

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy Statement On Reverse Side

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CLAIMANT'S NAME Ellen Feigal		SSN or EMPLOYEE NUMBER*		DEPARTMENT CIRM	
POSITION Senior VP		CB/ID No.	DIVISION or BUREAU Research and Development		
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9106
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			San Francisco	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
		0.555

(4) MONTH/YEAR	(5) DATE	(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		
	TIME									MILES	AMOUNT		
9+11/2011	9/29	La Jolla, CA				47.87						0.00	47.87
	9/29	San Diego, CA					51.90					0.00	51.90
	9/29	La Jolla, CA	147.58									0.00	147.58
	9/30	La Jolla, CA				37.25						0.00	37.25
	11/07	South San Francisco, CA									20.00	0.00	20.00
	11/16	South San Francisco, CA									19.00	0.00	19.00
	11/17	South San Francisco, CA									20.00	0.00	20.00
											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
(13) SUBTOTALS			147.58	0.00	37.25	47.87	0.00	51.90		59.00	0.00	0.00	343.60
COLUMN CODE (ACCTG. USE ONLY)													

<b>CLAIM TOTAL</b>	343.60
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

9/29 Meeting at Viacyic  
 9/30 CDAP Follow up meeting at Moores Cancer Center  
 11/07 CDAP  
 11/16 CDAP  
 11/17 CDAP

<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 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
	12/2/2004		5-12-11
(17) SPECIAL COMMENTS	FILE (See Item 17 on reverse)		DATE