

CLAIMANT'S NAME Patricia Olson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Vice President, Discovery and Translatio		CB/D No.	DIVISION or BUREAU Science Office		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison Street, Suite 1650			TELEPHONE NUMBER (510) 340-9101
CITY [REDACTED]		CITY Oakland		STATE CA	ZIP CODE 94612

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.540
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(4) MONTH/YEAR 9/16	(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			
	9/20	1:00p	Flight from OAK to SAN			21.38					0.00		21.38	
	9/22	23:45	LAX to SFO		11.99	35.90				72.00	0.00		119.89	
	9/28		Road show at Stanford							63.00	34.02		34.02	
	9/29	15:00	SFO to LAX			15.84		20.00	B		0.00		35.84	
	9/30	20:00	LAX to SFO			14.65		20.00	B		0.00		34.65	
	10/4	12:00	OAK to LAX								0.00		0.00	
	10/5	19:00	LAX to OAK		23.80	22.50				48.00	0.00		94.30	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	35.79	74.24	36.03	0.00	40.00		120.00	63.00	34.02	0.00	340.08

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$340.08

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 9/21-22 Roadshow and ICOC meetings in southern California 9/29 Lung Workshop at UCLA 10/5 Roadshow in southern California	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
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(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me while on duty for 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 reasonable and that I have met the requirements as prescribed by the State of California.

CLAIMANT: [REDACTED] DATE: 10/10/16

(17) SPECIAL COMMENTS (See Item 17 on reverse)

DATE: 10/17/16