

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

CLAIMANT'S NAME Kevin McCormack		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Sr Director of Public Communications		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9813
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) MONTH/YEAR	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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			
11/2012	14	07:00 18:00	HOME to Stanford to HOME							PC	74	41.07		41.07	
	15	07:00 18:00	HOME to Stanford to HOME							PC	74	41.07		41.07	
														0.00	
														0.00	
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														0.00	
														0.00	
(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00		0.00	148	82.14	0.00	82.14
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL	82.14
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 14-15) CIRM Alpha Stem Cell Clinic Workshop, Stanford Univ.	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .555

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.	DATE 12/7/12	AGENT [REDACTED]	DATE 12/18/12
(17) LOCAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 15)	[REDACTED]	DATE	