

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Patricia Olson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Executive Director, Scientific Activitie		CB/ID No.		DIVISION or BUREAU Science Office	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street		INDEX NUMBER TELEPHONE NUMBER (415) 396-9116	
CITY [REDACTED]		STATE CA		ZIP CODE 94107	

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.565
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(4) MONTH/YEAR 12/13	(5) DATE	(5) TIME	(6) 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		
	12/10	10:00	Depart for flight to LAX									0.00		0.00
	12/10		Luxe Hotel in Los Angeles				35.00					0.00		35.00
	12/12		San Francisco							84.00		0.00		84.00
	12/12	20:00	Return from Los Angeles									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
(13) SUBTOTALS				0.00	0.00	0.00	35.00	0.00	0.00	84.00	0.00	0.00	0.00	119.00
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$119.00
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
12/10-12/2013 ICOC Meeting in Los Angeles

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 vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 11/17/14	(16) SUPERVISOR'S SIGNATURE [REDACTED]	DATE AND PAYMENT 1/23/2014
(17) CLAIMANT'S EMPLOYER IDENTIFICATION NUMBER - SIGNATURE and TITLE (See Item 17 on reverse)			DATE