

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

CLAIMANT'S NAME Ellen Feigal			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION VP of Research and Development		CB/ID No.	DIVISION or BUREAU CIRM			INDEX NUMBER		
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9106		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			
[REDACTED]			San Francisco	CA	94107			

(1) MONTH/YEAR	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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			
08/10	08/10	12:00-13:00	San Francisco									75.19	75.19	
08/19	08/19	12:00-13:00	San Francisco									61.34	61.34	
08/24	08/24	15:00-20:00	San Francisco to Stanford							pc	30	16.65	16.65	
08/25	08/25	08:00-17:00	San Francisco to Stanford							pc		11.35	11.35	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	0.00	11.35	30	16.65	136.53	164.53
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

<b>CLAIM TOTAL</b>	164.53
--------------------	--------

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		(12) NORMAL WORK HOURS	
1) Medical Officer Candidate Recruitment Meeting on August 10, 2011 2) Medical Officer Candidate Recruitment Meeting on August 19, 2011 3) ICOC Board Meeting at Stanford - August 24 - 25, 2011		[REDACTED]	
		(13) PRIVATE VEHICLE LICENSE NUMBER	
		[REDACTED]	
		(14) MILEAGE RATE CLAIMED	
		0.535	
<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>			
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 09/01/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 09/01/11
(17) SPECIAL TITLE (See Item 17 on reverse)		DATE	
[REDACTED]		[REDACTED]	