

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Patricia Olson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Executive Director, Scientific Activitie		CB/ID No.	DIVISION or BUREAU Science Office		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9116
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]	STATE [REDACTED]

(1) NORMAL WORK HOURS: [REDACTED]

(2) PRIVATE VEHICLE LICENSE NUMBER: [REDACTED]

(3) MILEAGE RATE CLAIMED: [REDACTED]

(4) MONTH/YEAR	(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			
10/12															
10/15	10/15	8:00	Travel to Washington DC									0.00		0.00	
10/15	10/15		Washington Flyer Taxi						65.00	T		0.00		65.00	
10/15	10/15		Hilton Rockville					9.95				0.00	9.95	9.95	
10/16	10/16		SFO Parking								56.00	0.00		56.00	
10/16	10/16	20:00	Returned from Washington DC									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	9.95	65.00		56.00	0.00	0.00	0.00	130.95
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL \$130.95

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 10/15-16/2012 FDA Roundtable

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

O/S# 2012SR11

(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, 0754, 0755, 0756, 0757, 0758, 0759, 0760, 0761, 0762, 0763, 0764, 0765, 0766, 0767, 0768, 0769, 0770, 0771, 0772, 0773, 0774, 0775, 0776, 0777, 0778, 0779, 0780, 0781, 0782, 0783, 0784, 0785, 0786, 0787, 0788, 0789, 0790, 0791, 0792, 0793, 0794, 0795, 0796, 0797, 0798, 0799, 0800, 0801, 0802, 0803, 0804, 0805, 0806, 0807, 0808, 0809, 0810, 0811, 0812, 0813, 0814, 0815, 0816, 0817, 0818, 0819, 0820, 0821, 0822, 0823, 0824, 0825, 0826, 0827, 0828, 0829, 0830, 0831, 0832, 0833, 0834, 0835, 0836, 0837, 0838, 0839, 0840, 0841, 0842, 0843, 0844, 0845, 0846, 0847, 0848, 0849, 0850, 0851, 0852, 0853, 0854, 0855, 0856, 0857, 0858, 0859, 0860, 0861, 0862, 0863, 0864, 0865, 0866, 0867, 0868, 0869, 0870, 0871, 0872, 0873, 0874, 0875, 0876, 0877, 0878, 0879, 0880, 0881, 0882, 0883, 0884, 0885, 0886, 0887, 0888, 0889, 0890, 0891, 0892, 0893, 0894, 0895, 0896, 0897, 0898, 0899, 0900, 0901, 0902, 0903, 0904, 0905, 0906, 0907, 0908, 0909, 0910, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0918, 0919, 0920, 0921, 0922, 0923, 0924, 0925, 0926, 0927, 0928, 0929, 0930, 0931, 0932, 0933, 0934, 0935, 0936, 0937, 0938, 0939, 0940, 0941, 0942, 0943, 0944, 0945, 0946, 0947, 0948, 0949, 0950, 0951, 0952, 0953, 0954, 0955, 0956, 0957, 0958, 0959, 0960, 0961, 0962, 0963, 0964, 0965, 0966, 0967, 0968, 0969, 0970, 0971, 0972, 0973, 0974, 0975, 0976, 0977, 0978, 0979, 0980, 0981, 0982, 0983, 0984, 0985, 0986, 0987, 0988, 0989, 0990, 0991, 0992, 0993, 0994, 0995, 0996, 0997, 0998, 0999, 1000.

CLAIMANT: [REDACTED] DATE: 2/13/13

DATE OF PAYMENT: [REDACTED] DATE: 2/13/2013

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on Reverse)

[REDACTED] DATE: [REDACTED]