STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM
STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Neil Littman	███	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Director, BD & Infrastructure		CIRM	

RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS	TELEPHONE NUMBER
		1999 Harrison Street	(415) 396-9122

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Oakland	CA	94612

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
	███	0.575 .535

(4) MONTH/YEAR 2-3/17 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
2/6		San Francisco / Oakland						32.00				0.00		32.00
2/15		San Francisco / Oakland						29.00				0.00		29.00
3/1		San Francisco / Oakland						34.00				0.00		34.00
												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		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	95.00		0.00	0.00	0.00	0.00	95.00

COLUMN CODE (ACCTG. USE ONLY)

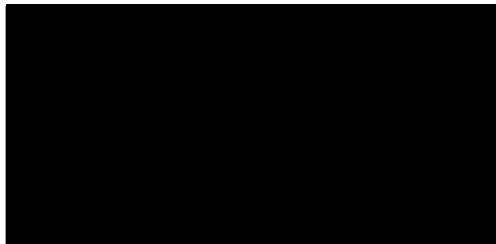| CLAIM TOTAL		$95.00

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

Work-related public transportation reimbursement (clipper card)

Remit Payment To:
CIRM
1999 Harrison St. Ste 1650
Oakland, CA 94612-3520

...avel expenses incurred by me ...the cost of operating the vehi... ...icle safety and seat belt usage...

DATE 3/6/17

...e Item 1? on reverse)

...rnia. If a privately owned vehicle was ...met the requirements as prescribed by

...NT DATE 3/17/17

DATE