

CLAIMANT'S NAME Gabriel Thompson		SSN or EMPLOYEE NUMBER*	DEPARTMENT CIRM	
POSITION Grants Management Officer	CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison Street Suite 1650		TELEPHONE NUMBER (415) 396-9274
CITY	STATE	ZIP CODE	CITY Oakland	STATE CA ZIP CODE 94612

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.535
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(4) MONTH/YEAR Aug-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., 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			
3/20		Home-->OAK-->BUR--> Orlando Hotel				18.03			PC		21.00	11.24	29.27	
3/21		Capricor & Calimmune - Beverlev Hills & Pasadena				15.68						0.00	72.84	
3/22		PCC & COH - Pasadena & Duarte --> BUR --> OAK				17.03			PC	48.00	21.00	11.24	115.43	
											0.00		0.00	
Feb'1		AC Transit - Feb 17							B	68.00		0.00	68.00	
											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	
											0.00		0.00	
(13) SUBTOTALS			0.00	17.03	35.59	94.44	0.00	68.00		48.00	42.00	22.48	0.00	285.58

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$285.58

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
4 Financial Compliance Site Visits - Capricor, Calimmune, Pasadena City College, City of Hope (with Doug Kearney and Ben Huang)	
Feb 2017 AC Transit Reimbursement	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, 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>Gabriel Thompson</i>	DATE 3/23/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>C. Suwardmartin</i>	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE

[Handwritten Signature]
3.23.17