

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED [REDACTED]
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(4) MONTH/YEAR 5/2012	(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		
	5/9	1030	San Francisco, CA						50.00	/		0.00		50.00
	5/9		Bethesda MA	253.12			17.12	/	30.00	/		0.00		300.27 47.12
	5/10		Bethesda, MA	253.12		6.79	47.23	/				0.00		307.14 54.02
	5/11	2130	Bethesda, MA	506.24					62.00	/		0.00		62.00 568.24
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13)	SUBTOTALS			506.24	0.00	6.79	64.35	0.00	142.00		0.00	0.00	0.00	719.38
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL \$719.38

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

5/10 - 5/11 NIH Stem Cell Research Symposium & Oversight Committee Meeting

0/5# 20115027

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.

CLA [REDACTED]	(16) [REDACTED]
(17) [REDACTED]	[REDACTED]