

CLAIMANT'S NAME <b>C. Randal Mills</b>			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT <b>CIRM</b>											
POSITION <b>President and Chief Executive Officer</b>			CB/ID No.			INDEX NUMBER											
RESIDENCE ADDRESS *						HEADQUARTERS ADDRESS <b>1999 Harrison Street</b>			TELEPHONE NUMBER <b>(510) 340-9105</b>								
CITY			STATE			ZIP CODE			CITY			STATE			ZIP CODE		
									<b>Oakland</b>			<b>CA</b>			<b>94612</b>		

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED <b>0.540</b>
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(4) MONTH/YEAR	(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			
09/16	17:19	Burlingame, CA									0.00	468.26	468.26	
											0.00		0.00	
09/28	12:30	Roundtrip: Oakland to Stanford								69.80	37.69		37.69	
											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	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
<b>(13) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	0.00		0.00	69.80	37.69	468.26	505.95
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

<b>CLAIM TOTAL</b>	<b>\$505.95</b>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

09/13/16: CIRM Leadership Team Business Meeting - Burlingame, CA  
 re: CIRM Business Plan - 2016 and Beyond

09/28/16: CIRM Roadshow, Stanford - Palo Alto, CA

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAYED 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, 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 the State of California pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE <b>10/10/16</b>	(16) SUPERVISOR'S SIGNATURE [REDACTED]	DATE <b>10/10/16</b>
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE
[REDACTED]			