

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Kevin McCormack	SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
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POSITION Senior Director Public Communications	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
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RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER
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CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107
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(1) MONTH/YEAR	(2) DATE	(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		
June/13	8:00	San Francisco/Boston	289.56	7.01		17.12 42.80		20.90	T		15	8.48	343.07 ✓ 368.75
		Boston	289.56	9.58	15.00	46.49 46.66							345.63 ✓ 360.80
		Boston	289.56	11.02 10.30	15.00			33.88 34.85	T				349.46 ✓ 334.71
		Boston	289.56	7.12	8.00								304.68 ✓ 297.56
	9:00 pm	Boston/San Francisco		7.01	8.00			15.00	T		15	8.48	38.49 ✓
5/31	8:00 5:00	San Francisco/Boston											371.45 ✓ 371.45
													0.00
													0.00
													0.00
													0.00
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													0.00
(10)	SUBTOTALS		1,158.24	33.90	31.00	89.46	0.00	70.75		0.00	30	16.96	1752.78 ✓ 1,771.76
	COLUMN CODE (ACCTG. USE ONLY)												

CLAIM TOTAL	1752.78 1,771.76
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Travel Expenses for ISSCR June 11 - 15, 2013 Business Expense - Additional Equipment for Booth at ISSCR <i>o/s# 2012 PC07 = \$1,381.33</i> <i>5/31 ISSCR Booth Rental = \$371.45</i>	(12) NORMAL WORK HOURS [REDACTED] (13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] (14) MILEAGE RATE CLAIMED .565 AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
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(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 6/21/13	DATE 6/21/13
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED]