

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

| | | | | | |
|---------------------------------|-------|---------------------------------------|---|------------|------------------|
| CLAIMANT'S NAME Jon Shestack | | SSN or EMPLOYEE NUMBER* [REDACTED] | | DEPARTMENT | |
| POSITION ICOC Member | | CB/ID No. | DIVISION or BUREAU SAME AS RESIDENCE | | INDEX NUMBER |
| RESIDENCE ADDRESS * | | | HEADQUARTERS ADDRESS | | TELEPHONE NUMBER |
| CITY [REDACTED] | STATE | ZIP CODE [REDACTED] | 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 | | | |
| May | 22 | 8:00 | Oakland | | | | | | 7.70 62.70 T/S | | | | 62.70 0.00 7.70 | |
| | 23 | 5:00 | Oakland/Burbank | | | | | | 55.00 | 46.00 | | | 46.00 0.00 101.00 | |
| | | | | | | | | | | | | | 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 | |
| (10) SUBTOTALS | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | 0.00 |

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$108.70 0.00

| | |
|--|--------------------------------------|
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC Meeting - Berkeley | (12) NORMAL WORK HOURS [REDACTED] |
| | (13) PRIVATE VEHICLE LICENSE NUMBER |
| | (14) MILEAGE RATE CLAIMED 0.565 |

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 and that the 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: 6/10/13

(17) TITLE (See Item 17 on reverse)