STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

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

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

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King Street	

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

(1) MONTH/YEAR: October		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAKFAST	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	(D) PRIVATE CAR USE: AMOUNT		
2	8:00 5:00	Millbrae						100.77 ~~89.75~~	T					100.77 ~~89.75~~
3	8:00 5:00	Millbrae						107.67 ~~109.75~~	T					107.67 ~~109.75~~
4	8:00 5:00	Millbrae						43.87 ~~45.80~~	T					43.87 ~~45.80~~
9	8:00 5:00	Burlingame						50.20 ~~52.50~~	T					50.20 ~~52.50~~
														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	297.80		0.00	0	0.00	0.00	302.51 ~~297.80~~
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														302.51 ~~297.80~~

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

October 2 -4, 2013 - Attend GWG Meeting Westin, Millbrae - BB F
October 9th, 2013- Attend ICOC Meeting Hilton SFO, Burlingame

(12) NORMAL WORK HOURS

[redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.565

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

CL[redacted] DATE 10-9-13 (1[redacted] DATE 10/9/13

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