

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 or BUREAU	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison Street		TELEPHONE NUMBER (510) 340-9105	
CITY STATE ZIP CODE		CITY STATE ZIP CODE		CITY STATE ZIP CODE	
		Oakland CA 94612		Oakland CA 94612	

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.540
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(5) DATE	(5) 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., L.T., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
										MILES	AMOUNT				
12/04	06:45	Travel from SFO to PBI						14.51	✓			0.00	62.72	✓	77.23
12/05												0.00	57.60	✓	57.66
12/06					7.95	✓		13.52	✓		7.50	0.00	57.80	✓	86.77
12/07					2.65	✓						0.00	45.03	✓	47.68
12/08	19:00	RT: Travel from PBI to SFO						19.27	✓		216.00	✓	0.00		235.27
												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			0.00	10.60	0.00	13.52	0.00	33.78			223.50	0.00	0.00	223.21	504.61 #5497.11
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

497.11
504.61

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 12/4 - 12/08/16: 2016 World Stem Cell Summit - West Palm Beach, FL

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, 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 Department of Personnel Administration regarding vehicle safety and seat belt use.

DATE 2/7/17	DATE 1/31/17
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)