

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy
 Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Jacob E. Levin		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Assistant Vice Chancellor		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]		STATE	ZIP CODE	CITY San Francisco	STATE CA
					ZIP CODE 94107

(1) MONTH/YEAR 09/12	(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			
09/05	07:30		Santa Ana, CA		13.79									13.79	
09/05	08:26		Santa Ana - San Francisco, CA						147.60	A				147.60	
09/05	10:34		San Francisco, CA		6.29 5.75									6.29 5.75	
09/05	12:15		San Francisco, CA			24.74								24.74	
09/05			San Francisco, CA								143.75			143.75	
09/06	12:00		San Francisco, CA	264.75										264.75	
09/06			San Francisco, CA								132.00			132.00	
09/06			San Francisco, CA				4.92							4.92	
09/06	22:22		Santa Ana, CA								40.00			40.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				264.75	19.54	24.74	4.92	0.00	147.60		315.75	0	0.00	0.00	777.30
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

777.30

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

Regular Meeting of the Independent Citizens' Oversight Committee to the California Institute of Regenerative Medicine.
 September 5 - 6, 2012
 Crown Plaza SFO
 1177 Airport Blvd.
 Burlingame, CA 94010

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(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 SIGNATURE AND TITLE (See Item 17 on reverse)
 DATE 9/13/12

DATE 9/18/12

all