

See Instructions and *Privacy
 Statement On Reverse Side

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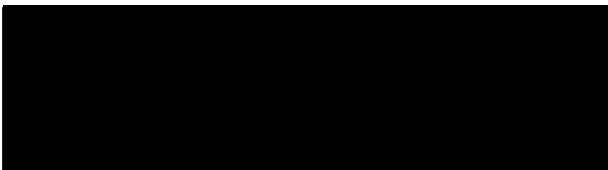
CLAIMANT'S NAME Neil Littman			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT		
POSITION Director, BD & Infrastructure		CB/ID No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1999 Harrison Street				TELEPHONE NUMBER (415) 396-9122	
CITY		STATE	ZIP CODE	CITY Oakland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

(1) NORMAL WORK HOURS			(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]			(3) MILEAGE RATE CLAIMED 0.535		
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(4) MONTH/YEAR 6/17	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
	TIME									MILES	AMOUNT			
6/18		San Francisco / San Diego			4.17	49.28		15.55 16.20			28.00	14.98		84.63
6/19		San Diego		3.89		6.73		43.31 45.74				0.00		56.36
6/20		San Diego		8.00	32.63	26.27		27.26 29.70				0.00		96.60
6/21		San Diego		5.25	30.52			18.17 19.80				0.00		55.57
6/22		San Diego		8.00	17.94			91.87 107.33				0.00		133.27
												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			0.00	25.14	85.26	82.28	0.00	201.11 218.77		0.00	28.00	14.98	0.00	411.80 426.43
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														411.80 426.43

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

BIO International Convention



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

**AGENCY ACCOUNTING OFFICE
 USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY that the above is a true 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, and if mileage rates exceed the minimum rate, 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 SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 6/26/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 7.4.17
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE