

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

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

| | | |
|-------------------------------------|--|---|
| (1) NORMAL WORK HOURS [REDACTED] | (2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED] | (3) MILEAGE RATE CLAIMED 0.540 .535 |
|-------------------------------------|--|---|

| (4) MONTH/YEAR 1/2017 | (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 | | |
| Jan | | | Public Transit | | | | | | 370.00 | | | 0.00 | | 370.00 |
| 1/4 | 0800 | 1000 | DGS-Sacto | | | | | | | | 4.00 | 32.00 | 17.12 17.28 | 21.28 |
| 1/12 | 0800 | 1400 | STO-Sacto | | | | | | | | 10.50 | 30.00 | 16.05 16.20 | 26.70 |
| 1/24 | 0800 | 1200 | FI\$Cal-Sacto | | | | | | | | | 38.00 | 20.33 20.52 | 20.52 |
| 1/31 | | | | | | | | | | | | 0.00 | -89.00 | 89.00 |
| | | | | | | | | | | | | 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 | 370.00 | 14.50 | 100.00 | 53.50 54.00 | 89.00 | 527.00 527.50 |

| | |
|--------------------------------------|------------------------------------|
| COLUMN CODE (ACCTG. USE ONLY) | |
| CLAIM TOTAL | 527.00 527.50 |

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

1/4 Audit Entrance
1/12 STO Bond Training
1/24 FI\$Cal Bond Mtg
1/31 Finance Team Bus Exp

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

| |
|--|
| AGENCY ACCOUNTING OFFICE USE ONLY |
| PAYED BY REVOLVING FUND CHECK NUMBER |

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage California. If a privately owned vehicle was have met the requirements as prescribed by

| | | | |
|------------------------------------|------------------------|---------|-----------------------|
| CLAIMANT'S SIGNATURE [REDACTED] | DATE 1/31/17 | PAYMENT | DATE 2/7/17 |
|------------------------------------|------------------------|---------|-----------------------|

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