

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Matthew James Plunkett		SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION Chief Financial Officer		CB/ID No.	DIVISION or BUREAU Calif. Institute for Regenerative Medicine		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King St.		TELEPHONE NUMBER (415) 396-9811	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			San Francisco	CA	94107

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

(4) MONTH/YEAR	(5) DATE	(5) 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., 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 '12	6/5	noon 8pm	Presentation at SARTA Bio-Med conf. in Sacramento							PC	5.00	176.40	97.90	102.90	
	6/30		Public transit expenses for June 2012						125.00	T	19.50		0.00	144.50	
												0.00	0.00	0.00	
												0.00	0.00	0.00	
												0.00	0.00	0.00	
												0.00	0.00	0.00	
												0.00	0.00	0.00	
												0.00	0.00	0.00	
												0.00	0.00	0.00	
												0.00	0.00	0.00	
												0.00	0.00	0.00	
												0.00	0.00	0.00	
Subtotals				0.00	0.00	0.00	0.00	0.00	125.00		24.50	176.40	97.90	0.00	247.40

COLUMN CODE (ACCTG. USE ONLY)	
CLAIM TOTAL	\$247.40

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

- \$125.00 of public transit expenses reimbursable

- 19.50 parking reimbursement

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 the Department of Personnel Administration regarding vehicle safety and seat belt usage.

DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
6/25/12	[Signature]	6/25/12

(17) (See Item 17 on reverse)