STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
JOAN I SAMUELSON	[redacted]	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
PATIENT ADVOCATE		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	210 KING ST	(415) 396-9100

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		SAN FRANCISCO	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED

(4) MONTH/YEAR	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	(8) MEALS LUNCH	(8) MEALS O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(10) (B) TYPE USED	(10) (C) CARFARE, TOLLS, PARKING	(10) (D) PRIVATE CAR USE MILES	(10) (D) PRIVATE CAR USE AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
APR 2012	3/26		AT&T										0.00	92.92	92.92
	4/10		VERIZON WIRELESS										0.00	59.52	59.52
	4/3		OFFICE DEPOT										0.00	43.36	43.36
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
(13)			**SUBTOTALS**	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	195.80	195.80
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL $195.80

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

The above bills are attached and reflect the percentage of use in relation to costs to maintain documents and files for CIRM related issues and communication with ICOC personnel and others re ICOC business.

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 [redacted] taining to vehicle safety and seat belt usage.

[redacted] DATE 9-17-12 (16) [redacted] DATE 9/17/12

[redacted] nd TITLE *(See Item 17 on reverse)* DATE