TRA	VEL	FORNIA - DEPARTMENT OF PERSOI EXPENSE CLAIM 9/2007)	NNEL ADMINI	STRATION			ns and *Pr Reverse :								
STD. 262 (REV. 9/2007) Statement C							SSN or EMPLOYEE NUMBER*				Page of Pages DEPARTMENT			ges	
C. Randal Mills							CON GLEWIN ESTEE NOWIBELY				CIRM				
POSITION CB/ID No.								DIVISION or BUREAU					INDEX NU	IMBER	
President and Chief Executive Officer RESIDENCE ADDRESS *															
KESINEINGE ANNKESS .							HEADQUARTERS ADDRESS 1999 Harrison Street						TELEPHONE NUMBER		
CITY STATE ZIP CODE							CITY CITY				STATE		(510) 340-9105 ZIP CODE		
								Oakland				CA 94612			
(1) NORMAL WORK HOURS							(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE (CLAIMED		
(4) MONTH/YEAR		(6)	(7)	(8)	MEALS	Į.	(9)	(10)		TRANSPORTA			(11)	(12)	
/16 ⁰⁷	/16	LOCATION WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T, N/C, RELO		(A) COST OF	(B) (C) TYPE CARFARE,		(D) PRIVATE CAR USE			TOTAL	
(5) DATE	TIME		LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
10/11	11:00	SFO to BOS	338.77					1,476.90	AT			0.00		1,815.67	
10/12			338.77					:				0.00		338.77	
10/13		Travel to JFK						27.43	Т			0.00		27.43	
10/14	24:00	RT: JFK to SFO (Arrived 10/15 at 12:20 am	168.68					1,503.10		115.00		0.00		1,786.78	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
<u>.</u>												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
13)	;	SUBTOTALS	846.22	0.00	0.00	0.00	0.00	3,007.43		115.00	0.00	0.00	0.00	3,968.65	
COI	UMN	CODE (ACCTG, USE ONLY)													
		CLAIM TOTAL												\$3,968.65	
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											A	SENCY ACC	COUNTRIC	OFFICE	
10/11 - 10/13/15: CIRM Speaking Engagement (Quintiles EVF), Boston, MA											AGENCY ACCOUNTING OFFICE USE ONLY				
** Returned from JFK on 10/14/16											PAID BY REVOLVING FUND CHECK NUMBER				
											l				
											•				
2016PO10															
(1			nent of the	e travel expe	nses incurred	by me in a	ccordance wi	h DPA rules	in the ser	vice of the State	of Califor	nia. If a priva	tely owned ve	ehicle was	
CI			, I certify t	that the cost of vehicle safety	of operating the	ne vehicle w tusage.	vas equal to o	r greater thar	the rate	claimed, and that	I have n	net the require	ments as pres	scribed by	
Cl ∑≊				DATE	10/11	(16)						DA	(O/2	5/1	
(1)			nd TITLE	(See Item 17	on reverse)							D.A	TE C	2/16	
29				7.0									,	/	