

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

(4) MONTH	(5) DATE	(6) TIME	(7) 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	10/26		AT&T										0.00	104.74	104.74
	11/9		VERIZON WIRELESS										0.00	59.45	59.45
	10/27		OFFICE DEPOT										0.00	92.19	92.19
													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	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	0.00
			SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	256.38	256.38
			COLUMN CODE (ACCTG. USE ONLY)											225	225

CLAIM TOTAL

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

330 Plaza St Healdsburg Ca 95448 is the location where these expenses were incurred. The bills attached each reflect the percentage of use in relation to the costs to maintain and process CIRM documents and to communicate with ICOC personnel and others re ICOC business.

Max payable \$225.00

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.

DATE

(16)

DATE

2/21/12

(See Item 17 on reverse)

DATE