

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Kevin McCormack			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT Communication		
POSITION Director of Communications/Publ Outreach		CB/ID No.	DIVISION or BUREAU CIRM			INDEX NUMBER		
RESIDENCE ADDRESS * [REDACTED]			HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9813		
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]		CITY San Francisco		STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(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			
7-9/12	7/12	0600 1900	SFO-San Diego-SFO								29.20	16.21		16.21
	7/25		Burlingame							5.50	33.60	18.65		24.15
	7/26		Burlingame								33.60	18.65		18.65
	7/30		Burlingame								33.60	18.65		18.65
	9/5		Burlingame								33.60	18.65		18.65
	9/6		Burlingame							7.00	33.60	18.65		25.65
	9/12		Berkeley							6.00	25.60	14.21		20.21
	9/13		Berkeley							6.00	25.60	14.21		20.21
	9/5		Registration for CIRM booth at Liver Life Walk									0.00	75.00	75.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	24.50	248.40	137.86	75.00	237.36

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL **\$237.36**

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

7/12 Video Shoot
 7/25-7/26 ICOC Meeting
 7/30 CDAP Meeting
 9/5-9/6 ICOC Meeting
 9/12-13 GWG Meeting *→ no receipt available for tolls.*

AGENCY ACCOUNTING OFFICE USE ONLY
PAYED 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'S SIGNATURE [REDACTED]	DATE 10/1/12	AGENT'S SIGNATURE [REDACTED]	DATE 10/3/12
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(17) SPECIAL EMPLOYEE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED]