

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy
 Statement On Reverse Side

Page _____ of _____ Pages

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

(1) MONTH/YEAR July/Aug	(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			
7/12	11:30	1:00	Oakland										69.92	69.92	
														0.00	
7/17	2:00		OAK/SAN					26.93						26.93	
7/18			San Diego					94.07						94.07	
7/19	5:00		SAN/OAK					92.28						92.28	
														0.00	
8/6	9:00		OAK/BUR								33	17.66		17.66	
8/8			BUR/SAN								135	72.23		72.23	
8/13	8:00		SAN/Walnut Creek								484	258.94		258.94	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	213.28		0.00	652	348.83	69.92	632.03
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL

632.03

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

7/12 - CIRM Meeting - Lunch - **BUSINESS LUNCH**

7/17 - 7/19 - Travel for Leadership Team Meeting

8/6 - 8/13 - Travel for SPARK in City of Hope and meetings in San Diego

Remit Payment To:
CIRM
1999 Harrison St. Ste 1650
Oakland, CA 94612-3520

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.535

**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'S SIGNATURE

Maria Bonneville

DATE

8.17.17

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

Jonathan Thomas

DATE

8/24/17

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

[Signature] _____ DATE _____