

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Ellen Feigal			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 San Francisco		STATE CA	ZIP CODE 94107	CITY San Francisco		STATE CA	ZIP CODE 94107	

(1) NORMAL WORK HOURS: [REDACTED] (2) PRIVATE VEHICLE LICENSE NUMBER: [REDACTED] (3) MILEAGE RATE CLAIMED: 0.555

(4) MONTH/YEAR	(5) DATE	(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			
	TIME										MILES	AMOUNT		
11/12/2011	1400	SF						49.57						49.57
11/28		La Jolla	123.90			29.31						0.00		153.21
11/30		La Jolla	123.90									0.00	55.62	179.52
11/30		SD						9.00				0.00		9.00
11/29		SD	123.90					20.00				0.00		143.90
12/1		SD						9.00				0.00		9.00
12/1		SD						69.00				0.00		69.00
12/1		SF						51.00				0.00		51.00
12/1	2100	SD	401.01									0.00		401.01
(13) SUBTOTALS			401.01	0.00	0.00	84.93	0.00	212.72		0.00	0.00	0.00	0.00	698.66

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 664.20 ~~666.35~~ ~~698.66~~

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

11/29 - 12/1 Stem Cell Meeting at the Mesa, San Diego

AGENCY ACCOUNTING OFFICE USE ONLY

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.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 25 Jan 2012	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1.25.12
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(17) SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED] DATE [REDACTED]