

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* [REDACTED]	DEPARTMENT	
POSITION PATIENT ADVOCATE	CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 KING ST		TELEPHONE NUMBER 415-396-9100
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY SAN FRANCISCO	STATE CA
			ZIP CODE 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 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			
	8/17	OFFICE DEPOT										0	79.74	79.74
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
(13) SUBTOTALS			0	0	0	0	0	0	0	0	0	0	79.74	79.74
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL \$ 79.74

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 The above invoice is attached and reflects the percentage of use in relation to costs to maintain documents and files for CIRM related issues and communication with ICOC personnel and others re ICOC business.

AGENCY ACCOUNTING OFFICE USE ONLY

PAY BY REVOLVING FUND CHECK NUMBER

(15) [REDACTED] travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was at 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 vehicle safety and seat belt usage.

DATE 10/15/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 10/12/12
See Item 17 on reverse)		DATE