

**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 Science Office		
POSITION Executive Dir. Scientific Activities		CB/ID No.	DIVISION or BUREAU CIRM				INDEX NUMBER	
RESIDENCE ADDRESS * 210 King Street			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9116	
CITY San Francisco	STATE CA	ZIP CODE 94107	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 3/2012	(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 MILES AMOUNT		
3/7		Hanger Steak				177.98					0.00	177.98	177.98
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											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	0.00	0.00	177.98	0.00	0.00	0.00	0.00	0.00	0.00	177.98
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

<b>CLAIM TOTAL</b>	\$177.98
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 Special set up service at Reviewer's meeting dinner. *(ET III Grants Working Group 3/6-9/2012)*

<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 SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE [REDACTED]	(16) [REDACTED]
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)  
 [REDACTED]