STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Maria Millan	[redacted]	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Vice President, Therapeutics			

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	1999 Harrison Street, Suite 1650	(510) 340-9801

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]			Oakland	CA	94612

(1) MONTH/YEAR (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
1/12	0800-1700	JP Morgan Mtgs							T	11.71				11.71
1/25	0800-1700	CAP for Cherqui UCSD							T	53.60				53.60
1/27	0800-1700	CAP for Deng UCLA							T	80.45				80.45
	0800-1700													0.00
	0800-1700													0.00
	0800-1700													0.00
	0800-1700													0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		145.76	0	0.00	0.00	145.76
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL 145.76

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

Jan 12 - JP Morgan Mtgs.
Jan 25 - Clinical Advisory Panel Mtg - UCSD- Cherqui- CLIN1-09230
Jan 27- Clinical Advisory Panel Mtg. - UCLA- Deng- CLIN1-08686

Remit Payment To:
CIRM
1999 Harrison St. Ste 1650
Oakland, CA 94612-3520

(12) NORMAL WORK HOURS [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED .54 .535

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. 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 [redacted] he requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining t

CLAIMANT'S SIG[redacted] DATE

(16) [redacted] NG TRAVEL AND PAYMENT DATE 2/7/12

(17) SPECIAL EX[redacted] *See Item 17 on reverse)* DATE