TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Bertram Lubin		CIRM

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

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	███████████████	(415) 396-9113

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	CA		███████████		█████

(1) MONTH/YEAR 10/2011 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
25	15:00	Oakland to Irvine						365.40 ~~335.40~~	A ~~T~~		12	6.66 ✔	12.95	385.01 ~~355.01~~
26	20:30	Irvine to Oakland						28.00	T	51.00	12	6.66 ✔	~~30.00~~	85.66 ~~115.66~~
														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	363.40		51.00	24	13.32	42.95	470.67

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 470.67 ✔

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

25-26) ICOC Board Meeting, Irvine, CA

(12) NORMAL WORK HOURS ████

(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 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.

CLAIMANT'S SIGNATURE ██████████	DATE 11/18/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ██████████	DATE 5.12.11
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) ██████████			DATE