

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy Statement On Reverse Side

CLAIMANT'S NAME JOAN I SAMUELSON		SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION PATIENT ADVOCATE		CB/ID No.	DIVISION or BUREAU CIMR		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 KING ST			TELEPHONE NUMBER (415) 396-9100
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			SAN FRANCISCO	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR AUG 2011	(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		
8/24	1600		Sheraton Hotel				11.70 19.02					0.00	11.70	11.70 19.02
8/25	1900		Sheraton Hotel - breakfast for Samuelson & Assistant		41.18 401.38							0.00	41.18	82.36 401.38
												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
												0.00		0.00
												0.00		0.00
<b>(13) SUBTOTALS</b>				0.00	101.38	0.00	19.02	0.00	0.00		0.00	0.00	0.00	94.06 120.40

<b>COLUMN CODE (ACCTG. USE ONLY)</b>	
<b>CLAIM TOTAL</b>	94.06 \$120.40

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

Car pick up at 330 Plaza St Healdsburg and return for Joan Samuelson. Assistant John Sinaiko round trip by air Burbank/Oakland. They were attending the ICOC Board meeting at Stanford, 8/23-25 2011. Agenda and travel itinerary are attached. Car, hotel and air travel paid directly by State.

Reimbursement requested for expenses incurred at hotel.

<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 \_\_\_\_\_ DATE \_\_\_\_\_

(1) \_\_\_\_\_

m 17 on reverse)