STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Gilberto R Sambrano	[redacted]	CIRM

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

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

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]			Oakland	CA	94612

(1) MONTH/YEAR 07/2017		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
17	3:20 PM	SFO												0.00
19	2:30 PM	San Diego						25.58		~~25.58~~				25.58
19	7:17 PM	SFO								75.00				75.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	25.58 ~~0.00~~		100.58	0	0.00	0.00	100.58
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL 100.58

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

Leadership Team meeting
UCSD Alpha Clinic site visit

[redacted]

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

(12) NORMAL WORK HOURS [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED 0.35

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 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 [signature] DATE 7-24-17

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [signature] DATE 7.24.17

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