

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME Dr. Kristiina Vuori		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION Governing Board Member	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco
		STATE CA	ZIP CODE 94107

(1) MONTH/YEAR Oct 2012	(2) DATE	(3) 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		
10/25	5:20		Home to San Diego Airport						81.00	T				81.00
10/25	5:48		Breakfast at SAN Airport		11.40									11.40
10/25	6:30		Flight from SAN to SFO						228.80	A				228.80
10/25	8:05		Taxi from SFO to Hilton						20.00	T				20.00
10/25	2:45		Taxi from Hilton to SFO						20.00	T				20.00
10/25	3:35		Flight from SFO to SAN						228.80	A				228.80
10/25	5:10		Taxi from SAN to home						81.00	T				81.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS				0.00	11.40	0.00	0.00	0.00	659.60		0	0.00	0.00	671.00
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													671.00	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC Meeting at Hilton SFO, Thursday, October 25, 2012	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .50

**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 [REDACTED]	DATE 10/29/12	(16) [REDACTED]	DATE 10/29/12
(17) SPECIAL TITLE (See Item 17 on reverse)	[REDACTED]	[REDACTED]	DATE