	62 (REV.				State	ement Or	Reverse	Side			Page	of	D.	nae
CLAIMANT'S NAME Maria Millan						SSN or EMPLOYEE NUMBER*				Page of Pages DEPARTMENT			iges	
POSITI		1411		CD/III	D.N.						CIR	M		
Interim President/CEO					CB/ID No.		DIVISION or BUREAU President/CEO (Interim)						INDEX NU	JMBER
RESIDENCE ADDRESS *								HEADQUARTERS ADDRESS					8500 TELEPHONE NUMBE	
CITY						1999 Harrison				(510) 340-91				
STATE ZILLYNN						CITY				STATE		ZIP CODE		
1) NORMAL WORK HOURS						Oakland				CA		94612		
						(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED 0.535				
	4) MONTH/YEAR (6)		(7)	(8) MEALS			(9)	(10) TRANSPORTA					(44)	(48)
7/17		WHERE EXPENSES				O.T., L/T,		(A)	(B) (C)		(D)		(11)	(12)
5) DATE	TIME	WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO	TALS	COST OF T	TYPE	PE CARFARE,	PRIVA"		BUSINESS	
7/17	1400	Oakland to SD				DINNER	1			PARKING	MILES	AMOUNT	EXPENSE	FOR DA
7/18								26.78	PC		25.00	13.38	295.45	335.6
			-				-	29.63				0.00		29.6
7/19	10					56.50	5	63.41				0.00		119.9
7/21	10am	Return to Oakland						25.00	PC	90.00	25.00	13.38		128.3
	_											0.00		0.0
												0.00		0.0
												0.00		0.0
												0.00		0.0
							Remit	Pavn	nent	To	1	0.00		0.0
								CIRM	И	Ste 1650 12-3520		0.00		0.0
								CA 9	9461			0.00		0.0
												0.00		0.0
•)	s	UBTOTALS	0.00	0.00	0.00	56.56	0.00	144.82		90.00	50.00	26,75	295.45	613.5
COL	JMN C	ODE (ACCTG. USE ONLY)										20170	275.45	015.5
() DUD		LAIM TOTAL												\$613.5
JEUN		TRIP, REMARKS AND DETAILS (Attained address Alphaeadership Meeting & Al			equired)						AGI	ENCY ACC		FFICE
	/19: L	ownership intecting of Albii	a Cliffic V	ISIL									ONLY	
17-7	/19: L /leetin	g at UCSD				:4					PAID BY	REVOLVING	FUND CHEC	K NUMB
17-7	/19: L Meetin	g at UCSD												
17-7	/19: L /leetin	g at UCSD	-											
17-7	/19: L Meetin	g at UCSD												
17-7	/19: L Meetin	g at UCSD												
17-7	/19: L Meetin	g at UCSD												
/17-7/ /19: N	Aeetin	g at UCSD												
/17-7/ /19: N	Aeetin	g at UCSD	tement of the tote, I certify that	ravel expens t the cost of nicle safety an	es incurred be operating the ondered to seat belt u	oy me in acc o vehicle was	cordance with s equal to or g	DPA rules in	the servi	ce of the State of aimed, and that I	California have met	. If a privatel	y owned vehi	cle was ribed by
717-7, 719: N	Aeetin	g at UCSD CERTIFY That the above is a true stat if mileage rates exceed the minimum rations 0750, 0751, 0752, 0753 and 0754 p	tement of the tote, I certify that ertaining to vet	A		by me in accovering the state of the state o	cordance with s equal to or g	DPA rules in greater than to	the servi	G TRAVEL AND F	AYMENT	If a privatel the requireme	y owned vehi	cle was ribed by
17-7, 19: N	HEREBY Sed, and AM Section	g at UCSD		Augi	8,2017	oy me in acc by vehicle was usage.	cordance with sequal to or go	DPA rules in greater than to	the servi the rate of	ce of the State of aimed, and that I	AYMENT	. If a privately the requirement	y owned vehi	cicle was ribed by