

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME JOAN I SAMUELSON		SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION PATIENT ADVOCATE		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 KING ST		TELEPHONE NUMBER [415]396-9100	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	CA	95448	SAN FRANCISCO	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR AUG 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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
											MILES	AMOUNT		
	7/26		AT&T									0	83.65	83.65
	9/9		VERIZON WIRELESS									0	59.43	59.43
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
SUBTOTALS				0	0	0	0	0	0	0	0	0	0	0
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	143.08
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 The above bills are attached and reflect the percentage of use in relation to costs to maintain documents and files for CIRM related issues and communications with ICOC personnel and others re ICOC business.

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.

DATE	(16)	PAYMENT	DATE
10/22/12	[REDACTED]		10/22/12
and TITLE (See Item 17 on reverse)			DATE
[REDACTED]			