TRA	VEL E	FORNIA – PERSONNEL ADMINISTRAT EXPENSE CLAIM	ION				s and *Priv Reverse S								
STD. 262 (REV. 7/2005)  CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*				Page of Pages  DEPARTMENT				
Alfred Rowlett  POSITION CB/ID No.  Board Member RESIDENCE ADDRESS *								DIVISION or BUREAU							
													INDEX NU	MBER	
								HEADQUARTERS ADDRESS Same as Residence				TELEPHONE NUMBER			
								CITY				STATE ZIP CODE			
(1) MONTH/YEAR 0 9		(3)  LOCATION  WHERE EXPENSES	(4)	(5) MEALS			(6)	(7)		TRANSPORTAT	Ol.		(8)	(9)	
09 <del>0</del> 7≠13						O.T., L/T		(A)	(B)	(C)	(D)		-	TOTAL	
(2)		WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO	TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS,		TÈ ĆAR USE	BUSINESS EXPENSE	EXPENSES FOR DAY	
DATE						DINNER	l	-		PARKING	MILES	AMOUNT			
Sept	19	Berkeley, CA								15.00	/			15.00	
Sept	19	Berkeley, CA	:	- - - - -	:					5.00	/	Pr-		5,00	
Sept	19	10325 Saddle Creek Dr, Sac CA 95827 to	:		1 1			-			194	109.61		109.61	
		Claremont Hotel, 41 Tunnel Rd, Berkeley(Roundtrip)	:									100 100 600		0.00	
			: :					-				111	,	0.00	
			:	7				i						0.00	
					:				-	:				0.00	
				-	:			3						0,00	
			:										1	0.00	
			-		-							1		0.00	
			2 2											0.00	
				-				:		11 12 12		Ann 100 100 100		0.00	
			:		: : :			:		111 - 111 - 111		No. or or	-	0.00	
(10)		SUBTOTALS	0.00	0.00	0.00	0.0	0.00	0.00		20.00	194	109.61	0.00	129,61	
COL	UMN	CODE (ACCTG. USE ONLY)	J. Jeden die		Sulla l									1127.	
		CLAIM TOTAL												129.61	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(12) NORMAL WORK HOURS				
Attend CIRM - Grant Working Group Meeting September 19, 2013.															
												RIVATE VEH		E NUMBER	
Toll- No Reciept Available											(14) MILEAGE RATE CLAIMED				
											.565				
												AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER			
$\underline{\hspace{1cm}}$			t t	ravel expense	es incurred b	y me in acc	ordance with I	DPA rules in t	he servic	e of the State	A PAID E	SY HEVOLVIN	IG FUND CHI	ECK NUMBER	
			ile et	t the requirer	ceed the mir ments as pre-	scribed by	ordance with I I certify that the SAM Sections	s 0750, 0751, 	0752, 07	'53 and 0754		NT T-	A T.		
DATE  9/26/13  (10/4/20/ATURE OF OFFICER APPROVING TRAVELAND										PAYME	1	10/N	11)		
			E	(See Item 1	7 on reverse)	)						D	ATE		
×		1										I - %			