

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy Statement On Reverse Side

CLAIMANT'S NAME <b>Patricia Olson</b>		SSN or EMPLOYEE NUMBER*	DEPARTMENT <b>CIRM</b>
POSITION <b>Vice President, Discovery &amp; Translation</b>	CB/ID No.	DIVISION or BUREAU <b>Science Office</b>	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>1999 Harrison Street, Suite 1650</b>	TELEPHONE NUMBER <b>(510) 340-9101</b>
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	
CITY <b>Oakland</b>		STATE <b>CA</b>	ZIP CODE <b>94612</b>

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED <b>0.565</b>
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(4) MONTH/YEAR May 2017	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS				(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) 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			
5/8	5/8	12:00	SFO - Washington DC	296.56			10.99	9.95	77.25	T			0.00	394.75	
5/9	5/9		Washington DC	296.56	27.76		46.24	47.23					0.00	<del>371.55</del> 370.56	
5/10	5/10		Washington DC	296.56	29.06	17.05	20.00	9.95					0.00	372.62	
5/11	5/11		Washington DC	296.56	29.06	20.80	24.14	26.47	9.95				0.00	<del>382.84</del> 380.51	
5/12	5/12	22:00	Washington DC to San Francis		29.06	21.00	23.94	25.00	25.00	11.64	T	125.00	0.00	<del>309.70</del> 306.37 301.64	
													0.00	0.00	
													0.00	0.00	
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													0.00	0.00	
													0.00	0.00	
													0.00	0.00	
													0.00	0.00	
(13)	<b>SUBTOTALS</b>			1,186.24	114.94	58.85	<del>129.69</del>	54.85	<del>154.81</del>	158.56	125.00	0.00	0.00	<del>1,824.46</del> 1,828.13	

(13) SUBTOTALS	1,186.24	114.94	58.85	<del>129.69</del>	54.85	<del>154.81</del>	158.56	125.00	0.00	0.00	0.00	<del>1,824.46</del> 1,828.13
COLUMN CODE (ACCTG. USE ONLY)												

<b>CLAIM TOTAL</b>												<b>1820.08</b>	<del>1,828.13</del> 1,824.46
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) <b>ASGCT May 8-12, 2017</b>	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
[REDACTED]	Remit Payment To: <b>CIRM</b> 1999 Harrison St. Ste 1650 Oakland, CA 94612-3520

(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 <i>Patricia Olson</i>	DATE <b>6/5/17</b>	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE <b>6/5/17</b>
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE	