TRAVEL EXPENSE CLAIM STD. 262 (REV. 7/2005)						nent On F	ns and *Privacy n Reverse Side				Page1 of		Pag	ges
CLAIMANT'S NAME Maria Millan							SSN or EMPLOYEE NUMBER*				DEPARTMENT			
laria		an		CB/ID	No		DIVISION or	BUREAU					INDEX NU	IMBED
Vice President, Therapeutics								20112110					INDEXTO	WIDER (
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS						TELEPHONE NUMBER	
STATE ZIP CO					ODE		1999 Harrison Street, Suite 1650				STATE		ZIP CODE	
						(Dakland					CA	94612	2
) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5)	MEALS		(6)	(7)		TRANSPORTAT	ION		(8)	(9)
				BREAK-		O.T., L/T,	O. INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE			
ATE	TIME		LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY
	0800- 1700			:	:	1		;	Т					0.00
	0800-							:	-					0.00
	1700 0800-								T					0,00
	1700					1		i	Т			1		0,0
/20	0800- 1700	Travel to NIH- Maryland					1		T	70.11				70.1
/21	0800- 1700	Meet with NIH		1	11.34	24.38	3	1	Т	42.20			181.68	259.60
/22	0800- 1700	Meet with NIH					:		Т	89.96		1	65.60	155.5
	0800- 1700			Ī			:	1						0.0
					1		:	j						0,00
			1					:						0.00
				:		1	= = = = = = = = = = = = = = = = = = = =	R	emi	Paym	ent	Го:		0.0
			3					4		CIRM				
			-					1999 Oakk	Hari	rison St	St.	1650)	0.0
			:				L	Oakla	411 0 ,	CA 94	612	-3520		0.0
			3			1		i						0.0
0)		SUBTOTALS	0.00	0,00	11,34	24.38	3 0.00	0.00		202.27	0	0.00	247.28	485,2
COL	UMN (CODE (ACCTG. USE ONLY)	*											
	(CLAIM TOTAL			1									485,2
1) PUF	RPOSE C	OF TRIP, REMARKS AND DETAILS (At	tach receipts/v	ouchers when	required)						(12) N	ORMAL WOR	K HOURS	
		Travel to meet with the Noncor.	IH in Bet	nesda, M	aryland.	Hotel p	oaid via C	CIRM M/	C. Ai	rfare	(13) P	RIVATE VEHI	CLE LICENS	E NUMBER
rave	elled v	with Randy Mills, James H late large group and luggag	larrison ar	d Gabrie	l Thomp	son. Ma	ria Milla	n paid for	Uber	Black to	(14) M	ILEAGE RATE	CLAIMED	
											.535	SENCY ACC	OUNTING	OFFICE
Busir Vo A	ness M .lcoho	Meeting Expenditure forms of the claim for t	included m.	for Grou	p lunch a	and dinn	er paid fo	or by Mill	an cre	dit card.		SENCY ACC US Y REVOLVING	E ONLY	
5) I	HEREBY	Y CERTIFY That the above is a true sta	tement of the t	avel expense	es incurred b	y me in acco	rdance with [DPA rules in the	ne service	+ of the State		. ILVOLVIIN	C I GND ON	ZOT NOWIDE
е	qual to d	nia. If a privately owned vehicle was up or greater than the rate claimed, and t y to vehicle safety and seat belt usage. 3NATURG	sed, and if mile hat I have met	the requiren	nents as pre	irnum rate, I scribed by S	Certify that the AM Sections	e cost of ope 0750, 0751,	o752, 07	venicle was 53 and 0754				
, ,														