

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Cecilia Silva-Martin		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION Director of Finance	CB/ID No.	DIVISION or BUREAU Finance 64458500			INDEX NUMBER 8500
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrison			TELEPHONE NUMBER (510) 340-9154
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Oakland	STATE CA	ZIP CODE 94612

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED
0.535

(4) MONTH/YEAR	(5) DATE	(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			
	TIME									MILES	AMOUNT			
7/17	1400	Sacto to San Diego				15.39	✓				48.00	25.68		41.07
				9.78	✓							0.00		9.78
7/19	2030	& Return				7.24	✓	4.00			48.00	25.68		36.92
7/23		Sacto to San Diego				6.61	✓	13.43	20.20	U	24.00	12.84		53.08
7/24												0.00		0.00
7/25		& Return				15.57	✓	5.00	14.27	U	30.00	24.00	12.84	77.68
		July Public Transit							45.00			0.00		45.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	9.78	22.18	36.06	9.00	79.47		30.00	144.00	77.04	0.00	263.53
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$263.53

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

7/17-19/17 Leadership Mtg and Alpha Clinics Visit
7/23-25/17 Bridges Mtg
July 2017 Public Transit

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

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 <i>C. Silva-Martin</i>	DATE 7/26/17	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[Signature]</i>	DATE 7/26/17
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE
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