

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

**See Instructions and \*Privacy Statement On Reverse Side**

Page 1 of 1 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) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
TIME	TIME								MILES	AMOUNT			
12/2011	12/9	SD						15.00				0.00	15.00
	12/10	SD	144.68		2.90							0.00	152.58 <del>2.90</del>
	12/10	SD			8.25							0.00	8.25
	12/10	SD				4.30						0.00	4.30
	12/11	SF						52.00				0.00	52.00
	12/11	SD						15.00				0.00	15.00
	12/11	SD				45.71						0.00	45.71
	12/11	SD	144.68 <del>299.36</del>									0.00	144.68 <del>299.36</del>
	12/7	LA						45.71 <del>47.75</del>				0.00	45.71 <del>47.75</del>
	12/8	LA						50.20 <del>52.00</del>				0.00	50.20 <del>52.00</del>
												0.00	0.00
												0.00	0.00
<b>(13) SUBTOTALS</b>			299.36	0.00	11.15	50.01	0.00	181.75		0.00	0.00	0.00	538.43 <del>542.27</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

<b>CLAIM TOTAL</b>	<b>538.43</b> <del>542.27</del>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>
	PAYD BY REVOLVING FUND CHECK NUMBER
12/08 ICOC Board meeting, LA	
12/9 - 12/10 American Society of Hematology San Diego	

(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.	(16) CLAIMANT'S SIGNATURE [REDACTED]	DATE 25 Jan 2012	(17) EMPLOYMENT [REDACTED]	DATE 1.28.12
	(17) SIGNATURE and TITLE (See Item 17 on reverse)			DATE