

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</b>	<b>CA</b>	<b>94612</b>

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED <b>0.575</b>
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(4) MONTH/YEAR <b>10/16</b>	(5) DATE	(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			
	TIME									MILES	AMOUNT			
	10/4	SFO/San Diego	252.45	9.11	23.44	<b>41.45</b> <del>52.82</del>			31.87		12.00		0.00	<b>370.32</b> <del>381.60</del>
	10/5	San Diego	252.45	6.21	5.13						12.00		0.00	275.79
	10/6	San Diego	252.45	6.21		17.82			31.22		12.00		0.00	319.70
													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
													0.00	0.00
(13) SUBTOTALS			757.35	21.53	28.57	<b>59.27</b> <del>70.64</del>	0.00	63.09		36.00	0.00	0.00	0.00	<b>965.81</b> <del>977.18</del>
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

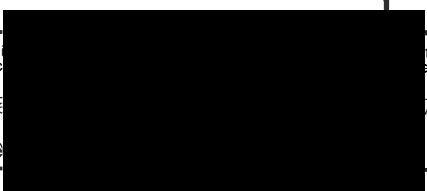
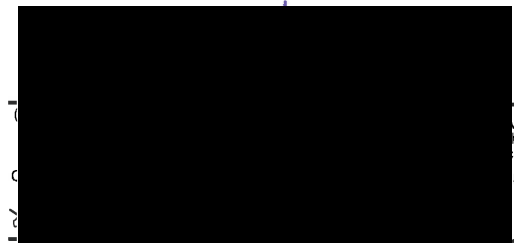
**965.81**  
977.18

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

UC Irvine Roadshow and Stem Cell Meeting on the Mesa  
 Airfare by *giselle's*, Rental Car by *CMCR*

AGENCY ACCOUNTING OFFICE  
 USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER



Travel expenses incurred by me...  
 the cost of operating the vehicle...  
 the safety and seat belt usage.

California. If a privately owned vehicle was...  
 met the requirements as prescribed by

DATE  
**10/10/16**

DATE  
**10/19/16**

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE