TRA	VEL E	FORNIA – PERSONNEL ADMINISTRA EXPENSE CLAIM 7/2005)	TION			tructions nent On R					Page	1 0	Doe	00	
STD. 262 (REV. 7/2005) CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*					Page of Pages DEPARTMENT			
Scott Tocher															
POSITION CB/ID No.					O No.		DIVISION or BUREAU						INDEX NU	MBER	
Counsel to the Chair RESIDENCE ADDRESS*							CIRM HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
NEGIDE	NCE AD	DHE33						rison Stre		550			TEEETHO	NE NOMBER	
CITY			STATE	E ZIP (CODE		CITY					STATE	ZIP C		
					C	Oakland					CA	94612			
(1) MONTH/YEAR		(3)	(4)	(5)	MEALS	,	(6)	(7)		TRANSPORTAT	ION		(8)	(9)	
July (2)	2017	WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T, N/C, RELO. OR			(B) TYPE USED	(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES	
DATE	TIME		LODGING	FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY	
7/14	8:00 5:00	SF to Stanford		.		*	1 1			1	74.6	39,91		39.91	
7/17	9:00 12:00	Oakland to Claremont			!		1			-	10-2	5.45		5,45	
7/17	2.00	SF to SAN			1	ī				1	以是	6.58		6,58	
7/18		SAN	;					66.60		1		1	532.23	596 06 598.83-	
7/19	5:00	SAN to SF		1	1	; is f		T T		75 co -108.00	12.3	6.58	VI GRAD TOP CA	81 58 11458	
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			10 mg										1	0.00	
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			9 10 10		te on in the	1	1	1		***		† † †		0.00	
(10)		SUBTOTALS	0.00	0,00	0,00	0.00	0,00	13 B3 -66.60		75 00 108.00		58.52	532,23	729 59 -765 35-	
COL	UMN (CODE (ACCTG. USE ONLY)										23. (E)	DEN'I		
		CLAIM TOTAL												765,35	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										(12) NORMAL WORK HOURS					
7/14/17 - Stanford IP Meeting											(40) 550 (41)				
7/17/17 - Pres Search Subcommittee Meeting - Claremont												(13) PRIVATE VEHICLE LICENSE NUMBER			
7/17 -7/19 Leadership Team Meeting San Diego Petern to CIRM											(14) MILEAGE RATE CLAIMED				
1999 Harrison St.										.535	AGENCY ACCOUNTING OFFICE				
Reform to CIRM 1999 Harrison St. Ste. 1650 Cakland CH 94612											PAID B	PAID BY REVOLVING FUND CHECK NUMBER			
(15)	HEREB	Y CERTIFY That the above is a true st	atement of the tr	ravel expens	ses incurred by	y me in accor	dance with I	DPA rules in t	he service	of the State	1				
CLAIMA	equal to pertaining ANT'S SI	Y CERTIFY That the above is a true st pia. If a privately owned vehicle was in or greater than the rate claimed, and g to vehicle safety and seat belt usage. GNATURE	that I have met	the require	ments as pres	scribed by S/	AM Sections	0750, 0751, OF OFFICER	0752, 07	53 and 0754 NG TRAVEL ANI	D PAYMEN	IT D	ATE		
24	100	M.		18.0	7.87	197 W lull							fy.	15,201	
(17) SP	ECIAL E	XPENSE AUTHORIZATION - SIGNATI	JRE and TITLE	(See Item :	17 on reverse)							D,	ATÉ 🔾		
B															