

See Instructions and \*Privacy  
 Statement On Reverse Side

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

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.540
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(4) MONTH/YEAR	(5) DATE	(5) TIME	(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		
										MILES	AMOUNT			
10/16	10/26	12:55	Travel from OAK to LAX	182.80 ✓					104.94 ✓	T		0.00	287.74	
	10/27	20:00	RT: Travel from LAX to OAK		67.76 ✓				85.46 ✓	T	76.00 ✓	0.00	229.22	
												0.00	0.00	
01/09	01/09	10:13 16:11	To/From: SF - Emeryville						124.75 ✓	T		0.00	124.75	
01/10	01/10	12:37 19:02	To/From: SF - Emeryville						197.34 ✓	T		0.00	197.34	
01/12	01/12	07:10 20:25	To/From: SF - Emeryville						129.31 ✓	T		0.00	129.31	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
<b>(13) SUBTOTALS</b>				182.80	67.76	0.00	0.00	0.00	641.80		76.00	0.00	0.00	968.36

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	
<b>CLAIM TOTAL</b>	\$968.36

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	10/26 - 10/27/16: 2016 CFAOC Meeting - Los Angeles, CA  01/09 - 01/12/17: 2017 Annual JPMorgan Healthcare Conference - San Francisco, CA	<b>AGENCY ACCOUNTING OFFICE                  USE ONLY</b>
		PAID BY REVOLVING FUND CHECK NUMBER

Remit Payment To:  
 CIRM  
 1999 Harrison St. Ste 1650  
 Oakland, CA 94612-3520

(16) 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...

[REDACTED]	DATE 2/7/17	[REDACTED]	DATE 2/9/17
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)