	IFORNIA - DEPARTMENT OF PERS EXPENSE CLAIM 9/2007)	SOMNEL ADMINI	STRATION		structions ment On					Davis				
							SSN or EMDLOVEE NUMBER:				Page of		Pages	
C. Randal	Mills									CIRI				
POSITION President and Chief Executive Officer RESIDENCE ADDRESS * CITY STATE ZIP CODE							DIVISION or BUREAU					INDEX NU	MBER	
							HEADQUARTERS ADDRESS						NE NUMBER	
							1999 Harrison Street						(510) 340-9105	
							CITY				STATE		ZIP CODE	
					(Oakland					CA	94612	2	
1) NORMAL WO	ORK HOURS				(2) PRIVATE \	EHICLE LICI	ENSE NU	MBER	1	EAGE RATE	CLAIMED		
4) MONTH/YEAR	(7)	(7)			(0)				0.540					
09/16	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8)	MEALS	7	(9)	(10)		TRANSPORTA	TION		(11)	. (12)	
			BREAK-		O.T., L/T, N/C, RELO.	INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES	
DATE TIME		LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES		EXPENSE	FOR DAY	
07:15	SFO to IAD	251.20	1						17444140	WILLS				
09/11		231.20									0.00		251.20	
09/12 22:30	RT: IAD to SFO		40.58	,			36.84	∠T	72.00	1	0.00		149.42	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00	,	0.00	
											0.00		0.00	
											0.00		00.0	
											0.00		0.00	
											00.0		0.00	
										<i>-</i>	0.00		0.00	
				 							0.00		00,00	
13)				-									70 50 50	
	SUBTOTALS	251.20	40.58	0.00	0.00	0.00	36.84		72.00	0.00	0.00	0.00	400.62	
COLUMN	CODE (ACCTG. USE ONLY	9												
	CLAIM TOTAL											(\$400,62	
14) PURPOSE (OF TRIP, REMARKS AND DETAILS (Attach receipts/vo	ouchers when	required)	-					AG	ENCY ACC	OUNTING	OFFICE	
09/11 - 09/12/2016: FDA Hearing (Regulation) at NIH - Baltimore, MD										AGENCY ACCOUNTING OFFICE USE ONLY				
										PAID BY REVOLVING FUND CHECK NUMBER				
										l				
										ı				
	05													
		' 2	016	PO 4	86									
(15)														
(15)		erniy t	nai ine cosi (operating t	ne venicie wa	cordance wit	h DPA rules i r greater than	in the ser	vice of the State claimed, and that	of Califorr	nia. If a privat	ely owned ve	hicle was	
CLAI		ng to v	ehicle safety DATE	and seat bel	t usage. (16)						У.			
× -			JAIL I	/ /							DA		111	
4.73			10/	10/16	12							0/10	116	
17) 		TITLE	(See Item 17	on reverse)							DA	TE		