

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

| | | | | | |
|--|-------------|---------------------------------------|------|---|----------|
| CLAIMANT'S NAME Kevin McCormack | | SSN or EMPLOYEE NUMBER* [REDACTED] | | DEPARTMENT | |
| POSITION Director Public Communications | | CB/ID No. | | DIVISION or BUREAU SAME AS RESIDENCE | |
| RESIDENCE ADDRESS* [REDACTED] | | HEADQUARTERS ADDRESS | | TELEPHONE NUMBER | |
| CITY San Francisco | STATE CA | ZIP CODE 94107 | CITY | STATE | ZIP CODE |

| (1) MONTH/YEAR Nov | (2) DATE | (2) 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., LT, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | | |
| | | | | | | | | | | | MILES | AMOUNT | | | |
| 1 | | 8:00 | San Francisco | | | | | | 8.75 | B | | 14.6 14 | 8.25 7.63 | 25.13 16.38 | 17.00 ✓ |
| 2 | | | New York | 426.93 ✓ | | | | | | | | | | 426.93 ✓ | |
| 3 | | | New York | 426.93 ✓ | | 14.66 13.97 | 37.02 34.00 | | | | | | | 478.61 ✓ | 474.90 |
| 4 | | | New York | 426.93 ✓ | | | | | | | | | | 426.93 ✓ | |
| 5 | | | New York | 426.93 ✓ | | | | | | | | | | 426.93 ✓ | |
| 6 | | 7:00 | New York/San Francisco | | | | | | 8.75 | B | 62.50 | 14.6 14 | 8.25 7.63 | 79.50 ✓ | 76.88 |
| | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
| (10) | SUBTOTALS | | | 1,707.72 | 0.00 | 13.97 | 34.00 | 0.00 | 17.50 | | 62.50 | 28 | 16.50 15.26 | 0.00 | 1,850.95 1,850.95 |

(10) **COLUMN CODE (ACCTG. USE ONLY)**

CLAIM TOTAL \$1,852.19 ~~1,850.95~~ \$1,855.90 ✓

| | |
|---|---|
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 11-1 to 11-6 Attended Partnering for Cures Conference in New York City 0/5# 2013C046 | (12) NORMAL WORK HOURS [REDACTED] |
| | (13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] |
| | (14) MILEAGE RATE CLAIMED .565 |
| | 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 equal to or greater than the rate claimed, and that I have met the requirements as prescribed pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE: [REDACTED] DATE: [REDACTED]

(17) SUPERVISOR'S SIGNATURE: [REDACTED] DATE: 11/13/13