

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

*See Instructions and \*Privacy Statement On Reverse Side*

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Ellen Feigal		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM		
POSITION Senior VP		CB/ID No.	DIVISION or BUREAU Research and Development			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9106	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107	

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.555
-----------------------	------------------------------------	-----------------------------------

(4) MONTH/YEAR 1&2/2012	(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		
	1/16		San Diego				4.30					0.00		4.30
	1/26		San Francisco				48.69					0.00		48.69
	2/2		San Francisco				39.69					0.00		39.69
	2/12		Pasadena				30.02				130	72.15		102.17
												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	88.38	34.32	0.00	0.00		0.00	0.00	0.00	194.85
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL** \$194.85

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
1/17 ICOC Board meeting, San Diego 1/26 Business Lunch with Bettina Steffen (CIRM) and Katy Spink (Interview Candidate) 2/2 Business Lunch with Bettina Steffen (CIRM) and Jane Lebkowski (Interview Candidate) 2/12 ITRC Inaugural Meeting & Symposium at City of Hope	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.

CLERK [REDACTED]	DATE 2/21/2012	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 2/21/12
(17) SIGNATURE and TITLE (See Item 17 on reverse)			DATE