

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME JOAN I SAMUELSON		SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION PATIENT ADVOCATE		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 KING ST			TELEPHONE NUMBER (415) 396-9100
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			SAN FRANCISCO	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 55.500
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(4) MONTH/YEAR	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) 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			
OCT 2011	10/25	12:20	Hyatt Regency, Irvine CA									0.00	12.95	12.95
	10/25		Hyatt Regency, Irvine CA									0.00	12.95	12.95
	10/26	7:40	Hyatt (Joan Samuelson)			42.02						0.00		42.02
	10/26		Hyatt (John Sinaiko)			33.62						0.00	33.62	33.62
	10/25		Cafe Irvine (John Sinaiko)				6.25					0.00		6.25
	10/25		Ca Pizza Kitchen, Irvine (Samuelson & Assistant) +				43.52					0.00		43.52
	10/24		Copycat - Los Angeles									0.00	3.85	3.85
	10/31		Copycat - Los Angeles									0.00	3.85	3.85
	10/26		Asst to travel by car round trip LA-Irvine +									138.75		138.75
												0.00		0.00
												0.00		0.00
												0.00		0.00

(13) SUBTOTALS	0.00	75.64	6.25	43.52	0.00	0.00		138.75	0.00	0.00	33.60	109.24	297.76
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COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 109.24
297.76

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

Expense report is for Joan Samuelson and her assistant, John Sinaiko, to attend the 10-25-26 ICOC Board mtg in Irvine. Joan travelled by car to & from SFO and air to Orange Cty. Return flight was Burbank-Oakland. Assistant drove from LA to Irvine in his own car. Agenda and logistics attached.

Private car, air and hotel provided by State. Expense reimbursement is for out of pocket expenses incurred during that 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 and seat belt usage.

CLAIMANT SIGNATURE: [Redacted]

(16) [Redacted]

(17) [Redacted] (on reverse)