

**TRAVEL EXPENSE CLAIM**

See Instructions and \*Privacy Statement On Reverse Side

SFD. 262 (REV. 7/2005)

CLAIMANT'S NAME Kevin McCormack		SSN or EMPLOYEE NUMBER*	DEPARTMENT CIRM
POSITION Sr Director of Public Communications	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER (415) 396-9813
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE San Francisco CA 94107

(1) MONTH/YEAR	(2) DATE	(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				
	TIME									MILES	AMOUNT				
12/2012	11 07:00	HOME to Los Angeles								RC	25.30	30	16.65	41.95	
	12	Los Angeles												0.00	
	13 11:00	Los Angeles to HOME										30	16.65	16.65	
														0.00	
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														0.00	
<b>(10) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	0.00			25.30	60	33.30	0.00	58.60
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															
<b>CLAIM TOTAL</b>													58.60		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 11) Meeting with Milken Institute, lodging CIRM provided; 12) ICOC Board Meeting, Los Angeles (second night lodging, personal expense); 13) no airport parking (family member dropped off/ picked up)

(12) NORMAL WORK HOURS  
 (13) PRIVATE VEHICLE LICENSE NUMBER  
 (14) MILEAGE RATE CLAIMED  
 .555

**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.

CLAIMANT'S SIGNATURE	DATE	(16) ENT	DATE
[Signature]	12/17/12	[Signature]	12/18/12
(17) NATURE and TITLE (See Item 17 on reverse)			DATE