TRAV	EL E	FORNIA - DEPARTMENT OF PERSON EXPENSE CLAIM	NNEL ADMINIS	STRATION			s and *Pr					1	9		
STD. 262 (REV. 9/2007) CLAIMANT'S NAME							On Reverse Side					Page of Pages			
Patricia Olson							SSN or EMPLOYEE NUMBER*					DEPARTMENT			
POSITION CB/ID No.							DIVISION or BUREAU				CIRM			MDED	
Executive Director, Scientific Activitie							Science Office				INDEX NUMBER			MBEK	
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS				TELEPHO			NE NUMBER	
							210 King Street				(415) 396-9116				
CITY STATE ZIP CODE							CITY				STATE		ZIP CODE		
								San Francisco				CA 94107			
(1) NORMAL WORK HOURS							(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED				
(4) MONTH/YEAR FEB4- May/2012		(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)	
	J12 ——	WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T, N/C, RELC		(A) COST OF	(B) TYPE	(C) CARFARE,	PRIVA	(D) TE CAR USE	BUSINESS	TOTAL EXPENSES	
(5) DATE	IME,		LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES		EXPENSE	FOR DAY	
5/24	100	Burlingame, CA								9.00		0.00		9.00	
5/18		Coco 500 SAN FRANCISCO			-122.94							0.00	122.99	F 122.94	
2/6		COCO 500 SAN FRANCISCO										0.00	79.27	79.27	
											Character and Ch	0.00		0.00	
												0.00		0.00	
				-								0.00	OT THE REAL COST.	0.00	
				·			-					0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00	TOTAL PROPERTY AND	0.00	
												0.00		0.00	
110)												0.00		0.00	
(13)		SUBTOTALS	0.00	0.00	122.94	0.00	0.00	0.00		9.00	0.00	0.00	0.00	211.21 -131.94	
COLU	MN (CODE (ACCTG. USE ONLY)		Pater Aug									10000		
	C	CLAIM TOTAL												\$131.94	
(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 5/24/2012 was parking at ICOC meeting 5/18/2012 was lunch for guest speaker PAID BY REVOLV										US	E ONLY				
SA	M Sec	BY CERTIFY That the above is a true st d if mileage rates exceed the minimum ctions 0750, 0751, 0752, 0753 and 0754		ehicle safety		usage.	as equal to o	r greater than	the rate	claimed, and that	I have me	et the requirer	ely owned vel nents as pres	nicle was cribed by	
CLAIMANT	S SI			DATE	2/12	(16) SIG	GNAIURE O	F OFFICER A	PPROVI	NG TRAVEL AND	PAYMEN	IT DA	-/-	/>	
(17) SPECI	AL EX	PENSE AUTHORIZATION - SIGNATUR	E and IIILE	See Item 17	on reverse)						********	DA			

DATE