

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Ellen Feigal		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION Senior VP	CB/ID No.	DIVISION or BUREAU Research and Development	INDEX NUMBER
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER (415) 396-9106
		CITY San Francisco	STATE CA
			ZIP CODE 94107

(1) NORMAL WORK HOURS _____ (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (3) MILEAGE RATE CLAIMED 0.555

(4) MONTH/YEAR 6/2012	(5) DATE TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
				BREAK-FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
	6/12 1130	Japan	216.05					44.03	B			0.00	260.08	216.05
	6/12	Japan	220.05					44.01				0.00	264.06	216.05
	6/13	Japan	224.37 220.22									0.00	224.37	220.22
	6/14	Japan	224.91 220.02									0.00	224.91	220.02
	6/15	Japan	252.77 250.82									0.00	252.77	250.82
	6/16	Japan	386.41 382.51		1.76	10.38						0.00	398.55	382.51
	6/17	Japan			3.91			44.43	B			0.00	48.34	
	6/17 1130	San Francisco, CA						50.00	T			0.00	50.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
(13) SUBTOTALS			1,509.99	0.00	5.67	10.36	0.00	138.44		0.00	0.00	0.00	1,459.02	1,664.46

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COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL # 1,459.02
1,664.46

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

6/12-17 ISSCR

015 # 2011 5007

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 SIGNATURE [REDACTED]	DATE 22 June 2012	OFFICER SIGNATURE [REDACTED]	DATE 6/27/12
(17) SIGNATURE [REDACTED]	and TITLE (See Item 17 on reverse)		DATE