

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME Kevin McCormack			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT Communications		
POSITION Director Public Communications			CB/ID No.	DIVISION or BUREAU CA. Institute for Regenerative Medicine			INDEX NUMBER	
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9813
CITY San Francisco		STATE CA		ZIP CODE 94107		CITY San Francisco		STATE CA

(1) MONTH/YEAR 2/2013	(2) DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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		
													0.00
2/14	0600	SF - Boston, MA	225.47	5.59				42.00		29	16.39 16.20	14.95	304.40 63.79
2/15		Boston, MA	225.47	4.14	24.00								253.61 28.14
2/16		Boston, MA	225.47	4.14	11.51								241.12 15.65
2/17	1400	Boston, MA	691.36	17.98									17.98 709.34
(10) SUBTOTALS			691.36	31.85	35.51	0.00	0.00	42.00		29	16.20	0.00	817.11 816.92
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

817.11
~~816.92~~

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

2/14 - 2/17 Trip to Boston for AAAS conference

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

O/S # 2012 PC02
note: 2/15/13 no receipt available for dinner meal, lost. no alcohol purchased with meal. (\$24.00)

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 SIGNATURE [REDACTED]	DATE 2/19/13	AGENCY REPRESENTATIVE SIGNATURE [REDACTED]	DATE 2/19/13
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

SPECIAL EXPENSE AUTHORIZATION SIGNATURE [REDACTED]	TITLE [REDACTED]	DATE [REDACTED]
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