

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR	(5) DATE	(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		
TIME	TIME									MILES	AMOUNT		
9+10/2011	9/21	San Francisco								13.50	7.49	✓	7.49
	9/25	Washington							74.75 77.00		0.00		74.75 77.00
	9/26	Rockville, MD				33.70	✓				0.00		33.70
	9/27	Washington							63.25 66.00		0.00		63.25 66.00
	9/27	San Francisco								13.50	7.49	✓	7.49
	9/25	Rockville, MD				19.36	✓				0.00		19.36
	9/27	Washington				2.10	✓				0.00		2.10
	10/19	Washington	322.89	✓							0.00		322.89
	10/18	Washington				64.00 75.41					0.00		64.00 75.41
	10/18	Washington							78.00	✓	0.00		78.00
	10/19	LAD Airport				9.49	✓				0.00		9.49
	10/19	Washington							71.00	✓	0.00		71.00
(13) SUBTOTALS			322.89	0.00	2.10	137.96	0.00	292.00	0.00	27.00	14.99	0.00	769.94

CLAIM TOTAL **769.94**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	9/22 FDA Workshop in Dartmouth	[REDACTED]
	9/23 Medical Grand Rounds in Dartmouth	[REDACTED]
	9/26 - 9/27 Gene Therapy Conference	[REDACTED]
	10/19 IOM Meeting	[REDACTED]

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 12/2/2011	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 6-72-11
(17) SIGNATURE [REDACTED]			DATE