

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME: Jeff Sheehy

SSN or EMPLOYEE NUMBER*: [REDACTED]

DEPARTMENT: [REDACTED]

POSITION: ICOC Member

CB/ID No.: [REDACTED]

DIVISION or BUREAU: CIRM

INDEX NUMBER: [REDACTED]

RESIDENCE ADDRESS*: [REDACTED]

HEADQUARTERS ADDRESS: 210 King Street

TELEPHONE NUMBER: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

CITY: San Francisco STATE: CA ZIP CODE: 94107

(1) MONTH/YEAR	(2) DATE	(2) TIME	(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, REL. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
									(A)	(B)	(C)	(D) MILES	(D) AMOUNT		
March	15		Berkeley						10.00	T					10.00
	19		Burlingame						94.00	T					94.00
	6		San Francisco						24.26	T					24.26
	15		Berkeley						7.80	B					7.80
	22		Berkeley						13.90	T/B					13.90
															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	10.00		0.00	0	0.00	0.00	149.96

COLUMN CODE (ACCTG. USE ONLY)															
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CLAIM TOTAL: \$150.70

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

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

Taxi from BART to Claremont March 15, 2013

Bart From SF to Claremont March 15.2013

March 19- ICOC Meeting Burlingame

march 6- meeting at CRM - grantee

march 22 Bart and Taxi to ~~the~~ Berkeley Parkinsons Workshop

(12) NORMAL WORK HOURS: [REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER: NA

(14) MILEAGE RATE CLAIMED: NA

(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 not at the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE: 3-19-13

(16) SIGNATURE OF OFFICER APPROVING TRAVEL: [REDACTED]

DATE: 3.21.13

AGENCY ACCOUNTING OFFICE USE ONLY

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