

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME Jacob E. Levin		SSN or EMPLOYEE NUMBER*		DEPARTMENT CIRM	
POSITION Assistant Vice Chancellor		CB/ID No.		DIVISION or BUREAU	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9113	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY San Francisco		STATE CA		ZIP CODE 94107	

(1) MONTH/YEAR	(2) DATE	(2) TIME	(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			
											MILES	AMOUNT			
21 03/12	03/12	0705	San Diego-Sacramento, CA, round trip						199.60	A				199.60	
			Sacramento, CA								44.00			44.00	
		1606	Sacramento, CA											2.25	
		1820	Sacramento, CA						49.02					49.02	
21		2035	San Diego, CA								28.00			28.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10)	SUBTOTALS			0.00	0.00	0.00	51.27	0.00	199.60		72.00	0	0.00	0.00	322.87
	COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

322.87

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

Regular Meeting of the Independent Citizens' Oversight Committee
 California Institute of Regenerative Medicine
 Wednesday, March 21, 2012
 Sacramento Convention Center
 Room 204
 1400 J Street
 Sacramento, CA 95814

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.555

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I certify that the travel expenses incurred by me in accordance with DPA rules in the service of the State 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

DATE

3/27/12

(16)

PAYMENT

DATE

4/2/12

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)