RAVEL EXPENSE CLAIM Statement O							ns and *Privacy n Reverse Side					Page1 of Pages			
D. 262 (REV. 9/2007) _AIMANT'S NAME							SSN or EMPLOYEE NUMBER*				DEPARTMENT L oggal				
CB/ID No. CB/ID No. General Counsel, VP of BD ESIDENCE ADDRESS *							DIVISION OF BUREAU CIRM HEADQUARTERS ADDRESS 210 King Street, 3rd Floor CITY San Francisco				Legal		INDEX NUMBER		
													TELEPHONE NUMBER (415) 793-2827		
												STATE ZIP CODE			
ry STATE ZIP CODE					1	CA 94107									
		41101100					DDIVATE V		ENSE NUM	MBER		AGE RATE	CLAIMED		
NORMAL WORK HOURS										TO ANODODIA!		0.555		(12)	
MONTH/YEAR		(6)	(7)	(8) MEALS			(9)	(10)	T (B) T	TRANSPORTAT	(D)		(11)	TOTAL	
12/12	2	LOCATION WHERE EXPENSES WERE INCURRED		BREAK- FAST		O.T., L/T N/C, RELC	O. INCIDEN-	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS,	PRIVATE CAR USE		BUSINESS	EXPENSES FOR DAY	
.==1 =			LODGING		LUNCH	OR DINNER	TALS		USED	PARKING	MILES	AMOUNT			
1/20 .		parking for meeting with Regis								7.00	5.00	2.78		9.78	
1/28		Kellv travel to CDAP meeting								6.00	66.00	36.63		42.63	
8.	AM	travel to CDAP meeting								6.00	66.00	36.63		42.63	
1/29 8	AM	Applications review meeting in								5.00	20.00	11.10		16.10	
1/30 1	0AM	Oakland +								41.00	16.00	8.88		49.88	
12/5		parking for Grants working group								39.90		0.00		39.90	
12/6		parking								22.00	32.00	17.76		39.76	
12/7		parking for Grants working group	3							56 oc	60.00	33.30		-56-0 -39-3(
12/11		parking and travel for ICOC								62.0		0.00	-	69.1	
11/29		Dinner with Alan, Nick Leshly				157.1	ю			12.00	1			0.0	
												0.00			
												0.0	0	0.0	
												0.0	0	0.0	
(13)		SUBTOTALS	0.0	0.0	0.0	57.	.10 0.0	0.0	00	144.9	0 265.0	0 147.0	8 0.0	0 349 (405	
COL	.UMN	CODE (ACCTG. USE ONLY)	T Fried					To the	500			The Wat Samples	-399	
		CLAIM TOTAL												+349. 405	
		OF TRIP, REMARKS AND DETAILS	Attach receipt	s/vouchers w	vhen required)							AGENCY A	CCOUNTIN	IG OFFICE	
													USE ONLY		
Tronz	al to	and from Grants Working and from CDAP meeting-	11-28 and	111-29							PAIC	BY REVOL	VING FUND (CHECK NUM	
m.	-1 4	and from home to airport	for ICCOC	meeting	/12-11-12	? : 11_30_1	12								
Trav	el fro	om office to Oakland for a	ipplication	ns reviev 29-17	v meenng –	,.I.I=JU=	1. 4								
Dinn Ma	er wi	ith Nick Leshly Bluebird I	11-20-1	ン											
MAX															
									-						
								:: DDA -	1 i - 4h-c	service of the St	ate of Cali	ifornia. If a i	orivately owne	ed vehicle wa	
(15)	I HE	REBY CERTIFY That the above is a tr	ue statement o	of the travel	expenses incu	rred by me	in accordanc de was equal	e with DPA r to or greater	r than the	rate claimed, and	that I have	e met the red	uirements as	prescribed b	
(15)	l HEI used SAM	REBY CERTIFY That the above is a tr , and if mileage rates exceed the minin Sections 0750, 0751, 0752, 0753 and	ue statement on num rate, I cer 0754 pertaining	g to vehicle s	afety and sea	t helt usage.				rate claimed, and			DATE	prescribed b	
(15)	I HER used SAM	REBY CERTIFY That the above is a tr., and if mileage rates exceed the minin Sections 0750, 0751, 0752, 0753 and the control of	ue statement o num rate, I cer 0754 pertaining	of the travel tify that the g to vehicle s	afety and sea	t helt usage.						MENT			