

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME ELIZABETH FINI		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT INST. FOR GENETIC MEDICINE	
POSITION DIRECTOR, INST.FOR GENETIC MEDICINE	CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS		TELEPHONE NUMBER
CITY [REDACTED]	STATE	ZIP CODE	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			
10/24	DINNER											18.12	
10/24	HILTON/INTERNET ACCESS											9.95	
10/25	DINNER											39.50	
8/27	DINNER											24.48 61.84	
08/27	PARKING									8.00		8.00	
08/28	PARKING									8.00		8.00	
08/29	ROOM SERVICE			20.14								20.14	
8/27	MILEAGE FROM BOARD MEMBERS HOME TO LA +									122	68.93 69.00	68.93 69.00	
8/29	MILEAGE FROM LA JOLLA TO BOARD MEMBERS +									122	68.93 69.00	68.93 69.00	
												0.00	
												0.00	
												0.00	
												0.00	
(10) SUBTOTALS		0.00	20.14	0.00	79.96	49.45	0.00		16.00	244	138.00	0.00	198.48 303.55

(10) SUBTOTALS

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 198.48
~~303.55~~

<p>(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)</p> <p>CIRM meeting in San Diego on October 2013 and August 2013.</p>	<p>(12) NORMAL WORK HOURS</p> <p>8-5</p>
	<p>(13) PRIVATE VEHICLE LICENSE NUMBER</p> <p>[REDACTED]</p>
	<p>(14) MILEAGE RATE CLAIMED</p> <p>.5655 .565</p>

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 9/26/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 2.5.14
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED]