

TRAVEL EXPENSE CLAIM

*See Instructions and *Privacy Statement On Reverse Side*

STD. 262 (REV. 7/2005)

CLAIMANT'S NAME Shlomo Melmed		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS [REDACTED]	TELEPHONE NUMBER (415) 396-9113
CITY	STATE	ZIP CODE	CITY
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

(1) MONTH/YEAR	(2) DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) 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			
10-12	24	San Francisco							T		25.00		25.00	
	25	San Francisco							T		22.00		22.00	
	24	San Francisco				42.00							42.00	
													0.00	
													0.00	
													0.00	
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													0.00	
													0.00	
SUBTOTALS			0.00	0.00	0.00	42.00	0.00	0.00			47.00	0	0.00	89.00
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	89.00
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

24-25) 1000 Board meeting

(12) NORMAL WORK HOURS

[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER

[REDACTED]

(14) MILEAGE RATE CLAIMED

.555

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 mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to

CLAIMANT'S SIGNATURE [REDACTED]	DATE 10/30/12	(16) [REDACTED]	DATE 11/13/12
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED]	DATE
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