STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
JEFF SHEEHY	▮	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
ICOC MEMBER		ICOC	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
▮	210 KING STREET	415-396-9100

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
▮	▮	▮	SAN FRANCISCO	CA	94131

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
▮		

(4) MONTH/YEAR 6/12 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
26	8:00	SF to Berkeley						$3.85	B			0		3.85 0
26	5:00	SF to Berkeley						$9.00	T			0		9.00 0
27	8:00 5:00	SF to Berkeley						$7.70	B			0		7.70 0
												0		0
20	10:00 12:30	SF						25.00	T			0		25.00 0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
(13) SUBTOTALS			0	0	0	0	0	0		0	0	0	0	0

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL — 45.55 0

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
ATTEND ICOC GWG AT BERKELEY. – June 26 – 28 2012

ATTEND REGsearch leadership Award meeting June 20, 2012 @ CIRM

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 ...cle safety and seat belt usage.

	DATE 7-2-12	(1... ▮	...NT	DATE 7 10 12
	e Item 17 on reverse)			DATE