

CLAIMANT'S NAME <b>Cecilia Silva-Martin</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT <b>CIRM</b>	
POSITION <b>Director of Finance</b>		CB/ID No.		DIVISION or BUREAU <b>Finance 64458500</b>	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>1999 Harrison</b>		INDEX NUMBER <b>8500</b>	
CITY [REDACTED]		STATE <b>CA</b>		TELEPHONE NUMBER <b>(510) 340-9154</b>	
STATE [REDACTED]		ZIP CODE [REDACTED]		CITY <b>Oakland</b>	
STATE <b>CA</b>		ZIP CODE <b>94612</b>		STATE <b>CA</b>	

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED <b>0.535</b>
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(4) MONTH/YEAR	(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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
	TIME										MILES	AMOUNT			
4/2017	4/11	Oak to Sacto & Return	+								75.00	40.13		40.13	
	4/14	Oak to Sacto & Return									38.00	20.33		20.33	
	4/18	Oak to Sacto & Return	+							T	5.00	80.25		85.25	
	4/25	Oak to Sacto & Return								P	3.50	53.50		57.00	
	April	Public Transit							200.00			0.00		200.00	
												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		0.00	
<b>(13) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	200.00			8.50	363.00	194.21	0.00	402.71
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															
<b>CLAIM TOTAL</b>													\$402.71		

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

4/11 Attend FI\$Cal SCO/STO Release Mtg  
 4/14 Attend FI\$Cal Mtg  
 4/18 Mtg with SCO & FI\$Cal  
 4/25 Mtgs with FI\$Cal, STO, & DGS  
 April Public Transit

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

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
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>Cecilia Silva-Martin</i>	DATE <b>5/2/17</b>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE <b>5/2/17</b>
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

	DATE
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