ID. 26	2 (REV. 9	3/2007)			State	nent On	Reverse S	siae			Page	1 of	1	ges	
CLAIMANT'S NAME  Patricia Olson  SSN or EMPLOYEE NUMBER*										DEPARTMENT					
		son		00/10			DD #0101				CIRI	<u> </u>			
POSITION CB/ID No.  Vice President, Discovery & Translation							DIVISION or BUREAU Science Office						INDEX NU	JMBER	
RESIDENCE ADDRESS*							HEADQUARTERS ADDRESS						TEI EDUC	TELEPHONE NUMBER	
								1999 Harrison Street						(510) 340-9101	
								CITY				STATE		CODE	
							Oakland					CA	9461	2	
NOR	AL WO	RK HOURS				(2	2) PRIVATE V	EHICLE LICE	ENSE NUI	MBER	(3) MIL	EAGE RATE	CLAIMED		
												0.565			
(4) MONTH/YEAR (6) (7) (8)				(8)	MEALS		(9) (10)		TRANSPORTA		TION		(11)	(12)	
Dec/2	2016	WHERE EXPENSES		BREAK-		0.T., L/T, N/C, RELC		(A)	(B)	(C)		(D)		TOTAL	
)	TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR	INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS,		E CAR USE	BUSINESS EXPENSE	FOR DAY	
ATE	TIME 10:00		205.66			DINNER				PARKING	MILES	AMOUNT		270.80	
2/4	10.00	SFO to Washington DC	-204 <del>.6</del> 6-		9.99	41.19	)			22.00		0.00		278.8°	
2/5		Washington DC	265.66	21.47	21.02	10.04		_						288.4° -287.69	
2/3		Washington De	-204.66	- <del>21.6</del> 9.	21.02	40.32	2					0.00		-287.69	
2/6	22:00	Washington DC to SFO			33.22	9.99	)			22.00		0.00		65.21	
												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)			4/1.32	21.47								0.00		0.00	
		SUBTOTALS	<b>305€ 3</b> 2	21.69	64.23	91.50	0.00	0.00		44.00	0.00	0.00	0.00	632.4 -630.74	
COL		CODE (ACCTG, USE ONL) CLAIM TOTAL					1,							632.5	
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)												TNOV 607	Amirin A	OFFICE	
12/4-6/2016 Attendance at Clinical Application of Stem Cell Therapies for Human Eye Disease											AGENCY ACCOUNTING OFFICE USE ONLY				
											PAID BY REVOLVING FUND CHECK NUMBER				
			2	0./ 0											
			ZE	016	OTC	3									
15)	I HERFF	BY CERTIFY That the above is a tru	e statement of the	travel exper	nses incurred	by me in a	cordance wit	h NPA rules-i	in the sen	rice of the State	of Californ	nia. If a priva	tely owned ve	ehicle was	
13)	used, an	id it mileade rates exceed the minim	um rate I cortify #												
	used, ar SAM Se	BY CERTIFY That the above is a truid if mileage rates exceed the minim ctions 0750, 0751, 0752, 0753 and 0	um rate, I certify the 754 pertaining to v		and seat bel								ments as pre	scribed by	
.A <u>Q</u>	used, ar SAM Se	id it mileage rates exceed the minim ctions 0750, 0751, 0752, 0753 and 0	um rate, I certify the 754 pertaining to v	Part the cost of rehicle safety	and seat bel	t usage.					PAYMEN		TE		