

**TRAVEL EXPENSE CLAIM**

See Instructions and \*Privacy Statement On Reverse Side

STD 262 (REV. 7/2005)

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CLAIMANT'S NAME <b>Kevin McCormack</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT <b>Communications</b>	
POSITION <b>Dir. Communications/Public Outreach</b>		CB/D No.		DIVISION or BUREAU <b>California Institute for Regenerative Medicin</b>	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>210 King Street</b>		INDEX NUMBER <b>(415) 396-9813</b>	
CITY [REDACTED]		STATE <b>CA</b>		ZIP CODE <b>94107</b>	

(1) MONTH/YEAR	(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		
											MILES	AMOUNT		
Sept/Oct	9/28	0600 <del>1900</del>	SFO - Orange Co.								29	16.20		16.20
	9/28		Orange Co.			6.95								6.95
	9/28	1900	Orange Co.					20.00						20.00
	10/11		Berkeley							6.00	26	14.28		20.28
	10/12		Berkeley							6.00	26	14.28		20.28
	10/24		San Francisco							17.50				17.50
	10/28	1600	SFO - San Diego								29	16.20		16.20
	10/28		San Diego							60.00				60.00
	10/28		San Diego	191.36			33.51 <del>25.00</del>							224.87 <del>25.00</del>
	10/29	29	San Diego	191.36 <del>382.72</del>										191.36 <del>382.72</del>
	10/30	2100	San Diego							58.00				58.00
	10/31		Novato			33.64							33.64	33.64
<b>(10) SUBTOTALS</b>				382.72	0.00	40.59	25.00	0.00	20.00	147.50	110	60.96	0.00	685.28 <del>676.77</del>
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL**

# 685.28  
676.77

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

10/11 - 10/12 New Faculty Review meeting  
 9/28 - Patient Advocate summit Newport Beach  
 10/24 - ISSCR-Gladstone Inst. conference UCSF Mission Bay  
 10/28-10/30 San Diego Stem Cell Meeting on the Mesa  
 10/31 - lunch for crew after video shoot for Ask the Expert video series

*Todd Dubnicoff and Amy Adams*

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.555

**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 SIGNATURE [REDACTED]	DATE <b>11/2/12</b>	AGENT SIGNATURE [REDACTED]	DATE <b>11/5/12</b>
(17) SUPERVISOR SIGNATURE [REDACTED]			DATE

(See Item 17 on reverse)