

See Instructions and *Privacy
 Statement On Reverse Side

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

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.540
-------------------------------------	--	-----------------------------------

(4) MONTH/YEAR 10/16	(5) DATE	(6) TIME	(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		
											MILES	AMOUNT		
10/03	15:00		SFO to SAN	168.10			30.59		63.45	T			0.00	262.14
10/04	20:00		Travel to Irvine						54.11	T			0.00	94.20
10/05	17:30		RT: SNA to SFO									84.00	0.00	107.52
													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
(13) SUBTOTALS				168.10	59.83	0.00	30.59	0.00	117.56		84.00	0.00	0.00	554.28

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$554.28

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 10/04/16: Quintiles Grand Opening - San Diego, CA
 10/05/16: CIRM Roadshow at UC Irvine - Irvine, CA

AGENCY ACCOUNTING OFFICE USE ONLY
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, 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 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 10/10/16	(16) SUPERVISOR'S SIGNATURE [REDACTED]	DATE 10/10/16
(17) SUBJECT AND TITLE (See Item 17 on reverse)		DATE	