

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Patricia Olson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT cirm	
POSITION Executive Dir., Scientific Activities		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 San Francisco	STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR 09 SEPT Oct. 2011		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			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			
9/14	13:52 20:48	Parking at Grantee Mtg., SF						21.25		0.00		21.25	
9/15	7:36 22:16	Parking at Grantee Mtg., SF						32.00		0.00		32.00	
9/16	8:25 17:38	Parking at Grantee Mtg., SF						31.25		0.00		31.25	
8/18	8:13 16:12	Pkg at Strategic Plan Retreat						28.00		0.00		28.00	
10/2	18:50	Burbank (Stem Cell Summit)	195.61					20.00	B	0.00		215.61	
10/2								63.25	T	0.00		63.25	
10/3			195.61	16.70		46.37 46.32				0.00		252.68 252.63	
10/4			195.61							0.00		195.61	
10/5						6.05		30.00	T	0.00		36.05	
10/5	22:21	Return Home						20.00	B	0.00		20.00	
										0.00		0.00	
										0.00		0.00	
(13) SUBTOTALS			586.83	16.70	0.00	46.37	0.00	133.25		112.50	0.00	0.00	895.65

COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												895.70 895.65	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
10/2 - 10/5 World Stem Cell Summit in Burbank	

(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'S SIGNATURE [REDACTED]	DATE 11/1/11
(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 11.1.11
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 of reverse)	DATE