

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

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

CLAIMANT'S NAME <b>JOAN I SAMUELSON</b>			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT											
POSITION <b>PATIENT ADVOCATE</b>			CB/ID No.			DIVISION or BUREAU <b>CIRM</b>			INDEX NUMBER								
RESIDENCE ADDRESS *						HEADQUARTERS ADDRESS						TELEPHONE NUMBER					
[REDACTED]						<b>210 KING ST</b>						<b>(415) 396-9100</b>					
CITY			STATE			ZIP CODE			CITY			STATE			ZIP CODE		
[REDACTED]			CA			95448			SAN FRANCISCO			CA			94107		

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

(4) MONTH/YEAR	(5) DATE	(5) TIME	(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			
											MILES	AMOUNT			
MAR 2012	3/6	1200	Samuelson & Asst. travel to mtg. provided by State							B	14.00	0.00		14.00	
	3/6		Westin Hotel for Samuelson and Asst.		9.39		22.63	18.78				0.00	73.86	105.88	
	3/7		Westin Hotel for Samuelson and Asst.		29.62	12.61	21.77	25.22				0.00	64.00	128.00	
	3/8		Westin Hotel for Samuelson and Asst.		37.04							0.00	32.42	69.46	
	3/9		Westin Hotel for Samuelson and Asst.		27.19							0.00	27.19	54.38	
	3/9		Car provided by State took Samuelson to Healdsburg									0.00		0.00	
	3/9	1900	Asst traveled from Oakland Airport to Burbank & taxi home							T	40.00	0.00		40.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
<b>(13) SUBTOTALS</b>				0.00	178.47	0.00	112.69	44.00	0.00		54.00	0.00	0.00	41.85	411.72

<b>COLUMN CODE (ACCTG. USE ONLY)</b>													
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<b>CLAIM TOTAL</b>													411.72
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Expenses are for Joan Samuelson and her Asst. John Sinaiko to attend the 3/7-9/2012 Grants Working Group mtg in San Francisco. Samuelson travelled by car provided by the State from her home to the mtg and Asst. Sinaiko lives in L.A. and travelled by air from Burbank-Oakland roundtrip provided by the State. Reimbursement is requested for expenses they incurred while attending this meeting and travel not pd ahead of time by the State. Itineraries and receipts are attached.

*Notes:*

1. no itemized receipts for lunch and dinner on 3/6/12 - no alcohol purchased.
2. no itemized receipt for lunch (total 25.22) on 3/7/12 - no alcohol purchased.
3. all claimed meals divided between claimant and her assistant (John Sinaiko)

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>	
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

DATE	DATE
10/8/12	10/9/12
SIGNATURE AND TITLE (See Item 17 on reverse)	DATE