

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy
 Statement On Reverse Side

Page 1 of _____ Pages

CLAIMANT'S NAME Maria Millan		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION Vice President, Therapeutics	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison Street, Suite 1650	TELEPHONE NUMBER (510) 340-9801
CITY	STATE	ZIP CODE	
	Oakland	CA	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				
	TIME									MILES	AMOUNT				
3/9	0800-1700	Travel to UCSD							T		25.59		25.59		
3/10	0800-1700	UCSD Symposium							T		95.86		95.86		
3/22	0800-1700	Meetings at City of Hope			9.14				T		86.12		95.26		
3/23	0800-1700	Alpha Clinic Symposium			36.54	23.09			T		68.42		128.05		
	0800-1700												0.00		
	0800-1700												0.00		
	0800-1700												0.00		
	0800-1700												0.00		
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													0.00		
													0.00		
													0.00		
(10) SUBTOTALS			0.00	36.54	9.14	23.09	0.00	0.00			275.99	0	0.00	0.00	344.76
(10) COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

344.76

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) March 9 & 10 - UCSD Symposium. UCSD paid for hotel room because Dr. Millan was panelist. March 22 - Travel to City of Hope, Duarte, CA for multiple meetings. Hotel Room paid for by CIRM Conference Grant. Airfare booked via Concur. March 23 - Alpha Stem Cell Clinic Symposium at City of Hope	(12) NORMAL WORK HOURS
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED .535
	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER

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

(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 <i>Millan</i>	DATE 4/7/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 4/6/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	