

STATE OF CALIFORNIA -- PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
 Statement On Reverse Side

STD. 262 (REV. 7/2005)

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CLAIMANT'S NAME Maria Millan		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION Vice President, Therapeutics		CB/ID No.	DIVISION OF BUREAU		INDEX NUMBER
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 1999 Harrison Street, Suite 1650			TELEPHONE NUMBER (510) 340-9801
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Oakland	STATE CA	ZIP CODE 94612

(1) MONTH/YEAR	(2) DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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			
	TIME										MILES	AMOUNT		
12/12	0800-1700	Lunch Mtg with Webb			116.07								116.07	116.07
12/13	0800-1700	ICOC Meeting							PC	35.00				35.00
10/31	0800-1700	Meeting at Stanford							PC	10.00				10.00
10/11	0800-1700	Roadshow at UCSF							PC	7.50				7.50
11/16	0800-1700	Roadshow at UC Davis							T	76.56				76.56
11/3	0800-1700	Alpha Stem Cell Clinic Mtg							T	67.89				67.89
10/13	0800-1700	Translational Research Review							PC	5.45				5.45
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	116.07	0.00	0.00	0.00		202.40	0	0.00	116.07 -0.00	318.47
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL 318.47

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

12/12 Business Lunch meeting with Paul Webb. Business Meeting expenditure form signed and attached.
 12/13- Parking while attending CIRM ICOC Meeting.
 10/31- parking while attending meetings at Stanford (Grazia)
 10/11- parking while presenting at CIRM Roadshow at UCSF
 11/16/2016- travel to join Neil Littman for long drive to Roadshow at UC Davis
 11/3- Travel to UCLA for Alpha Stem Cell Clinic Quarterly Meeting. Airfare booked and paid for via Concur.
 10/13- parking for CIRM GWG Mtg (No receipt - credit card stmt attached)

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
[REDACTED]

(14) MILEAGE RATE CLAIMED
54

AGENCY ACCOUNTING OFFICE USE ONLY
 PAID 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, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was that I have met the requirements as prescribed by the State of California, Department of Personnel Administration, 754

CLAIMANT'S SIGNATURE: [REDACTED] DATE: [REDACTED]

(16) APPROVED AND PAID: [REDACTED] DATE: 1/11/17

(17) SPECIAL INSTRUCTIONS: [REDACTED] DATE: [REDACTED]