

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

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CLAIMANT'S NAME Ellen Feigal			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION VP of Research and Development			CB/ID No.			DIVISION or BUREAU CIRM		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9106		
CITY [REDACTED]			STATE CA			ZIP CODE 94107		

(1) MONTH/YEAR 07/11	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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		
7/25	08:00	21:00	San Francisco								21.00		495.29	516.29 ✓
7/26	08:00	18:00	San Francisco								21.00			21.00 ✓
														0.00
														0.00
														0.00
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														0.00
														0.00
<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	0.00	42.00	0	0.00	495.29	537.29
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL** 537.29 ✓

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Reimbursement for Ellen Feigal, VP of R&D: 1) July 25 - 26 CDAP Meeting in San Francisco, CA		(12) NORMAL WORK HOURS [REDACTED]	
		(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	
		(14) MILEAGE RATE CLAIMED 0.55	
		<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> 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.	CLAIMANT'S SIGNATURE [REDACTED]	DATE 08/03/11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]
	(17) SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED]		DATE 8-8-11