STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Patricia Olson	[redacted]	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Executive Dir. Scientific Activities		Science Office	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 king Street	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		San Francisco	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
[redacted]		

(4) MONTH/YEAR ~~7/2012~~ ~~2/2012~~ 7/2011 (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
7/22		Paragon Restaurant			~~131.00~~							0.00	131.69 ~~131.00~~	131.69 ~~131.00~~
~~2/6~~		~~Coco 500~~			~~79.27~~							0.00	~~79.27~~	~~79.27~~
												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
(13) **SUBTOTALS**			0.00	0.00	210.27	0.00	0.00	0.00		0.00	0.00	0.00	0.00	~~131.00~~ ~~210.27~~ 131.69

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL ~~131.00~~ ~~$210.27~~ 131.69

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

7/22/2011 - Took guest speaker to lunch. Garry Nolan, Wendy Fauth, Arie Abo, Uta Greishammer, Karen Berry, Kelly Shepard, Pat Olson

~~2/6/2012 - Took Guest speaker to lunch - Darryl O'Lima, Arie Abo, Uta Greishammer, Pat Olson~~

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 SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIM [redacted]	DATE 7/22/12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [redacted]	DATE 7/13/12
(17) S[redacted]TLE *(See Item 17 on reverse)*			DATE