STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Jeff Sheehy	[redacted]	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
ICOC Member		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	210 KING ST, 3RD FLOOR	(415) 396-9255

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		San Francisco	CA	94107

(1) MONTH/YEAR 02/12		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
2/16	8:43	San Francisco, CA						24.00	T					24.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	24.00		0.00	0	0.00	0.00	24.00
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														24.00

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

Expenses from GWG Meeting at the CIRM in San Francisco, February 12, 2012

(12) NORMAL WORK HOURS [redacted]

(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 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [redacted] DATE 2-23-12

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [redacted] DATE 3/7/12

(17) [redacted] TLE *(See Item 17 on reverse)* DATE