

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 | | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) LODGING | (5) MEALS | | | (6) INCIDENTALS | (7) TRANSPORTATION | | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY | | |
|----------------|---------------|---|-------------|------------|-------|---------------------------------|-----------------|--------------------|---------------|-----------------------------|--------|----------------------|----------------------------|---------------------|--------|
| (2) DATE | TIME | | | 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 | | | MILES | AMOUNT |
| 5/4 | 9:00 4:00 | San Francisco | | | | | | 13.50 | | | | | 13.50 | | |
| 5/9 | 11:00 1:00 | Oakland | | | | | | | | | 360.53 | | 360.53 | | |
| | | | | | | | | | | | | | 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 | | |
| (10) SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 13.50 | 0 | 0.00 | 360.53 | 374.03 | | |

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 374.03

| | | |
|---|--|-------------------------------------|
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) | | (12) NORMAL WORK HOURS |
| 5/4 - Parking for Meetings with J. Sheehy and D. Winokur | | [REDACTED] |
| 5/9 - Team Meeting - Administration and Finance | | (13) PRIVATE VEHICLE LICENSE NUMBER |
| <div style="border: 2px solid red; padding: 5px; text-align: center;"> Remit Payment To: CIRM 1999 Harrison St. Ste 1650 Oakland, CA 94612-3520 </div> | | (14) MILEAGE RATE CLAIMED |
| | | .555 .535 |
| <div style="border: 1px solid black; padding: 5px;"> AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER </div> | | |

(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 5/9/17 |
| (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) | | | DATE 5/10/17 |