| TRA  | VEL    | FORNIA - DEPARTMENT OF PERSI<br>EXPENSE CLAIM<br>9/2007\ | ONNEL ADMINIS | STRATION            |                        |                               | s and *Pri<br>Reverse S   |                                    |            |   | Dane             |  |                             |                             |  |
|--|--------|--|---------------|---------------------|------------------------|-------------------------------|---------------------------|------------------------------------|------------|---|------------------|--|-----------------------------|-----------------------------|--|
| STD. 262 (REV. 9/2007)  CLAIMANT'S NAME  C. Randal Mills |        |  |               |                     |                        |                               | SSN or EMPLOYEE NUMBER*   |                                    |            |   |                  | Page of Pages  DEPARTMENT  |                             |                             |  |
|  |        |  |               |                     |                        |                               | SON OF EIGH EOTHE HOWIDER |                                    |            |   | CIRM             |  |                             |                             |  |
| POSITION CB/ID No.                                       |        |  |               |                     |                        |                               | DIVISION or BUREAU        |                                    |            |   |                  |  | INDEX NUI                   | MBER                        |  |
|  |        | and Chief Executive Offic                                | er            |                     |                        |                               |                           |                                    | _          |   |                  | -  |                             |                             |  |
| RESIDENCE ADDRESS *                                      |        |  |               |                     |                        |                               | HEADQUARTERS ADDRESS      |                                    |            |   | TELEPHONE NUMBER |  |                             |                             |  |
| OTTY TO CODE   |        |  |               |                     |                        |                               |                           | 1999 Harrison Street               |            |   |                  | (510) 340-9105<br>STATE ZIP CODE   |                             |                             |  |
| CITY STATE ZIP CODE                                      |        |  |               |                     |                        |                               |                           | Oakland                            |            |   |                  | CA 94612   |                             |                             |  |
| (1) MORMAL WORK HOURS                                    |        |  |               |                     |                        |                               |                           | (2) PRIVATE VEHICLE LICENSE NUMBER |            |   |                  | (3) MILEAGE RATE CLAIMED   |                             |                             |  |
|  |        |  |               |                     |                        |                               |                           | (2) WWATE VEHICLE EIGENGE NOMBER   |            |   |                  | 0.540  |                             |                             |  |
| (4) MON  | H/YEAR | (6)  | (7) (8) MEALS |                     |                        | (9) (10)                      |                           |                                    | TRANSPORTA |   | TION             |  | (12)                        |                             |  |
| 09/16  |        | LOCATION<br>WHERE EXPENSES                               |               |                     | O.T., L                |                               |                           | (A)                                | (B) (C)    |   | (D)              |  | -                           | TOTAL                       |  |
| (5)  |        | WERE INCURRED  | LODGING       | BREAK-<br>FAST      | LUNCH                  | N/C, RELC                     | INCIDEN-<br>TALS          | COST OF TRANS.                     | TYPE       | CARFARE,<br>TOLLS,                        |                  | TE CAR USE   | BUSINESS                    | FOR DAY                     |  |
| DATE   |        | ,  |               |                     |                        | DINNER                        |                           |                                    |            | PARKING                                   | MILES            | AMOUNT   |                             |                             |  |
| 09/15  | 10:00  | SFO to MCI   |               |                     |                        |                               |                           |                                    |            |   |                  | 0.00   |                             | 0.00                        |  |
| 09/16  | 23:00  | RT: MCI to SFO   |               | 30.06               |                        |                               | 3.00                      |                                    |            | 72.00                                     | 1                | 0.00   |                             | 105.66                      |  |
|  |        |  |               |                     |                        |                               |                           |                                    |            |   |                  | 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                        |  |
| (13)   |        | SUBTOTALS  | 0.00          | 30.40               | 00.0                   | 0.00                          | 3.00                      |                                    |            | 72.00                                     | 0.00             | 0.00   | 0.00                        | 105.66                      |  |
| CO   | LUMN   | CODE (ACCTG. USE ONLY                                    | ŋ             |                     |                        |                               |                           |                                    |            |   |                  |  |                             |                             |  |
| CLAIM TOTAL  |        |  |               |                     |                        |                               |                           |                                    |            |   |                  |  |                             | \$105.66                    |  |
| , ,  |        | OF TRIP, REMARKS AND DETAILS (16/16: CIRM Speaking E     |               |                     |                        | t Stem (                      | Cell Conf                 | erence) -                          | Kans       | as City, KS                               |                  | A DESCRIPTION OF THE PERSON OF | SE ONLY                     | <b>OFFICE</b><br>ECK NUMBER |  |
|  |        |  |               |                     |                        |                               |                           |                                    |            |   |                  |  |                             |                             |  |
|  |        |  |               |                     |                        |                               |                           |                                    |            |   |                  |  |                             |                             |  |
| (15)   |        |  | ment of the   | e travel expe       | nses incurred          | d by me in a<br>the vehicle v | ccordance w               | ith DPA rules                      | in the se  | ervice of the State<br>e claimed, and tha | of Califo        | rnia. If a priva   | ately owned vernents as pre | ehicle was<br>escribed by   |  |
| CLAIN  |        |  | rtaining to   | vehicle safety DATE | and seat be            | It usage.                     |                           | J. 22.25. Alla                     |            | , 37.00                                   |                  |  | ATE /                       | -/11                        |  |
| (17) \$  |        |  | and TITI F    | (See Item 1         | 2//18<br>7 on reverse) | 7                             |                           |                                    |            |   |                  | D  | 10/ L                       | 5/16                        |  |
| 29   |        |  |               | , eee nom 1         | 3                      |                               |                           |                                    |            |   |                  |  | •                           | /                           |  |