

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Jacob E. Levin		SSN or EMPLOYEE NUMBER*		DEPARTMENT CIRM	
POSITION Assistant Vice Chancellor		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 201 King Street			TELEPHONE NUMBER (415) 396-9113
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			San Francisco	CA	94107
(1) NORMAL WORK HOURS			(2) PRIVATE VEHICLE LICENSE NUMBER		(3) MILEAGE RATE CLAIMED 0.555

(4) MONTH/YEAR	(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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT				
07/12	07/25	17:50	San Francisco, CA			3.75			227.60	A	17.00	44.30	24.59	272.94	
	07/26	21:35	San Francisco, CA		6.45		38.17				35.11	44.30	24.59	104.32	
													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				0.00	6.45	3.75	38.17	0.00	227.60		52.11	88.60	49.17	0.00	377.26
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL \$377.26

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

Regular Meeting of Independent Citizen's Oversight Committee
 California Institute of Regenerative Medicine
 July 26, 2012
 Marriott Water Front SFO
 1800 Old Bayshore Hwy
 Burlingame, CA 94010

AGENCY ACCOUNTING OFFICE USE ONLY
PAY 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 9/21/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 8-6-12
E and TITLE (See Item 17 on reverse)		DATE	