

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

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

(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
	TIME										AMOUNT		
10/4	0800-1700	Trip to San Diego CAP meeting +	252.45		31.46	42.54 <del>56.60</del>		81.18	T				407.63 <del>421.69</del>
10/5	0800-1700	RoadShow and Meeting on Mesa +	252.45						T				252.45
10/6	0800-1700	Travel home from Meeting on Mesa +	252.45		20.28	13.77		24.49	T				310.99
10/18	0800-1700	ATP3 Mtg with Juelsgaard							PC	34.00			34.00
	0800-1700												0.00
	0800-1700												0.00
	0800-1700												0.00
	0800-1700												0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
<b>(10) SUBTOTALS</b>			757.35	0.00	51.74	56.31 <del>70.37</del>	0.00	105.67		34.00	0	0.00	1005.07 <del>1,019.13</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

**CLAIM TOTAL**

1005.07  
~~1,019.13~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
10/4 Clinical Advisory Panel for CIRM Grantee Viacyte. RoadShow event. Grand Opening at Quintiles 10/5 Road Show event. 10/5 & 10/6 Meeting on the Mesa Air Travel booked via Concur. Hotel had 3 night minimum for Conference and was originally booked as a group under CIRM AMEX but then changed to employee paid when CIRM fell below minimum number of people/nights on reservation. Chila approved group reservation at Hotel price. No alcohol charged on TEC 10/18 ATP3 Mtg in San Francisco  10/04 Reduced to max Per diem allowed +		[REDACTED] (13) PRIVATE VEHICLE LICENSE NUMBER  (14) MILEAGE RATE CLAIMED .54	
(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 and, if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle used at I have met the requirements as prescribed.		<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> PAID BY REVOLVING FUND CHECK NUMBER	
CLAIMANT	DATE		
[REDACTED]	02/29/06	[REDACTED]	11/2/16
(17) SIGNATURE AND TITLE (See Item 17 on reverse)		DATE	
[REDACTED]			