STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM See Instructions and *Privacy Statement On Reverse Side STD. 262 (REV. 9/2007) Pages SSN or EMPLOYEE NUMBER* CLAIMANT'S NAME DEPARTMENT JOAN I SAMUELSON POSITION CB/ID No. INDEX NUMBER DIVISION or BUREAU PATIENT ADVOCATE RESIDENCE ADDRESS HEADQUARTERS ADDRESS TELEPHONE NUMBER 210 KING ST (415) 396-9100 STATE ZIP CODE CITY STATE ZIP CODE 95448 94107 CA SAN FRANCISCO CA (2) PRIVATE VEHICLE LICENSE NUMBER (3) MILEAGE RATE CLAIMED (1) NORMAL WORK HOURS (4) MONTH/YEAR (12)(7) MEALS TRANSPORTATION (8) (10)(6) LOCATION
WHERE EXPENSES JUL2012 O.T., L/T. (C) (D) PRIVATE CAR USE (A) (B) TOTAL N/C, RELO. CARFARE, BREAK-INCIDEN COST OF BUSINESS **EXPENSES** WERE INCURRED TYPE (5) OR FOR DAY LODGING FAST LUNCH TRANS. USED EXPENSE **TALS** MILES AMOUNT DATE TIME DINNER PARKING AT&T 86.93 86.93 6/26 VERIZON WIRELESS 59.54 59 54 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 (13) **SUBTOTALS** 0.00 146.47 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 146.47 **COLUMN CODE (ACCTG. USE ONLY)** \$146.47 **CLAIM TOTAL** (14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) **AGENCY ACCOUNTING OFFICE** The above bills are attached and reflect the percentage of use in relation to costs to maintain documents and USE ONLY files for CIRM related issues and communication with ICOC personnel and others re ICOC business. PAID BY REVOLVING FUND CHECK NUMBER 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. DATE TITLE (See Item 17 on reverse)