	AND PAYMENT	DATE 10/17/16
(17) SIGNATURE [REDACTED]	TITLE (See Item 17 on reverse)		DATE