STD. 26	2 (REV.	EXPENSE CLAIM 7/2005)					and *Priv everse S				Page	of	8 Pa	ges	
CLAIMANT'S NAME						S	SSN or EMPLOYEE NUMBER*					DEPARTMENT			
Gilberto R Sambrano POSITION CB/ID No.							DIVISION OF BUHEAU					Л	LINEWAN		
VP Portfolio Development and Review								Portfolio Development and Review					INDEX NU	IMREH	
RESIDENCE ADDRESS *								HEADQUARTERS ADDRESS					TELEPHO	NE NUMBER	
CITY STATE ZIP CODE							1999 Harrison Street, Suite 1650				(510) 340-9170 STATE ZIP CODE				
							Oakland				CA 94612				
1) MONTH/YEAR		LOCATION WHERE EXPENSES	(4)	(5) MEALS			(6)	(7)		TRANSPORTAT	ION		(8)	(9)	
4/2017				BREAK-		O.T., L/T, N/C, RELO.	INCIDEN-	(A) COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE		DITEINESS	TOTAL EXPENSES	
2) DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES		EXPENSE		
5	6:45 AM	SFO	330.76			i i						; ; ;	1	330.70	
5	7:00 PM	Boston	:		1	36.38				26.80			5.95	69,13	
6		Boston	330.76	!	13,38	19.26		1				1		363.40 32.64	
7		Boston	330.76			20.33		# \$ #		1		1		351.09	
8		Boston/SFO	-992.28	-	14.50	/		233.20	/	126.22		1	18	373 92 1,366,20	
			1 1		:	1		i i		:				0.00	
				1	1	i :		:						0.00	
								1						0,00	
								1						0,00	
						!						1	1	0.00	
							ī			8 8			-	0.00	
														0.00	
(10)		SUBTOTALS		!		1		2				1		0.00	
COL			992.28	0,00	27.88	75.97	0.00	233.20		153.02	0	0,00	5,95	1,488,30	
COL	UNIN C	CODE (ACCTG. USE ONLY	Musika Piked					7 1-7	1.67						
		CLAIM TOTAL											(	1,488,30	
		OF TRIP, REMARKS AND DETAILS (			required)				-		(12) N	ORMAL WOF	K HOURS		
GTCBio Stem Cell Summit Conference, Boston, MA Invited to speak and represent CIRM											(13) PRIVATE VEHICLE LICENSE NUMBER				
						Dor	nit D		4 700						
cl	a เพ	ing airfare for	, retu	rn		Rei	34 JIII	iymei	nt Ic	):	(14) M 0.535	ILEAGE RAT	E CLAIMED		
01	dr	ip. only state	e cost	zequiva	ilentigo	а н	ان Arrico	r St	04-	1050		SENCY AC	COUNTING	OFFICE	
		ing airfare for		1	O	aklan	d, CA	946	12-3	520		US	E ONLY	ECK NUMBER	
(15) 1	of Califor equal to	r CEHTIFY That the above is a true s nia. If a privately owned vehicle was or greater than the rate/claimed, and	tatement of the t used, and if mile that I have met	ravel expense	es incurred by a	ne in accor	dance with D	PA rules in t	he service	of the State					
1	pertaining	g to vehicle safety and seat belt usage GNATURE		DATE	R-17	(16) SIG				NG TRAVEL AND	PAYME	NT D/	ATE /	1.1.	
(17) SP	ECIAL F	XPENSE AUTHORIZATION - SIGNAT	URE and TITI F	(See Item 17	7 on reverse)	B		A					ATE .	1/1/	
111101															

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