TRA	VEL	FORNIA – PERSONNEL ADMINISTRAT EXPENSE CLAIM	ION			tructions									
STD. 262 (REV. 7/2005) CLAIMANT'S NAME Kevin McCormack							n Reverse Side SSN or EMPLOYEE NUMBER*					Page of Pages DEPARTMENT			
												Communications			
POSITION CB/ID No.						DIVISION or BUREAU							JMBER		
								CA Institute for Regenerative Medic				cine			
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS				TELEPHONE NUMBER				
210 King Street CITY STATE ZIP CODE								Same as residence				(415) 396-9813 STATE ZIP CODE			
San Francisco CA 94107											STATE ZIP CODE			JODE	
(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7)		TRANSPORTATION			(8)	(9)	
		LOCATION WHERE EXPENSES	(')	(0)	WEALS	O.T., L/T,	- ``	(A)	(B)		7		- (6)	TOTAL	
(2)		WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR	INCIDEN- TALS			(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE		BUSINESS EXPENSE	EXPENSES	
DATE	TIME		LODGING	1 701	LONGIT	DINNER	IALS	I HANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
7/9	0530	Street, San Francisco	:	:	26,00	:								26.00	
7/12	0530	DE TO EXTENDED CHORD VILLA OF OTHER		2.76				10. 10.		:	29	76.39	:	1915	
				:			:	. :		:			:	0,00	
7/21	1700			:		: :	1 1			10.00	112	43.28		73.2	
7/25		ICOC meeting at Hilton Burlingame								:	36	26.3 19.98	4	20.34	
														0.00	
			: : :	:	:	:				:				0.00	
			:	- 2 - 2 - 1	:			:				:		0,00	
			:	1 1 1	i :			: : :				:	:	0.00	
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			: : :	:	1 1 1	\$ 5		3		:		-		0.00	
o managar est mandaga			; ; ;		: : :	2 2 3 4	=	: :		:				0.00	
SUBTOTALS 0.			0.00	2,50	26.00	0.00	0,00	0.00		10.00	177	98.24	0.00	138.7	
COI	LUMN C	CODE (ACCTG, USE ONLY)													
	(CLAIM TOTAL												138.7	
(11) PL	IRPOSE C	DF TRIP, REMARKS AND DETAILS (Atta	ch receipts/vo	uchers when	required)		******				(12) N	ORMAL WOR	K HOURS	***************************************	
		meeting with ICOC memb				7 Comme	ie. The				(12) 14	0111111112 11 01 11	KINOONO		
2) Ti	rip to U	JSC for event celebrating C	JRM's Ci	eativity i	piau ru v program	Commi	шиу го	UIII			(13) PI	RIVATE VEHIC	CLE LICENSI	E NUMBER	
3) Visit to San Jose Tech Museum of Innovation for speech on CIRM research 4) ICOC Board meeting at Hilton Hotel Burlingame											(14) MILEAGE RATE CLAIMED				
											PAID B	Y REVOLVING	FUND CHE	CK NUMBER	
(15)	HEREBY	CERTIFY That the above is a true state	ment of the tra	avel expense	s incurred by	me in accord	dance with D	PA rules in th	e service	of the State					
	equal to o	ia. If a privately owned vehicle was use in greater than the rate claimed, and that to vehicle safety and seat belt usage.	ed, and it mile	age rates exc	seed the mini	imiim rate I d	ertity that th	e cost of one	ratina tha	vehicle was					
CLAIMA	ANT'S SIG	NATURE		DATE j	ı	(16)						DA	TE ,	Control Contro	
<u>e</u>				7/2	9/13	200							1/29	1110	
(17) SP	ECIAL EX	PENSE AUTHORIZATION - SIGNATUR	E and TITLE	(See Item 17	on reverse)	and the second second						DA	TE/	inalyicalphallaman	
<u>E</u>															