

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

*See Instructions and \*Privacy Statement On Reverse Side*

CLAIMANT'S NAME <b>JEFF SHEEHY</b>		SSN or EMPLOYEE NUMBER*	DEPARTMENT <b>CIRM</b>
POSITION <b>ICOC MEMBER</b>	CB/ID No.	DIVISION or BUREAU <b>ICOC</b>	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>210 KING STREET</b>	TELEPHONE NUMBER <b>415-396-9100</b>
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
			<b>SAN FRANCISCO CA 94107</b>

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR	(5) DATE	(5) TIME	(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		
										MILES	AMOUNT			
03/12	03	22:48	SF TO SEATTLE	162.70			\$25.60		\$47.00	T		0	235.30	
	04	7:24	SEATTLE		\$35.94		<del>\$30.81</del> 28.89		\$6.25	T		0	71.08	
<b>(13) SUBTOTALS</b>				0	0	0	0	0	0		0	0	0	
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														
<b>CLAIM TOTAL</b>												\$306.38		

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 ATTEND COMMUNITY CURE WORKSHOP THAT WAS RUN A DAY BEFORE THE CONFERENCE ON RETROVIRUSES AND OPPORTUNISTIC INFECTIONS (SEE ATTACHED INVITATION). I ATTENDED THE ACTUAL CONFERENCE THROUGH UCSF, BUT ARRIVED A DAY EARLY TO ATTEND THE CURE WORKSHOP (WHERE CIRM GRANTEE JOHN ZAIA PRESENTED) PER INVITATION AS THE HIV/AIDS PATIENT ADVOCATE ON CIRM'S GOVERNING BOARD.

<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>  PAID BY REVOLVING FUND CHECK NUMBER
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0/6 # 201100214

(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 [unclear] by and seat belt usage.

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
<i>[Signature]</i>	3/13/12
	DATE

17 on reverse)