STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
JEFF SHEEHY	▓▓▓▓▓▓	CIRM

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

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
▓▓▓▓▓▓▓▓▓▓	210 KING STREET	415-396-9100

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
▓▓▓▓▓▓	CA	▓▓▓▓	SAN FRANCISCO	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
▓▓▓▓		

(4) MONTH/YEAR OCT/11 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
3	7:30 21:00	PASADENA		$28.09		$33.58						0		61.67
4	8:00	PASADENA		$21.02								0		21.02
10							10.00 T					0		10.00
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
(13) SUBTOTALS			0	0	0	0	0	0		0	0	0	0	0
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														92.69

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

ATTEND WORLD STEM CELL SUMMIT IN PASEDENA CALIFORNIA. OFFICIAL SPEAKER AS ICOC MEMBER AT THE EVENT WITH TRANSPORTATION AND LODGING COVERED BY THE SPONSOR, THE GENETICS POLICY INSTITUTE.

10-10-11 — ICOC SCIENCE SUBCOMMITTEE

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 10-5-11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT ▓▓▓▓▓▓	DATE 11.2.11
	nd TITLE (See Item 17 on reverse)		DATE