

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Patricia Olson		SSN or EMPLOYEE NUMBER*	DEPARTMENT CIRM
POSITION Executive Dir. Scientific Activities	CB/ID No.	DIVISION or BUREAU Science Office	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER (415) 396-9116
CITY [REDACTED]	STATE [REDACTED]	CITY San Francisco	STATE CA
ZIP CODE [REDACTED]		ZIP CODE 94107	

(1) BUSINESS TRIP HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.555
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(4) MONTH/YEAR	(5) DATE	(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				
	TIME										MILES	AMOUNT			
April 2012	3/7	Parking in San Francisco									5.50	0.00		5.50	
	3/30	6:00 SFO Parking									24.00	0.00		24.00	
	3/30	18:00 Taxi from LAX to UCLA							47.00	T		0.00		47.00	
	4/26	7:00 SFO Parking									24.00	0.00		24.00	
	4/26	Taxi to UCLA							47.00 46.06	T		0.00		47.00 46.06	
	4/26	19:30 Taxi from UCLA to LAX							48.00 47.55	T		0.00		48.00 47.55	
	4/6	Parking at Marriott									20.00	0.00		20.00	
	5/7	7:00 SFO Parking									24.00	0.00		24.00	
	3/20	18:00 SF-SAC-SF mldby Parking at Marriott in Sac								PC	18.00	0.00 88.80		18.00 106.80	
	3/20	Internet										0.00	9.95	9.95	
	3/21	18:00 SAC-SF Parking										0.00			
	7/26	Parking									12.00	0.00		12.00	
	7/25	Parking									49.00	0.00		49.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	142.00			176.50	0.00	0.00	9.95	328.45 415.86
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

\$415.86 \$328.45

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

4/6/2012 was Standards Working Group meeting
 3/7/2012 was ET3 GWG Review
 3/30/2012 was ET site visit at UCLA
 4/26/2012 was ET site visit at UCLA
 3/20/2012 was ICOC in Sacramento
 7/26/2011 CDAP Meeting
 7/25/2011 CDAP Meeting
 5/7/2012 stem Cell leadership Meeting

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.

CLAIMANT [REDACTED] (16) SIGNATURE [REDACTED]

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED]