

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

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.535
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(4) MONTH/YEAR 4/17	(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., 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		
4/26	0800-1700	Travel to LA for CAP						70.47	T			0.00		70.47
5/4	0800-1700	Stanford, CAP Meeting						16.00	PC			0.00		16.00
5/18	0800-1700	CCTTACC Meeting						28.00	PC			0.00		28.00
												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		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	114.47		0.00	0.00	0.00	0.00	114.47

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$114.47

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

4/26/17- Clinical Advisory Panel held at UCLA for Kohn-CLIN2-09339

5/4/17- Strober CAP Meeting at Stanford, CLIN2-09439

5/18/17- CCTTACC Meeting in San Francisco

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 greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 5/25/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 5/25/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	