

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		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Senior VP		CB/ID No.	DIVISION or BUREAU Research and Development		
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street			INDEX NUMBER (415) 396-9106
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 [REDACTED] (3) MILEAGE RATE CLAIMED 0.555

(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				
7/9	1100	SFO				9.49					0.00		9.49
7/9		MD	190.97						68.43 70.50		0.00		259.40 261.47
7/10		MD	190.97	2.95	3.05	133.99					0.00	133.99	330.96
7/11	2300	MD				9.49			92.00 96.00		0.00		101.49 105.49
											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
											0.00		0.00
											0.00		0.00
SUBTOTALS			381.94	2.95	3.05	152.97	0.00	166.50		0.00	0.00	0.00	701.34 707.41

(13) COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 701.34
~~707.41~~

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

7/10 - 7/11 NIH-FDA Pluripotent Stem Cell in Translation Workshop, Bethesda, MD

7/10 Dinner with Bettina Steffen (CIRM), Ingrid Caras (CIRM) and Lauren Black

013 # 2012SD04

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.

CLAIMANT'S SIGNATURE [REDACTED] DATE 23 Aug 2012

APPROVED AND PAYMENT [REDACTED] DATE 8.31.12

(17) (See Item 17 on reverse)