

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.	DIVISION or BUREAU	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 CA 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		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			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		
									MILES	AMOUNT			
10/11	11:00	SFO to BOS	338.77				1,476.90	AT		0.00		1,815.67	
10/12			338.77							0.00		338.77	
10/13		Travel to JFK					27.43	T		0.00		27.43	
10/14	24:00	RT: JFK to SFO (Arrived 10/15 at 12:20 am) +	168.68				1,503.10		115.00	0.00		1,786.78	
										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			846.22	0.00	0.00	0.00	0.00	3,007.43	115.00	0.00	0.00	3,968.65	
COLUMN CODE (ACCTG. USE ONLY)													

<b>CLAIM TOTAL</b>	<b>\$3,968.65</b>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 10/11 - 10/13/15: CIRM Speaking Engagement (Quintiles EVF), Boston, MA  
 \*\* Returned from JFK on 10/14/16

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAYED BY REVOLVING FUND CHECK NUMBER

2016 PO 10

(1) [REDACTED]	DATE 10/19/16	(16) [REDACTED]	DATE 10/25/16
(1) [REDACTED] and TITLE (See Item 17 on reverse)		DATE	