

RAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

| | | | | | |
|--|---------------------|---------------------------------------|-----------------------------------|------------|------------------------------------|
| CLAIMANT'S NAME Claire Pomeroy, MD, MBA | | SSN or EMPLOYEE NUMBER* [REDACTED] | | DEPARTMENT | |
| POSITION Board Member | | CB/ID No. | DIVISION or BUREAU CIRM - ICOC | | INDEX NUMBER |
| RESIDENCE ADDRESS * [REDACTED] | | | HEADQUARTERS ADDRESS | | TELEPHONE NUMBER (916) 734-3578 |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | CITY | STATE | ZIP CODE |

| (1) MONTH/YEAR | (2) DATE | (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 | | |
| 08/11 | 8/24 1500 | Sacramento - Palo Alto | | | | 14.88 26.94 | | | | 5.00 | 120.00 | 66.60 | 86.48 98.54 |
| | 8/25 1800 | Palo Alto - Sacramento | | | | | | | | 15.00 | 120.00 | 66.60 | 81.60 |
| | | | | | | | | | | | | 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 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| (10) SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 26.94 | 0.00 | 0.00 | | 20.00 | 240.00 | 133.20 | 0.00 180.14 |

CLAIM TOTAL 168.08
~~180.14~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
NOTE - Carpooled with board member Dr. Francisco Prieto. *to attend ICOC meeting.*

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
[REDACTED]

(14) MILEAGE RATE CLAIMED
0.555

**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 mileage rates exceed the maximum rate, I certify that the cost of operating the vehicle was met the requirements as prescribed by SSM Sections 0750, 0751, 0752, 0753 and 0754

CLAIMANT'S SIGNATURE: [REDACTED] DATE: 8/26/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: [REDACTED] DATE: 9-13-11

(17) SPECIAL TITLE (See Item 17 on reverse): [REDACTED] DATE: [REDACTED]