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
Gilberto R Sambrano	███████████	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Director Portfolio Development & Review		Portfolio Development and Review	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	1999 Harrison Street, Suite 1650	(510) 340-9170

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
████████████████████			Oakland	CA	94612

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
██████████████		0.560

(4) MONTH/YEAR 9/2016		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDEN-TALS	(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			
(5) DATE	TIME										MILES	AMOUNT		
20	8:00 PM	San Diego				21.86						0.00		21.86
22		Los Angeles		7.36	42.35							0.00		49.71
23	9:26 AM	Oakland								72.00		0.00		72.00
												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	7.36	42.35	21.86	0.00	0.00		72.00	0.00	0.00	0.00	143.57

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL — $143.57

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

ICOC Meeting in San Diego and Roadshow presentations in San Diego and Los Angeles

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 ███████ ate 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 vehic█████ 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. ████████

	DATE	(1█		AND PAYMENT	DATE 10/17/16
	TITLE *(See Item 17 on reverse)*	████████████			DATE