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
Kevin McCormack	[redacted]	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Senior Director Public Communications		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King Street	

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

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
	[redacted]	~~0.556~~ 0.56

(4) MONTH/YEAR Jan. 2014		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) 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) CAR FARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
1/12	11am	Sunday Assembly meeting San Jose									98.80	55.33 ~~54.93~~		55.33 ~~54.93~~
1/18	11am	Parkinson's Support Group in Walnut Creek								6.00	48.80	27.33 ~~27.13~~		33.33 ~~33.13~~
1/29	9am	ICOC Meeting Berkeley						7.50	B			0.00		7.50
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) **SUBTOTALS**			0.00	0.00	0.00	0.00	0.00	7.50		6.00	147.60	82.07	0.00	96.16 ~~95.57~~

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $96.16 ~~$95.57~~

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

1/12 & 1/18 Both weekend trips were to give speeches/presentations about CIRM and stem cells to public groups

1/29 ICOC Meeting

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.

CLAIM	DATE		PAYMENT	DATE
[redacted]	2/4/14	[redacted]		2/5/14

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE *(See Item 17 on reverse)* DATE

[redacted]