STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM
STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
JEFF SHEEHY	███████	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
ICOC MEMBER		ICOC	

RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS	TELEPHONE NUMBER
███████████		210 KING STREET	415-396-9100

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
██████			SAN FRANCISCO	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
8-5		

(4) MONTH/YEAR 01/2013 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
23	10	SAN FRANCISCO TO BERKELEY							B	3.90		0		3.9 0
23	10	SAN FRANCISCO TO BERKELEY							T	10.00		0		10.0 0
24	8:30 14:00	SF TO BERKELEY & BERKELEY TO SF							B	7.80		0		7.8 0
24	8:30	SAN FRANCISCO TO BERKELEY							T	10.00		0		10.0 0
09	10:00 12:00	San Francisco							T	23.00		0		23.0 0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
(13) SUBTOTALS			0	0	0	0	0	0		0	0	0	0	0

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $54.70 0

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
TRAVEL TO ICOC MEETING IN BERKELEY--BART FARE FROM SF, PLUS 2 CAB RIDES FROM BART TO THE CLAREMONT HOTEL.

1/09/13 - Meeting at CIRM

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 ‗‗‗‗‗ to vehicle safety and seat belt usage.

CLA███	DATE 1-25-13	████	DATE 1/29/13
(17) ██████	TLE (See Item 17 on reverse)		DATE