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	SSN or EMPLOYEE NUMBER*	DEPARTMENT
ELIZABETH FINI, PHD	[redacted]	INT.FOR GENETIC MEDICINE

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
DIRECTOR, INST.FOR GENETIC MEDICINE			

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]		

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]					

(1) MONTH/YEAR: 12/2013

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
12/10						54.69				19.80	27.4	15 48		89.97 ~~74.49~~
12/11						8.00								8.00
12/12											27.4 ~~55~~	15 48 ~~31.10~~		15.48 ~~31.10~~
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	62.69	0.00	0.00		19.80	55	31.10	0.00	113.45 ~~113.59~~
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL 113.45 ~~113.59~~

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

CIRM MEETING IN LOS ANGELES, CA (12/10-12/2013)

(12) NORMAL WORK HOURS [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER [redacted]

(14) MILEAGE RATE CLAIMED .5655

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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
[redacted]	12/18/13	[redacted]	1/2/14

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE *(See Item 17 on reverse)*	DATE
[redacted]	