[RA	/EL E	FORNIA – PERSONNEL ADMINISTRAT EXPENSE CLAIM	ION				s and *Priv								
STD. 262 (REV. 7/2005) CLAIMANT'S NAME Kevin McCormack POSITION CB/ID No.							Reverse Side SSN GEMPLOYEE NUMBER*					Page of Pages			
							DIVISION or BUREAU				Communications				
											Com		INDEX NU	IMBER	
Director Public Communications								CA Institute for Regenerative Medic						INDEX NOMBER	
RESIDENCE ADDRESS *								HEADQUARTERS ADDRESS					TELEPHONE NUMBER		
210 King Street							Same as residence						(415) 396-9813		
CITY STATE ZIP CODE CITY											STATE ZIP CODE				
San Francisco CA 94107														-	
1) MONTH/YEAR PRIL, MAY 2013		(3) LOCATION WHERE EXPENSES	(4)	(5)	MEALS		(6)	(7) TRANSPORTAT			ЛОИ		(8)	(9)	
				BREAK-		O.T., L/T, N/C, RELO.		(A) COST OF	(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES	
:)		WERE INCURRED	LODGING	FAST	LUNCH	OR	TALS	TRANS.	USED	+ TOLLS,	<u> </u>		EXPENSE	FOR DAY	
	TIME	T ' AIGGIL G				DINNE	1			FARRING	MILES	AMOUNT			
/17		Taxi to ALS Golden Gate chapter. San Francisco						12.00						12.00	
5/2		SF to Lawrence Livermore										14,69		20.69	
31 2		Berkelev Lab								6.00	26	14.54		20,69 20.54	
			i				ř							0.00	
														0.00	
5/7		San Jose Tech Museum								10.00	96	54.24 -53.28		64.24	
										-					
														0.00	
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							:							0.00	
0)		SUBTOTALS	0.00											96,78	
			0.00	0.00	0.00	0.0	0.00	12.00		16.00	122	67.82	0.00	-95.82 · G	
COL	UMN C	CODE (ACCTG. USE ONLY)			1	<u> </u>									
	(CLAIM TOTAL										\$	16.93	95.82	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(12) NORMAL WORK HOURS				
		d CIRM posters for ALS Ga							okur						
) Bu	siness	s meeting at Lawrence Live	rmore Be	rkeley L	ab to dis	cuss sp	eaking eve	ent			(13) PI	RIVATE VERI	JLE LICENSI	E NUMBER	
) Du	siness	s meeting with San Jose Tee	en Museu	m or in	iovation -	- aiscus	s conador	auon eve	ent				CLAIMED		
											0.555	56			
											AGENCY ACCOUNTING OFFICE				
											USE ONLY				
											PAID B	Y REVOLVING	G FUND CHE	CK NUMBER	
5)		CERTIEV That the above is a true state	ment of the tr	avel evpere	es incurred by	v me in acc	ordance with	IPA rulos is *	ne senile	e of the State	ł				
	Californ	CERTIFY That the above is a true state iia. If a privately owned vehicle was use	ed, and if mile	age rates ex	es incurred by ceed the min nents as pres	imum r <u>ate,</u>	l certify that th	e cost of ope	rating the	e vehicle was					
LA				DATE	ao pree	(:						DA	TF -		
				11	21.0	\						I N	1/20	112	
7) 000	CIAL	VIDENCE AUTHORIZATION CONTATTO	E and Title	3/2	113	2						/	19/	13	
/) SPE	OIAL EX	(PENSE AUTHORIZATION - SIGNATUR	⊨ and IIILE	(See Item 1)	on reverse)							DA	1 6		
<u>k</u>															