

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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| | | | | | |
|--------------------|--|-------------------------|--|--------------------|--|
| CLAIMANT'S NAME | | SSN or EMPLOYEE NUMBER* | | DEPARTMENT | |
| POSITION | | CB/ID No. | | DIVISION or BUREAU | |
| RESIDENCE ADDRESS* | | HEADQUARTERS ADDRESS | | TELEPHONE NUMBER | |
| CITY | | STATE | | CITY | |
| STATE | | ZIP CODE | | STATE | |
| ZIP CODE | | CITY | | STATE | |
| STATE | | ZIP CODE | | CITY | |

| (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 | | | |
| | | | | | | | | | | | | | | | |
| 11/2011 | 2 | 09:00 11:00 | HOME to GWG Mtg-HOME | | | | | | 25.00 | T | | | | 25.00 | |
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| | | | | | | | | | | | | | | 0.00 | |
| (10) SUBTOTALS | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 25.00 | | 0.00 | 0 | 0.00 | 0.00 | 25.00 |
| (10) COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | | |

CLAIM TOTAL 25.00

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

2) Grants Working Group meeting

(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 SIGNATURE: [Redacted]

DATE: 11-5-11

(17) SIGNATURE OF APPROVING OFFICER: [Redacted]

(18) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: [Redacted]

(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

DATE: 11-10-11