

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

Page _____ of _____ Pages

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

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
-----------------------	------------------------------------	--------------------------

(4) MONTH/YEAR	(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		
11/12	11/13		UCSF Parking								28.00	0.00		28.00
	9/19	8:30	City of Hope			5.99						0.00		5.99
	9/19		Duggles Taxi					85.00	T			0.00		85.00
	9/19	2:00	SFO Parking								28.00	0.00		28.00
	3/30	06:00 16:30	Tactical Supervision					47.00	T			0.00		47.00
	10/24		Children's Hospital Parking								6.00	0.00		6.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS				0.00	0.00	5.99	0.00	0.00	132.00		62.00	0.00	0.00	199.99
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$199.99
--------------------	----------

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
	PAID BY REVOLVING FUND CHECK NUMBER

9/12/2012 - City of Hope site visit for one day
 3/30/2012 - UCLA site visit for one day
 10/24/2012 - Task Force Meeting at Children's Hospital

(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 SIGNATURE	DATE 2/13/13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 2/13/2013
--------------------	-----------------	--------------------------------------------------------	-------------------

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