# TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

**See Instructions and *Privacy Statement On Reverse Side**

Page ___1___ of _____ Pages

| CLAIMANT'S NAME | SSN or EMPLOYEE NUMBER* | DEPARTMENT |
|---|---|---|
| M Elizabeth Fini | | CIRM |

| POSITION | CB/ID No. | DIVISION or BUREAU | INDEX NUMBER |
|---|---|---|---|
| ICOC Board Member | | | |

| RESIDENCE ADDRESS * | HEADQUARTERS ADDRESS | TELEPHONE NUMBER |
|---|---|---|
| ▉▉▉▉▉ | ▉▉▉▉▉ | (415) 396-9113 |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|
| ▉▉▉ | ▉ | ▉ | ▉▉▉ | ▉ | ▉ |

| (1) MONTH/YEAR 5/2012 | | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) LODGING | (5) MEALS | | | (6) INCIDEN-TALS | (7) TRANSPORTATION | | | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (2) DATE | TIME | | | 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 | | |
| 5/23 | 17 00 | San Francisco, CA | | | | 21.04 | | | | | | | | 21.04 |
| 5/23 | | | | | | | 9.95 | | | | | | 9.95 | 9.95 |
| 5/24 | 2130 | | | | | 15.38 ~~19.03~~ | | | | | | | | 15.38 ~~19.03~~ |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| (10) SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 40.07 | 9.95 | 0.00 | | 0.00 | 0 | 0.00 | 0.00 | ~~50.02~~ |

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL     46.37 ~~50.02~~

| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) | |
|---|---|

ICOC MEETING - ATTEND - May 23rd - 24th 2012

CRowne Plaza - Burlingame CA

(12) NORMAL WORK HOURS ▉▉▉

(13) PRIVATE VEHICLE LICENSE NUMBER ▉▉▉

(14) MILEAGE RATE CLAIMED .555

**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 | DATE | (16) | ...EL AND PAYMENT | DATE |
|---|---|---|---|---|
| ▉▉▉ | 6-20-12 | ▉▉▉ | | 7/5/12 |

(17) S ▉▉▉    d TITLE (See Item 17 on reverse)     DATE