

FY 10/17

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

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.535
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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		
6/12	9:00	SFO/BOS			15.95				34.55	T		0.00	49.07 50.50
6/13		BOS				41.79					0.00		41.79
6/14		BOS		18.21		55.71 67.25					0.00		74.00 85.46
6/15		BOS		23.21		30.74					0.00		53.95
6/16		BOS		6.00	26.47						0.00		32.47
6/17		BOS		18.21	13.50	25.35		20.34	t		0.00		76.55 77.40
6/18	22:00	BOS/SFO								150.00	0.00		150.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			0.00	65.63	55.92	153.16 165.13	0.00	52.61 54.89		150.00	0.00	0.00	489.29 491.57 477.83

COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													477.83 \$491.57

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 6/12-18 ISSCR in Boston
 [REDACTED]

Remit Payment To:
 CIRM
 1999 Harrison St. Ste 1650
 Oakland, CA 94612-3520

AGENCY ACCOUNTING OFFICE USE ONLY
PAID 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 SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE <i>Patricia Olson</i>	DATE 8/10/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE Aug 15, 2017
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE