

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Ellen Feigal		PERSONNEL EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Senior VP		CB/ID No.	DIVISION or BUREAU Research and Development		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9106
		CITY San Francisco	STATE CA	ZIP CODE 94107	

(1) NORMAL WORK HOURS [REDACTED]	(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			
5&6/2012	5/29	Washington, DC	257.60					67.85 <del>70.00</del>	T		0.00		325.45 <del>327.60</del>
	5/30	Chicago, IL	173.44								0.00		173.44
	5/31	Chicago, IL	173.44		11.04						0.00		184.48
	6/1	Chicago, IL	173.44		2.16						0.00		175.60
	6/2	Chicago, IL	173.44		8.60	11.04					0.00		193.08
	6/3	Chicago, IL		5.27				44.45 <del>45.65</del>	T		0.00		49.72 <del>50.92</del>
	6/4	Washington, DC						16.40 <del>17.00</del>	T		0.00		16.40 <del>17.00</del>
	6/5	Washington, DC						100.38 <del>101.00</del>	T		0.00		100.38 <del>101.00</del>
	6/5	Seattle, WA	250.54					49.00	T		0.00		299.54 <del>49.00</del>
	6/6	Seattle, WA	250.54			26.89					0.00		277.43
	6/7	Seattle, WA	250.54								0.00		250.54
	6/8	Seattle, WA	<del>250.54</del>					46.76 <del>48.00</del>	T		0.00		46.76 <del>48.00</del>
<b>(13) SUBTOTALS</b>			1,702.98	5.27	21.80	37.93	0.00	330.65		0.00	0.00	0.00	2,092.82 <del>2,098.63</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													
<b>CLAIM TOTAL</b>												2,092.82 <del>2,098.63</del>	

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

5/29-30 FDA Meeting  
5/30-6/3 ASCO Annual Meeting  
6/4-5 IOM Meeting  
6/5-8 ISCT Annual Meeting

**AGENCY ACCOUNTING OFFICE USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

0/5# 20115031

(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 21 June 2012	AGENCY SIGNATURE [REDACTED]	DATE 6/22/12
(17) SIGNATURE and TITLE (See Item 17 on reverse)		DATE	