

CLAIMANT'S NAME C. Randal Mills			DEPARTMENT CIRM		
POSITION President and Chief Executive Officer		CB/ID No.	INDEX NUMBER		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1999 Harrison Street		TELEPHONE NUMBER (510) 340-9105
CITY Oakland	STATE CA	ZIP CODE 94612	CITY Oakland	STATE CA	ZIP CODE 94612

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.540
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(4) MONTH/YEAR	(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		
07/16	15:24 16:29	Baltimore, MD						154.09	T			0.00	154.09
												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
												0.00	0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	154.09		0.00	0.00	0.00	154.09
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	\$154.09
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 07/14 - 07/15/16: CIRM Business Meeting: CIRM Clinical Stage Programs Discussion - Winston-Salem, NC
2016 POOS
Note: Not previously claimed

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED BY REVOLVING FUND CHECK NUMBER
DATE 10/10/16

(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 SIGNATURE	DATE 10/10/16	DATE 10/10/16
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE