

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Patricia Olson			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION Vice President, Discovery & Translation		CB/ID No.	DIVISION or BUREAU Science Office				INDEX NUMBER	
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 1999 Harrison Street, Suite 1650				TELEPHONE NUMBER (510) 340-9101	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Oakland		STATE CA	ZIP CODE 94612		

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED 0.565
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(4) MONTH/YEAR March 2017	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) 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		
	3/22	10.00	Oakland to Los Angeles			15.04						0.00		15.04
	3/23	22.00	Los Angeles to Oakland							48.00		0.00		48.00
												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
												0.00		0.00
(13) SUBTOTALS				0.00	0.00	15.04	0.00	0.00	0.00	48.00	0.00	0.00	0.00	63.04
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$63.04
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Alpha Clinic 3/22-23/2017	AGENCY ACCOUNTING OFFICE USE ONLY
[REDACTED]	PAID BY REVOLVING FUND CHECK NUMBER
	Remit Payment To: CIRM 1999 Harrison St. Ste 1650 Oakland, CA 94612-3520

(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 <i>Patricia Olson</i>	DATE 6/5/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 6/5/17
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE