STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page __1__ of __1__ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Patricia Olson	███████	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Vice President, Discovery & Translation		Science Office	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	1999 Harrison Street	(510) 340-9101

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Oakland	CA	94612

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
███████	███████	0.565 → 0.54

(4) MONTH/YEAR nov/2016 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
10/4		Los Angeles						64.86 67.68				0.00		67.68
10/11		San Francisco								7.50		0.00		7.50
11/16		Davis								8.00	124.00	66.96 70.06		74.96 78.06
												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	64.86 67.68		15.50	124.00	66.96 70.06	0.00	147.32 153.24

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL — 147.32 $153.24

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
Expenses incurred during 3 roadshows. Mileage includes roundtrip from San Anselmo to Davis.	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 ~~have~~ met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLA ███████	DATE 12/22/16	(16) S ███████	AYMENT	DATE 12/29/16

(17) ███████ ~~LE~~ (See Item 17 on reverse) | DATE