

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Claire Pomeroy		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT UC Davis, VC/Deans Office	
POSITION Vice Chancellor/Dean UCD School of Medic		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS* [REDACTED]			HEADQUARTERS ADDRESS 4610 X Street Suite 3101		TELEPHONE NUMBER (916) 734-3578
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento	STATE CA	ZIP CODE 95817

(1) MONTH/YEAR	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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			
Jan 2012	17	0700	Sacramento, CA (to Airport)								14.00	7.77 7.70		7.77 7.70	
	17	1628	San Diego, CA				20.00					0.00		20.00	
	17	1959	Sacramento, CA							17.00		0.00		17.00	
	17	2000	Sacramento, CA (to Airport)								14.00	7.77 7.70		7.77 7.70	
	17	1221	Sacramento, CA						475.40	A		0.00		475.40	
												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	
(10) SUBTOTALS				0.00	0.00	0.00	20.00	0.00	475.40		17.00	28.00	15.40	0.00	527.94 527.80

CLAIM TOTAL

\$ 527.94
\$527.80

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 17) ICOC meeting in San Diego

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
[REDACTED]

(14) MILEAGE RATE CLAIMED
0.550 0.555

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 the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

CLAIMANT SIGNATURE: [REDACTED] DATE: 1/23/12

(17) SUPERVISOR SIGNATURE: [REDACTED] DATE: 1/26/12

(17) See Item 17 on reverse)