

TRAVEL EXPENSE CLAIM

*See Instructions and *Privacy Statement On Reverse Side*

STD. 262 (REV. 7/2005)

CLAIMANT'S NAME Jonathan Shestack		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER
CITY		STATE	ZIP CODE	CITY	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	

(1) MONTH/YEAR	(2) DATE	(2) TIME	(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		
											MILES	AMOUNT		
10/2012	24	16:45	Los Angeles to BUR OAK				32.79				10	5.55		38.34
	25	20:45	BUR to Los Angeles OAK								10	5.55		5.55
														0.00
														0.00
														0.00
														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	32.79	0.00	0.00	0.00	20	11.10	0.00	43.89
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													43.89	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
24-25) ICOC 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 the mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was not more than the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

[REDACTED]

DATE [REDACTED]

(See Item 17 on reverse)

DATE 12/18/11