STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION
# TRAVEL EXPENSE CLAIM
STD. 262 (REV. 7/2005)

*See Instructions and \*Privacy Statement On Reverse Side*

Page _____ of _____ Pages

| CLAIMANT'S NAME | SSN or EMPLOYEE NUMBER* | DEPARTMENT |
|---|---|---|
| JEFF SHEEHY | ▮▮▮▮▮ | CIRM |

| POSITION | CB/ID No. | DIVISION or BUREAU | INDEX NUMBER |
|---|---|---|---|
| ICOC MEMBER | | ICOC | |

| RESIDENCE ADDRESS * | HEADQUARTERS ADDRESS | TELEPHONE NUMBER |
|---|---|---|
| ▮▮▮▮▮ | 210 KING STREET | 415-396-9100 |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|
| ▮▮▮▮▮ | ▮▮ | ▮▮▮▮ | SAN FRANCISCO | CA | 94107 |

| (1) MONTH/YEAR 12/12 (2) DATE | TIME | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) LODGING | (5) MEALS BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | (6) INCIDEN-TALS | (7) (A) COST OF TRANS. | (B) TYPE USED | TRANSPORTATION (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE MILES | AMOUNT | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | 10:20 | SF TO LA | | | | | | $41.00 | T | | | 0 | | 41.00 |
| 12 | 19:30 | LA TO SF | | $32.38 | | | | $85.00 | T | | | 0 | | 117.38 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| | | | | | | | | | | | | 0 | | 0 |
| (10) SUBTOTALS | | | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |

**CLAIM TOTAL** $ 158.38

| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) | (12) NORMAL WORK HOURS |
|---|---|
| ATTEND ICOC MEETING IN LOS ANGELES  Dec 11 & 12, 2012 | 8-5 |

(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 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

| CLAIMANT'S SIGNATURE | DATE 12-18-12 | | DATE |
|---|---|---|---|
| | TITLE (See Item 17 on reverse) | | DATE |