

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME Diane Winokur		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION ICOC BOARD MEMBER	CB/D No.	DIVISION or BUREAU Same as Residence	INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS	TELEPHONE NUMBER [REDACTED]
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]
		STATE	ZIP CODE

(1) MONTH/YEAR 5/13	(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		
5/23	8:00 1730	San Francisco-Berkeley-San Francisco						144.00	T					144.00
														0.00
														0.00
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														0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	144.00		0.00	0	0.00	0.00	144.00
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	144.00
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 To attend ICOC meeting at Claremont Hotel in Berkeley, CA on 5/23/13

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
NA

(14) MILEAGE RATE CLAIMED
.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 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

[REDACTED] DATE 6/11/13

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT
[REDACTED] DATE 6/17/13

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)
[REDACTED] DATE