

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Maria Bonneville		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION Executive Director		CB/ID No.	DIVISION or BUREAU CIRM		
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harsion Street, 1650			TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Oakland	STATE CA	ZIP CODE 94612

(1) MONTH/YEAR Sept/Oct	(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		
9/20		12:00	OAK/SAN				51.76		62.64	T				114.40
9/21			OAK/SAN		18.61	✓								18.61
9/22			Los Angeles		23.87	✓							11.37	35.24
9/24		3:00	BUR/OAK			3.49			85.00	T				88.49
														0.00
10/4		10:00	OAK/SAN			12.98	✓				34	36 18.19		34 31.17
10/5		6:00	SNA/OAK		13.52	✓	19.38	✓			48.00	34 36 18.19		26 99.09
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS				0.00	56.00	35.85	51.76	0.00	147.64		48.00	68 36.72 36.38	11.37	34 387.00
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

387.00 ³⁴

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

9/20 - 9/24 - Travel for ICOC Meeting and CIRM Roadshows
10/4-10/4 - Travel for Accelerating Center Opening and CIRM Roadshows

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.54

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

DATE
10.17.16

DATE
10/17/16

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

