

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy Statement On Reverse Side

CLAIMANT'S NAME <b>Gilberto R Sambrano</b>		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT <b>CIRM</b>
POSITION <b>Director Portfolio Development &amp; Review</b>	CB/ID No.	DIVISION or BUREAU <b>Portfolio Development and Review</b>	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <b>1999 Harrison Street, Suite 1650</b>	TELEPHONE NUMBER <b>(510) 340-9170</b>
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY <b>Oakland</b>
			STATE <b>CA</b>
			ZIP CODE <b>94612</b>

(4) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED <b>0.560</b>
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(5) DATE	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		
										MILES	AMOUNT		
25	11:00 AM	San Francisco			9.54	/					0.00		9.54
25	9:15 PM	New York								59.80	/	0.00	59.80
26	8:48 PM	New York				31.57	/					0.00	31.57
29	4:42 PM	New York								59.80	/	0.00	59.80
29	10:00 PM	San Francisco								<del>100.00</del> 125.00	/	0.00	<del>100.00</del> 125.00
												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	0.00
												0.00	0.00
<b>(13) SUBTOTALS</b>			0.00	0.00	9.54	31.57	0.00	0.00		<del>209.60</del> 244.60	0.00	0.00	<del>260.71</del> 285.71

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** **260.71**  
~~285.71~~

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) <b>New York Stem Cell Foundation Annual Conference</b>	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> PAID BY REVOLVING FUND CHECK NUMBER
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(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in the use of the vehicle, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was reasonable and that I have taken all necessary precautions for vehicle safety and seat belt usage.

If a privately owned vehicle was used, the requirements as prescribed by \_\_\_\_\_

DATE <b>11-21-16</b>	DATE <b>11/29/16</b>
DATE <b>11-29-16</b>	DATE

(See Item 17 on reverse)