

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Art Torres			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM - ICOC		
POSITION Vice Chair - ICOC		CB/ID No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS Same as Residence				TELEPHONE NUMBER (415) 396-9273	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.550
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(4) MONTH/YEAR 02/13	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
(5) DATE	TIME									MILES	AMOUNT		
10/11		Berkeley					3.70	B			0.00		3.70
11/16		Stanford								3.00	67.46	37.44 37.10	40.44 40.10
12/11	1500	Los Angeles/San Francisco				50.00	54.00 102.00	T		18.00		0.00	122.00 177.00
12/12	2000	LA - SAN FRANCISCO					55.00						55.00
12/13		San Francisco										0.00	33.37
1/9		San Francisco										0.00	25.60
2/4		Sacramento								80.09		0.00	80.09
2/15		Berkeley					20.00	T				0.00	20.00
2/19	2/20	Sacramento					31.72 44.22					0.00	31.72 49.98
2/20		SACRAMENTO - SF					6.16 5.5			27.50		0.00	33.26 0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00

(13) SUBTOTALS		0.00	0.00	64.73	50.00	0.00	176.92			101.09	67.46	37.10	0.00	445.18 429.84
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COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 445.18
~~429.84~~

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

Meeting expenses
 10/11/12 GWG meeting at the Claremont, Berkeley
 11/16/12 Spinal cord workshop at Stanford
 12/12/12 ICOC meeting in LA
 12/13/12 and 1/9/13 Outreach lunch
 2/4/13 Meeting with Legislators and legislative staff
 2/14-15/13 GWG meeting at the Claremont, Berkeley
 2/20/13 Stem Cell Finance Committee meeting in Sacramento

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER
445.18

(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 for this trip, 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 vehicle safety and seat belt use.

CLAIMANT'S SIGNATURE	DATE	DATE
[REDACTED]	2/21/13	2/20/13
(17) (See Item 17 on reverse)		DATE