

**TRAVEL EXPENSE CLAIM**

STD. 202 (REV. 9/2007)

**See Instructions and \*Privacy Statement On Reverse Side**

CLAIMANT'S NAME <b>JOAN I SAMUELSON</b>		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION <b>PATIENT ADVOCATE</b>	CB/ID No.	DIVISION or BUREAU <b>CIRM</b>	INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS <b>210 KING ST</b>	TELEPHONE NUMBER <b>[415]396-9100</b>
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY <b>SAN FRANCISCO</b>
			STATE <b>CA</b>
			ZIP CODE <b>94107</b>

(1) NORMAL WORK HOURS (2) PRIVATE VEHICLE LICENSE NUMBER (3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR SEPT 2012	(5) DATE	(5) 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		
	9/25		AT & T									0	83.35	83.35
	9/10		VERIZON WIRELESS									0	59.60	59.60
	9/4		OFFICE DEPOT									0	63.47	63.47
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
<b>(13) SUBTOTALS</b>				0	0	0	0	0	0	0	0	0	0	206.42
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL** 206.42

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

**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 vehicle safety and seat belt usage.

DATE <u>10/22/12</u>	DATE <u>10/24/12</u>
(See Item 17 on reverse)	DATE