

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME David A. Brenner		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION UCSD Vice Chancellor for Health Sciences		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS* [REDACTED]		HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER (415) 396-9119
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS: [REDACTED] (2) PRIVATE VEHICLE LICENSE NUMBER: [REDACTED] (3) MILEAGE RATE CLAIMED: [REDACTED]

(4) MONTH/YEAR	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) 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		
03/2012	3/21	0530	Sacramento Taxi						40.00	T		0.00		40.00
	3/21		San Diego Airport Parking						28.00	PC	28.00	0.00		28.00
	3/21	1930	Airfare						441.60	A		0.00		441.60
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	509.60		28.00	0.00	0.00	509.60
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$509.60		

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 3/21 Ieoc Board Meeting in Sacramento

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: [REDACTED] DATE: [REDACTED] (1) [REDACTED]

(17) SIGNATURE: [REDACTED] TITLE: (See Item 17 on reverse)