

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 Maria Bonneville		SSN or EMPLOYEE NUMBER [REDACTED]		DEPARTMENT	
POSITION Executive Director		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1999 Harrison Street, 1650		TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	Oakland	CA	94612

(1) MONTH/YEAR	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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				
April 17	4/27	9:00 1:00	San Mateo								59	31.57		31.57	
	4/28	7:00	OAK to LAX					27.34	T					27.34	
	4/30	5:00	LAX to OAK								51	27.39		27.39	
														0.00	
														0.00	
														0.00	
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(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	27.34		0.00	110	58.96	0.00	86.30
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL														86.30	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 4/26 - Attend BIOCOM event San Mateo Marriott
 4/27 - 4/30 - Meetings with Board Members Los Angeles

Permit to CLAIM:
 1999 Harrison St.
 Suite 1650
 Oakland CA 94612

(12) NORMAL WORK HOURS
 [REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
 [REDACTED]

(14) MILEAGE RATE CLAIMED
 .535

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 5.15.17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE