

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Oswald Steward		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION ICOC Board Member		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 837 Health Science Road		TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Irvine	STATE CA	ZIP CODE 92697

(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		
12/2011	7	17:30	Monterey to Los Angeles				60.03		373.40	A		110.40		543.83
	8	19:00	Los Angeles to Monterey									96.60		96.60
														0.00
														0.00
														0.00
														0.00
														0.00
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														0.00
SUBTOTALS				0.00	0.00	0.00	60.03	0.00	373.40		207.00	0	0.00	640.43

(10) COLUMN CODE (ACCTG. USE ONLY)														
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CLAIM TOTAL														640.43
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7-8) ICOC Board Meeting

(12) NORMAL WORK HOURS	[REDACTED]
(13) PRIVATE VEHICLE LICENSE NUMBER	
(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 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'S SIGNATURE [REDACTED] DATE [REDACTED]

(16) SIGNATURE OF OFFICER APPROVING CLAIM [REDACTED] DATE 2/28/12

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED] DATE [REDACTED]