

CLAIMANT'S NAME <b>Neil Littman</b>		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION <b>Director, BD &amp; Infrastructure</b>	CB/ID No.	DIVISION or BUREAU <b>CIRM</b>	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>1999 Harrison Street</b>	TELEPHONE NUMBER <b>(415) 396-9122</b>
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE <b>Oakland CA 94612</b>

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED <b>0.575 0.54</b>
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(4) MONTH/YEAR <b>8/16</b>	(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				
(5) DATE	TIME									MILES	AMOUNT			
8/22		San Diego	3.73	27.14		28.34				117.20	29.00	15.66 <del>16.68</del>	28.34 <del>0.00</del>	192.08 <del>192.09</del>
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
<b>(13) SUBTOTALS</b>		0.00	3.73	27.14	0.00	28.34	0.00			117.20	29.00	15.66 <del>16.68</del>	28.34 <del>0.00</del>	192.08 <del>192.09</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL** 195.09  
192.08

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
**Meeting with NantHealth and Patrick Soon Shiong regarding ATP3 & CIRM 2.0**

**AGENCY ACCOUNTING OFFICE USE ONLY**  
 PAID BY REVOLVING FUND CHECK NUMBER

(15) I certify that the 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, 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 Section 10245.54 pertaining to vehicle safety and seat belt usage.

CLAIMANT SIGNATURE [REDACTED]	DATE <b>8/30/16</b>	(16) SIGNATURE [REDACTED]	DATE <b>9/7/16</b>
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)