

**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) DRIVER'S LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR 10/12	(5) DATE 10/15 10/16	(6) LOCATION WHERE EXPENSES WERE INCURRED Silver Spring, MD	(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 0700 2300										MILES	AMOUNT		
							103.50					0.00		103.50
												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
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	103.50			0.00	0.00	0.00	103.50

<b>COLUMN CODE (ACCTG. USE ONLY)</b>												
<b>CLAIM TOTAL</b>												\$103.50

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
10/16 FDA Roundtable meeting

015# 20125008

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAYED 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 SIGNATURE [REDACTED]	DATE 24 Oct 2012	PAYMENT	DATE 10-26-12
(17) SUPERVISOR SIGNATURE and TITLE (See Item 17 on reverse)	[REDACTED]		DATE