

**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*	DEPARTMENT CIRM
POSITION Executive Director, Scientific Activities	CB/ID No.	DIVISION or BUREAU Science Office	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER (415) 396-9116
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	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	(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								MILES	AMOUNT			
June 2012	6/11	Flight to Tokyo for ISSCR								0.00		0.00	
	6/11	Larkspur, CA						20.00	B			20.00	
	6/12	Yokohama	19.80					44.00	B			63.80 <del>44.00</del>	
	6/13	Yokohama	217.78 <del>14.80</del>		24.89							242.67 <del>24.89</del>	
	6/14	Yokohama	237.57		2.89							240.46 <del>2.89</del>	
	6/15	Yokohama	217.78 <del>263.97</del>									242.67 <del>2.89</del>	
	6/16	Yokohama	237.57 <del>369.56</del>			30.17						30.17 <del>399.73</del>	
	6/16	Yokohama	<del>369.56</del>		13.83							13.83	
	6/18	Tokyo						37.72				37.72	
	6/18	Tokyo			7.54							7.54	
	6/18	Larkspur, CA						20.00	B			20.00	
	6/17	Yokohama	1,109.00									1,109.00	
	6/18	Return from Tokyo										0.00	
(13) SUBTOTALS			1,109.00	0.00	49.15	30.17	0.00	121.72		0.00	0.00	1,309.72 <del>1,310.04</del>	
COLUMN CODE (ACCTG. USE ONLY)													

<b>CLAIM TOTAL</b>	1,309.72 <del>1,310.04</del>
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
6/13/2012 was lunch for Lisa Kadyk and Pat Olson	

(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.	DATE AND PAYMENT	DATE
CLAIMANT [REDACTED]	[REDACTED]	7/13/12
(17) [REDACTED]	(18) [REDACTED]	DATE