STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Jeff Sheehy	[redacted]	CIRM

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

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King Street	(415) 396-9100

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		San Francisco	CA	94107

(1) MONTH/YEAR 01/2012		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
11	09:45 10:00	HOME-CIRM						22.37 ~~23.00~~	T					22.37 ~~23.00~~
24	8:57 9:18	home - SF						33.00	T					33.00 ~~0.00~~
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	~~23.00~~ ~~56.00~~		0.00	0	0.00	0.00	~~23.00~~
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														55.37 ~~23.00~~

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

11) ICOC Science Subcmte Meeting

24) ATTEND + PRESENT AT CIRM/INSTITUTE OF Medicine Review IN SOUTH SAN FRANCISCO

(12) NORMAL WORK HOURS [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED .555

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 [redacted] met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE 1-25-12

(1 [redacted] ND PAYMENT DATE 1/30/12

[redacted] TLE *(See Item 17 on reverse)* DATE