

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
 Statement On Reverse Side

STD. 262 (REV. 7/2005)

Page 1 of 1 Pages

CLAIMANT'S NAME Jacob E. Levin		SSN or EMPLOYEE NUMBER*		DEPARTMENT CIRM		
POSITION Assistant Vice Chancellor		CB/ID No.	DIVISION or BUREAU			INDEX NUMBER
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER
CITY [REDACTED]		STATE	ZIP CODE	CITY San Francisco		STATE CA
						ZIP CODE 94107

(1) MONTH/YEAR 9/2011	(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		
	9/14	0700	Orange County, CA		3.34	✓							3.34	✓
	9/14		San Francisco, CA							50.00	✓		50.00	✓
	9/14		San Francisco, CA				14.95	✓					14.95	✓
	9/15		San Francisco, CA				14.95	✓					14.95	✓
	9/16		San Francisco, CA							47.00	✓		47.00	✓
	9/16	1300	Orange County, CA							42.00	✓		42.00	✓
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS				0.00	3.34	0.00	0.00	29.90	0.00	139.00	0	0.00	0.00	172.24

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL													172.24
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) CIRM Annual Grantee Meeting which brings together investigators and trainees that CIRM is funding.										(12) NORMAL WORK HOURS [REDACTED]		
										(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]		
										(14) MILEAGE RATE CLAIMED .555		
										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'S SIGNATURE [REDACTED]	DATE 9-26-11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 10-18-11
(17) SPECIAL TITLE (See Item 17 on reverse)	[REDACTED]	[REDACTED]	DATE