

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Diane Winokur		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION ICOC BOARD MEMBER	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 KING STREET	TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY SF
			STATE CA
			ZIP CODE 94107

(1) MONTH/YEAR Aug-Oct	(2) DATE	(3) TIME	(4) LOCATION WHERE EXPENSES WERE INCURRED	(5) 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			
8/27		14:45	Four Seasons SF - SFO						46.80	T				46.80	
8/28		20:00	SFO-Four Seasons SF						47.00	T				47.00	
8/27			United Baggage Fee				25.00	25.00						25.00	
9/18		12:00	Four Seasons-C Claremont Hotel, Berkeley					82.00		T				82.00	
								82.00						82.00	
9/20		14:00	Claremont Hotel, Berkeley-Four Seasons SF					72.00		T				72.00	
								72.00						72.00	
10/2		13:30	Four Seasons SF - Westin Hotel Millbrae					48.00		T				48.00	
10/4		16:00	Westin Hotel, Millbrae-Four Seasons SF					48.00		T				48.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				0.00	0.00	0.00	0.00	25.00	343.80		0.00	0	0.00	0.00	368.80
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

368.80

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

Attendance at ICOC Board meeting at Marriott La Jolla, San Diego 8/28/13
 Attendance at GWG meeting (Disease Team 3) 9/18-9/20 at Claremont Hotel in Berkeley
 Attendance at GWG meeting (Basic Biology 5 Review) 10/2-10/4 at Westin Hotel SFO in Millbrae

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

NA

(14) MILEAGE RATE CLAIMED

.565

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

CLAIMANT [REDACTED]

DATE 11/15/13

(16) SIGNATURE OF OFFICER APPROVING TRAVEL [REDACTED]

DATE 11/12/13

(17) SPECIAL COMMENTS (See Item 17 on reverse)