STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION See Instructions and *Privacy TRAVEL EXPENSE CLAIM Statement On Reverse Side STD. 262 (REV. 9/2007) Pages Page SSN or EMPLOYEE NUMBER* CLAIMANT'S NAME DEPARTMENT JOAN I SAMUELSON INDEX NUMBER POSITION CB/ID No. DIVISION or BUREAU PATIENT ADVOCATE **CIRM** RESIDENCE ADDRESS * HEADQUARTERS ADDRESS TELEPHONE NUMBER (415) 396-9100 210 KING ST STATE ZIP CODE STATE ZIP CODE CITY CA 94107 SAN FRANCISCO (2) PRIVATE VEHICLE LICENSE NUMBER (3) MILEAGE RATE CLAIMED (1) NORMAL WORK HOURS (4) MONTH/YEAR (11) (12)(7) (9) TRANSPORTATION MEALS (10)(8) (6) LOCATION O.T., L/T, N/C, RELO. (C) (D) PRIVATE CAR USE TOTAL (A) (B) WHERE EXPENSES CARFARE, BUSINESS **EXPENSES** BREAK-COST OF INCIDEN-TYPE WERE INCURRED OR TOLLS, FOR DAY LODGING LUNCH TRANS. USED **EXPENSE** FAST TALS MILES AMOUNT DATE TIME DINNER **PARKING** AT&T 4/26 0.00 83.39 83.39 VERIZON WIRELESS 59.86 59.86 5/10 OFFICE DEPOT 0.00 5/22 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 0.00 268.25 **SUBTOTALS** 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 **COLUMN CODE (ACCTG. USE ONLY) CLAIM TOTAL** 225,00 (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) AGENCY ACCOUNTING OFFICE **USE ONLY** 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. PAID BY REVOLVING FUND CHECK NUMBER 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 pertaining to vehicle safety and seat belt usage.

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