

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

Page _____ of _____ Pages

CLAIMANT'S NAME Francisco Prieto		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC Member		CB/ID No.	DIVISION or BUREAU SAME AS RESIDENCE		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

(1) MONTH/YEAR Dec/Jan	(2) DATE 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			
12/11	8:00 5:00	San Francisco/Los Angeles						53.76	T				53.76	
													0.00	
1/28	5:00	Sacramento/Oakland									81.7 82	45.75	45.75	
1/29	5:00	Oakland/Sacramento									81.7 82	45.75	45.75	
													0.00	
2/5	12:00	Sacramento/San Francisco									86.9 87	48.66	48.66	
2/6	3:00	San Francisco/Sacramento									86.9 87	48.66	48.66	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	53.76		0.00	338	188.82	0.00	242.58
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												242.58		

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

12/11 Attend ICOC Meeting
 1/28-1/29 Attend ICOC Meeting Berkeley, CA
 2/6 - 2/7 Attend GWG Meeting San Francisco, CA

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.56

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY THAT THIS IS A TRUE STATEMENT of the travel expenses incurred by me in accordance with DPA rules in the service of the State and if mileage rates exceed the minimum rate, 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 2/6/14	(16) SIGNATURE OF PERSON RESPONSIBLE FOR THE CLAIM [REDACTED]	DATE 2.12.14
(17) CLAIM EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE