

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME JOAN I SAMUELSON		SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION PATIENT ADVOCATE		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 210 KING ST			TELEPHONE NUMBER (415) 396-9100
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	(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., LT, N/C, RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
TIME										MILES	AMOUNT		
APR 2012	4/17	MARRIOTT HOTEL, ROOM 1085				8.86	47.71				0.00	21.80 12.95	30.66
	4/18	MARRIOTT HOTEL, ROOM 1085			31.31 62.62	12.67 25.34	9.26 29.40	4.26			0.00	64.00	112.27 124.32
	4/19	MARRIOTT HOTEL, ROOM 1085			25.20 50.60	4.88	24.79 52.58	9.00 13.88			0.00	65.04 12.95	131.01
	4/20	MARRIOTT HOTEL, ROOM 1085			20.68 41.36						0.00	20.68	61.36
	4/20	REIMBURSED TO SINAIKO, CK #8176									0.00	100.23 12.95	100.23 66.79
	4/18	AMBER INDIA RESTAURANT					15.76 31.20				0.00		15.76 44.20
	4/19	EMPORIO RULLI CAFE						3.85		6.25 3.85	0.00		6.25 2.70
	4/19	FAIRMONT HOTEL				7.03 14.06					0.00	21.90 11.91	28.93 44.81
	4/20										0.00		18.94
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			0.00	174.58	69.15	106.88	39.70	9.00		51.85	0.00	44.69	486.85 476.45
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL 476.45

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

The purpose of this trip was for Joan Samuelson and her assistant John Sinaiko to attend the Grants Working Group mtg, 4/18-4/20/12, held at the Marriott Union Square in San Francisco. Samuelson traveled by private car provided by the State and Sinaiko traveled via air round trip Burbank/Oakland, also provided by the State. Expenses were incurred while attending this mtg and receipts and documentation incl travel, agenda, etc. are attached.

Note: Some meals were reduced to maintain \$64.00 daily limit. Applies to both travelers.

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: 11/7/12

DATE: 11/13/12

TITLE (See Item #7 of reverse)

4100-29201-50221