

CLAIMANT'S NAME Neil Littman		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION Director, Infrastructure & BizDev		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison Street		TELEPHONE NUMBER (415) 396-9122	
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 0.575 0.54
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(5) DATE	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		
7/10	1000	Cambridge, MA	246.67 267.67		39.51	36.06		539.08 541.57				0.00	891.32 885.01
7/11		Cambridge, MA	216.67 267.67			12.66		21.60				0.00	300.93 301.03
7/12	2300	Cambridge, MA		5.67	16.86			80.85 21.60				0.00	103.48 21.60
												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			533.34 535.34	5.67	56.37	48.72	0.00	641.63 584.58		0.00	0.00	0.00	1285.73 1286.68
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	1285.73 \$1,286.68
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Speaking engagement at Harvard Stem Cell Institute event - "How to Build a Regenerative Medicine Company"
 OST# 2016 MA01

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY certify that the cost of operating the vehicle was reasonable and necessary for the purpose of the trip. I certify that the cost of operating the vehicle was reasonable and necessary for the purpose of the trip.	DATE 7/21/16	DATE 8/10/16
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE