STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME C. Randal Mills		SSN or EMPLOYEE NUMBER* ████████	DEPARTMENT CIRM
POSITION President and Chief Executive Officer	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison Street	TELEPHONE NUMBER (510) 340-9105
CITY	STATE ZIP CODE	CITY Oakland	STATE CA ZIP CODE 94612

(1) NORMAL WORK HOURS ████	(2) PRIVATE VEHICLE LICENSE NUMBER ████	(3) MILEAGE RATE CLAIMED 0.540

(4) MONTH/YEAR 07/16		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDEN-TALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) 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		
07/27	07:15	SFO to IAD	170.63					143.79	T		0.00		314.42
07/28			161.59								0.00		161.59
07/29	22:00	RT: DCA to SFO						125.13	T	108.00	0.00		233.13
											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			332.22	0.00	0.00	0.00	0.00	268.92		108.00	0.00 / 0.00	0.00	709.14

COLUMN CODE (ACCTG. USE ONLY)			
CLAIM TOTAL			$709.14

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

07/27 - 07/29/16: Meeting with FDA - Washington, DC

O/S # 20168006

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 ... at 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 ... vehicle safety and seat belt usage.

CLAIM ████   DATE 8/2/16   (16) ████   DATE 8/2/16

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