

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy Statement On Reverse Side

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	(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., LT. N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
	TIME								MILES	AMOUNT			
Nov 2011	11/7	Parking at Hyatt for CDAP								20.00	0.00		20.00
	11/16	Parking at Marriott for CDAP								20.00	0.00		20.00
	11/17	Parking for CDAP								19.00	0.00		19.00
	11/29 11:00	Flight from SFO to SAN									0.00		0.00
	11/29	Burger King Lunch			6.39						0.00		6.39
	11/29	Taxi from airport to hotel						54.00	T		0.00		54.00
	12/1	Parking for 3 nights at SFO								60.00	0.00		60.00
	12/1 22:00	Return Home									0.00		0.00
	12/7	Lunch at Anchor Steam			15.14						0.00		15.14
	12/7	Dinner at Stanley's				21.80					0.00		21.80
	12/8	Parking for 1.5 days at SFO								40.00	0.00		40.00
											0.00		0.00
(13) SUBTOTALS			0.00	0.00	21.53	21.80	0.00	54.00		159.00	0.00	0.00	256.33
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$256.33	

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

ICOC Subcommittee Meeting (12/7 - 8/2011)  
 CDAP Meeting in Burlingame (11/7 and 11/16-17/2011)  
 Stem Cell on the Mesa (11/29 - 12/1/2011)

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
PAY 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 1/31/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 1-31-12
(17) [REDACTED]	(See Item 17 on reverse)		DATE