

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 Activities		CB/ID No.	DIVISION or BUREAU Science Office				INDEX NUMBER	
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 210 King Street				TELEPHONE NUMBER (415) 396-9116	
CITY [REDACTED]	STATE	ZIP CODE	CITY San Francisco	STATE CA	ZIP CODE 94107			

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR 04/13	(5) DATE	(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		
	TIME									MILES	AMOUNT		
	3/13	Embarcadero Garage(2.5 days)									96.00	0.00	96.00
	2/13	Paragon Restaurant										0.00	67.00
	4/25	Paragon Restaurant										0.00	95.00
	5/1	Momo's										0.00	110.00
	5/8	8:00 Flight to San Diego										0.00	0.00
	5/8	USA Cab							61.53	T		0.00	61.53
	5/8	Bella Vista Social Club				30.34						0.00	30.34
	5/8	SSP America				11.80						0.00	11.80
	5/8	Torrey Pines Town Car							57.50	T		0.00	57.50
	5/8	SFO Parking									28.00	0.00	28.00
	5/8	23:00 Returned from San Diego										0.00	0.00
												0.00	0.00
(13) SUBTOTALS			0.00	0.00	302.34	11.80	0.00	123.50			124.00	0.00	561.64

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$561.64

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

3/13 Parking for 2.5 days during Grantee Meeting.

2/12 Recruiting lunch with Pat O, Michael Y, Uta G, [REDACTED] Candidate

4/25 Recruiting lunch with Pat O, Michael Y, Uta G, [REDACTED] Candidate

5/1 Recruiting lunch with Pat O, Michael Y, Uta G, [REDACTED] Candidate

5/8 Site visit to San Diego to discuss TR1-01267

5/8 Lunch with Evan Snyder, Pat O, Karen B, Rosa C. during 5/8 site visit

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 [REDACTED]	DATE 5/16/13	(16) EMPLOYER'S SIGNATURE [REDACTED]	DATE 5/16/13
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(17) TITLE (See Item 17 on reverse)