STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Dr. Kristiina Vuori	[redacted]	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Governing Board Member			

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	210 King Street	(415) 396-9113

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
San Diego	CA	92130	San Francisco	CA	94107

(1) MONTH/YEAR May 2012 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
5/24	5:00	Home to San Diego Airport						80.50	T					80.50
5/24	7:00	Flight from SAN to SFO						223.80	A					223.80
5/24	8:30	Taxi from SFO to Crown Plaza						20.00	T					20.00
5/24	4:30	Flight from SFO to SAN						223.80	A					223.80
5/24	6:00	Taxi from SAN to home						80.50	T					80.50
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	628.60		0.00	0	0.00	0.00	628.60
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														628.60

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

Attend ICOC Meeting at Crown Plaza, SFO, Thursday, May 24, 2012

(12) NORMAL WORK HOURS

[redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER

[redacted]

(14) MILEAGE RATE CLAIMED

~~.50~~ .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 [redacted] DATE 6/1/12

(16) [redacted] PAYMENT DATE 6/7/12.

(17) SPECIAL EXPENSE AUTHORIZATION SIGNATURE and TITLE (See Item 17 on reverse) [redacted] DATE