

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Kevin McCormack			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM											
POSITION Sr Director of Public Communications			CB/ID No.			DIVISION or BUREAU			INDEX NUMBER								
RESIDENCE ADDRESS *						HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9813								
CITY [REDACTED]			STATE [REDACTED]			ZIP CODE			CITY San Francisco			STATE CA			ZIP CODE 94107		

(1) MONTH/YEAR 05/2012	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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			
18	17:30		San Francisco to Irvine	92.40										92.40	
19	17:00		Irvine to San Francisco					12.50	T					12.50	
														0.00	
29	11:00 17:30		SF to Sacramento to SF						PC	10.00	176	97.68		107.68	
														0.00	
31	07:30 19:00		SF to Los Angeles to SF					80.38	RC	16.00				96.38	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				92.40	0.00	0.00	0.00	0.00	92.88		26.00	176	97.68	0.00	308.96
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													308.96		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
18-19) Huntington's Association Walk; 29) Visit to UC Davis Stem Cell Labs; 31) Lunch meeting with Patient Advocate

(12) NORMAL WORK HOURS
[REDACTED]

(14) MILEAGE RATE CLAIMED
.555

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(5/31) Note: claimant did not know that a car had been reserved for this trip with a state contracted agency

(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 SIGNATURE [REDACTED]	DATE 6/4/12	TITLE (See Item 17 on reverse) [REDACTED]	AGENCY SIGNATURE [REDACTED]	DATE 6/4/12
----------------------------------	----------------	--	--------------------------------	----------------

[REDACTED]