

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME JEFF SHEEHY		SSN or EMPLOYEE NUMBER*	DEPARTMENT CIRM
POSITION ICOC MEMBER	CB/ID No.	DIVISION or BUREAU ICOC	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 KING STREET	TELEPHONE NUMBER 415-396-9100
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
			SAN FRANCISCO CA 94107

(1) MONTH/YEAR NOV/12	(2) DATE 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		
14	8:32	SF to Palo Alto						\$155.00	T			0		155.00
15	17:39	Palo Alto to SF		\$18.13				\$8.95	RB			0		27.08
												0		0
												0		0
												0		0
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												0		0
SUBTOTALS			0	0	0	0	0	0	0	0	0	0	0	182.08

CLAIM TOTAL 182.08

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
ATTEND CIRM ALPHA CLINICS WORKSHOP IN PALO ALTO.

TWO NOTES---THE "TAXI TIP" ON THE RECEIPT REFLECTS OUT OF CITY AUTOMATIC 50% SURCHARGE PLUS TIP.

RETURN TRIP ON CALTRAIN (\$5.00) TO MILLBRAE AND BART TO SF (\$3.95) CHARGE.

(12) NORMAL WORK HOURS
 (13) PRIVATE VEHICLE LICENSE NUMBER
 (14) MILEAGE RATE CLAIMED

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 at the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.

DATE 11-16-12

(See Item 17 on reverse)

DATE 11/26/12