STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Ellen Feigal	[redacted]	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Senior VP		Research and Development	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 King Street	(415) 396-9106

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		San Francisco	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
	[redacted]	0.555

(4) MONTH/YEAR 9/2012		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
9/30	0800	Jackson Hole, WY	313.12									0.00		313.12
10/1		Jackson Hole, WY	313.12									0.00		313.12
10/2	~~1700~~	Jackson Hole, WY	313.12									0.00		313.12
10/3	1700											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
(13) **SUBTOTALS**			939.36	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	939.36
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL $939.36

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

Imaging in 2020 Conference

ok# 2012SD06

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.

CLAIMA[redacted] DATE 1/31/2013 (16)[redacted] DATE 2/6/13

(17) SP[redacted]E and TITLE *(See Item 17 on reverse)* DATE