

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME Francis V. Chisari		SSN or EMPLOYEE NUMBER*		DEPARTMENT		
POSITION Professor		CB/ID No.	DIVISION or BUREAU			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS SAME AS RESIDENCE		TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	

(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				
12/12	Dec	12	San Diego						80.24	T			80.24		
12/12	Dec	12	Los Angeles						117.79 120.00	T			117.79 120.00		
12/12	Dec	12	San Diego						90.00	R			90.00		
													0.00		
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													0.00		
(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	290.24		0.00	0	0.00	0.00	287.79 290.24
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													287.79 290.24		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
Attend ICOC board meeting December 12, 2012. in Los Angeles

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

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 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.

DATE: 12/17/12

and TITLE (See Item 17 on reverse)

DATE: _____

DATE: _____