

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

*See Instructions and \*Privacy Statement On Reverse Side*

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CLAIMANT'S NAME Jeff Sheehy		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION ICOC Member	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco
		STATE CA	ZIP CODE 94107

(1) MONTH/YEAR Nov/Dec	(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				
11-28	8:00	5:00	San Francisco					99.00		T			99.00	
11-29	8:00	5:00	San Francisco					98.00		T			98.00	
11-30	8:00	5:00	San Francisco					13.60		TB			13.60	
12/5	8:00	5:00	San Francisco					20.47		T			20.47	
								<del>21.00</del>					<del>21.00</del>	
12/6	8:00	5:00	San Francisco					<del>55.00</del>		T			<del>55.00</del>	
								<del>22.00</del>					<del>22.00</del>	
								44.37					44.37	
12/7	8:00	5:00	San Francisco					19.83		T			19.83	
								<del>21.00</del>					<del>21.00</del>	
12/7	8:00	5:00	San Francisco					14.00		T			14.00	
12/11	8:00	5:00	San Francisco <sup>-LAX</sup>					41.00		T			41.00	
12/10	2:30		LAX - SFO										0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	253.60	0.00	0	0.00	0.00	<del>253.60</del> 350.27
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$350.27	\$362.60	<del>\$301.60</del> 253.00
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

November 28 and 29 - <sup>CDAP</sup> Alpha Clinic Workshop Burlingame, CA  
 November 30 Task Force Meeting Children's Hospital Oakland  
 December 5 <sup>12/5-7/10</sup> Grants Working Group Meeting Kabuki San Francisco  
 Dec 11 & 12 Attend ICOC Meeting LA

(12) NORMAL WORK HOURS	[REDACTED]
(13) PRIVATE VEHICLE LICENSE NUMBER	NA
(14) MILEAGE RATE CLAIMED	NA
<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>	
PAID BY REVOLVING FUND CHECK NUMBER	

I certify that the cost of operating the vehicle was not met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754	
DATE	12-12-12
TITLE (See Item 17 on reverse)	[REDACTED]
DATE	