| STD. 26 | 2 (REV. 9 | 9/2007) | | | Stater | nent On F | Reverse S | Side | | | Page | of | Par | es | |
|---|-----------|---------------------------------------|-------------------------|------------------------|-----------------------------------|-------------------------------|---|------------------------------------|------------|-------------------------------------|---------------------------------|-----------------------------------|--------------------------------|------------------------|--------------|
| CLAIMANT'S NAME C. Randal Mills POSITION President and Chief Executive Officer RESIDENCE ADDRESS* | | | | | | | DIVISION or BUREAU HEADQUARTERS ADDRESS 1999 Harrison Street | | | | Page of Pages DEPARTMENT CIRM | | | | |
| | | | | | | | | | | | | | | | INDEX NUMBER |
| | | | | | | | | | | | TELEPHONE NUMBER | | | | |
| | | | | | | | | | | | (510) 340-9105 | | | | |
| | | | | | | | | | | | CITY STATE ZIP CODE | | | | |
| (1) NORMAL WORK HOURS | | | | | | | | Oakland | | | | CA 94612 | | | |
| THE STANDAR THURS | | | | | | | | (2) PRIVATE VEHICLE LICENSE NUMBER | | | | (3) MILEAGE RATE CLAIMED 0.540 | | | |
| (4) MONTH/YEAR (| | (6) | (7) | (8) | MEALS | | (9) | (10) | | TRANSPORTA | | | (11) | (12) | |
| 07/16 | | LOCATION WHERE EXPENSES WERE INCURRED | | BREAK- | | O.T., L/T, N/C, RELO. | | (A) | (B) | (C) | (D) PRIVATE CAR USE | | - | TOTAL | |
| 5) DATE | TIME | WERE INCURRED | LODGING | FAST | LUNCH | OR DINNER | TALS | COST OF TRANS. | TYPE | CARFARE, TOLLS, PARKING | MILES | AMOUNT | BUSINESS EXPENSE | FOR DAY | |
| 07/12 | 09:10 | Baltimore, MD | | | | | | 66.15 | 200 | FARRING | MILES | | | | |
| 31112 | 12:00 | , , | | | | | | 55.45 | T | | | 0.00 | | 55.45 | |
| | | | | | | | | | | | | 0.00 | | 0.00 | |
| 07/14 | 19:04 | Winston-Salem, NC | 178.89 | | | | | 155.00 | Т | | | 0.00 | | 333.89 | |
| | | | 176.65 | | | - | | 154.07 | 1 | | | 0.00 | | 552,78 | |
|)7/15 | 20:55 | RT: GSO to SFO | | | 15.68 | | | 901.10 | A | | | 0.00 | | 916.78 | |
| | | | | | | | | | | | | 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 | |
| 13) | | SUBTOTALS | 178.89 | 0.00 | 15.68 | 0.00 | 0.00 | 1111.55 | | 0.00 | 0.00 | 0.00 | 0.00 | 1,306.1 | |
| COL | | CODE (ACCTG. USE ONLY | | 0.00 | 15.00 | 0.00 | 0.00 | 1,110.04 | | 0.00 | 0.00 | 0.00 | 0.00 | 1,000,21 | |
| COL | | |) | | | | | | | | HE | BX.LIM. Fox | | 1,306.12 | |
| | | CLAIM TOTAL | | | | | | | | | | | | \$1,395.21 | |
| (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) | | | | | | | | | | AGENCY ACCOUNTING OFFICE | | | | | |
| 07/12/16: CIRM Candidate Interview - Baltimore, MD | | | | | | | | | | USE ONLY | | | | | |
| 77/14 | - 07/1 | 15/16: CIRM Business M | eeting: CIL | M Clinia | cal Stage | Program | e Dicon | esion W | ineton | Salam | PAID B | Y REVOLVIN | G FUND CHE | CK NUMBER | |
| NC | 0,,, | or to Circuit Business IV | coung. On | avi emin | car stage | Trogram | is Discu. | 531011 - 11 | 1113001 | -Saicin, | | | | | |
| | MIC | # 2011. DAGE | _ | | | | | | | | | | | | |
| | Uß | # 2016 POOS | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 45) | | | | | | | | | | | | | | | |
| 15) | | | ent of the certify t | travel exper | nses incurred of operating the | by me in aco ne vehicle wa | cordance wit s equal to o | h DPA rules i r greater than | in the ser | vice of the State claimed, and that | of Califord I have m | nia. If a priva et the require | tely owned ve ments as pres | hicle was cribed by | |
| CLAIN | | | ining to v | vehicle safety DATE | and seat belt | (16) \$ | | | | | | DA | | | |
| 9 / | | | | 17/2 | 2/16 | 201 | | | | | | F | 1/2/ | 16 | |
| | | KPEŃSE AUTHORIZATION - SIGNAT | | (2) | | | | | | | | 0 | 1011 | <u>U</u> | |
| 17) SPE | ECIAL EX | CPENSE AUTHORIZATION - SIGNAT | URE and TITLE | (See Item 17 | on reverse) | | | | | | | D/ | TE / | | |