

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy Statement On Reverse Side

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CLAIMANT'S NAME Pat Olson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Executive Director, Scientific Activities		CB/ID No.		DIVISION or BUREAU Science Office	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street		INDEX NUMBER	
CITY [REDACTED]		STATE [REDACTED]		TELEPHONE NUMBER (415) 396-9116	
CITY San Francisco		STATE CA		ZIP CODE 94107	

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

0.556

(4) MONTH/YEAR 7-8, 2013	(5) DATE	(6) 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			
	7/11		Westin SFO Parking												
	8/27	10:00	Depart home for SFO									0.00		18.54	
	8/27		Legends of San Francisco			16.50						0.00		0.00	
	8/27		Taxi from SAN to La Jolla						54.15 <del>60.00</del>	T		0.00		54.15 <del>60.00</del>	
	8/27		Nozomi II Sushi BBQ				24.16					0.00		24.16	
	8/28		SFO Parking								56.00	0.00		56.00	
	8/28	22:00	Return Home from SFO									0.00		0.00	
	9/18		Mileage to BB V Meeting								63.60	35.93 <del>35.36</del>		35.93 <del>35.36</del>	
	9/19		Mileage to BB V Meeting								63.60	35.93 <del>35.36</del>		35.93 <del>35.36</del>	
	9/20		Mileage to BB V Meeting								63.60	35.93 <del>35.36</del>		35.93 <del>35.36</del>	
												0.00		0.00	
												0.00		0.00	
<b>SUBTOTALS</b>				0.00	0.00	16.50	24.16	0.00	60.00		74.54	190.80	106.08	0.00	281.28
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															

**CLAIM TOTAL**

277.14  
~~\$281.28~~

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

9/18-20/2013 Basic Biology Review Meeting at Westin SFO  
7/11/2013 CDAP meeting at Westin SFO  
8/27-28/2013 ICOC Meeting in San Diego

**AGENCY ACCOUNTING OFFICE USE ONLY**

PAYED 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

DATE

10/15/13

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

10/17/2013

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE