

**TRAVEL EXPENSE CLAIM**

See Instructions and \*Privacy Statement On Reverse Side

STD:262 (REV. 7/2005)

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

(1) MONTH/YEAR 12/2012	(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 MILES AMOUNT			
	2 04:45	HOME to West Palm Beach, FL	143.19	6.61				15.00	T		30	16.65	181.45	
	3	West Palm Beach, FL	143.19			27.22 29.98							170.41 173.17	
	4	West Palm Beach, FL	143.19		15.00								158.19	
	5 20:00	West Palm Beach, FL to HOME			9.26			15.00	T		30	16.65	40.91	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			429.57	6.61	24.26	27.22 29.98	0.00	30.00		0.00	60	33.30	0.00	550.96 553.72

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** # 550.96  
553.72

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

2-5) World Stem Cell Summit, West Palm Beach, FL, no airport parking (family member pick-up/drop-off)

015# 2012PC03

(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.

DATE 12/17/12

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE 12/18/12