

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Maria Millan		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION Vice President, Therapeutics	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 1999 Harrison Street, Suite 1650	TELEPHONE NUMBER (510) 340-9801
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Oakland STATE CA ZIP CODE 94612

(1) MONTH/YEAR	(2) DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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				
8/22	0800-1700	Trip to Los Angeles CAP meeting +				39.81		54.08	T	36.00 90.08			129.89	
9/20	0800-1700	Travel to San Diego for ICOC mtg +				19.74			T	42.81			62.55	
9/23	0800-1700	Travel home from RoadShow events in LA +							T	24.42			24.42	
9/21	0800-1700	Road Show-Dinner for Group (form attached) +										270.94 251.20	270.94	
9/22	0800-1700	Road Show events in LA				41.35							41.35	
9/7	0800-1700	Stanford Meeting - lunch for Group (form attached) +							PC	3.00	26	14.04	97.48	
7/28	0800-1700	CAP Meeting held at UCSF Mission Bay +							PC	15.00			15.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	138.83	310.75	0.00	0.00		175.31	26	14.04	0.00	658.67 638.92
(11) COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												658.67 638.92		

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

8/22 Meeting was for a Clinical Advisory Panel for CIRM Grantee Capricor.
 9/20 Travel to San Diego in advance of 9/21 ICOC meeting.
 9/21 & 9/22 Road Show events with Randy Mills- hotels organized and paid for by Manda Mora. Dinner 9/21 is for group and has a Business Meeting Form attached. Alcohol was removed from check and total claimed for dinner.
 9/7 Meeting at Stanford. Business Meeting Form attached. No alcohol charged on TEC.

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
[REDACTED]

(14) MILEAGE RATE CLAIMED
.54

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I certify that the travel expenses incurred by me in accordance with DPA rules in the service of the State and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was not more than the minimum rate and 0754.

CLAIMANT'S SIGNATURE: [REDACTED] DATE: [REDACTED]

TRAVEL AND PAYMENT DATE: 10/7/06

(17) SUPERVISOR'S SIGNATURE AND TITLE (See Item 17 on reverse) DATE: [REDACTED]