

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME <b>JEFF SHEEHY</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT <b>CIRM</b>	
POSITION <b>ICOC MEMBER</b>		CB/ID No.	DIVISION or BUREAU <b>ICOC</b>		INDEX NUMBER
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS <b>210 KING STREET</b>		TELEPHONE NUMBER <b>415-396-9100</b>	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	<b>SAN FRANCISCO</b>	<b>CA</b>	<b>94107</b>

(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
											MILES	AMOUNT		
MAY/12	24	7:58	SAN FRANCISCO TO BURLINGAME						\$47.00	T			0	47.00
													0	0
													0	0
													0	0
													0	0
													0	0
													0	0
													0	0
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													0	0
													0	0
													0	0
													0	0
													0	0
													0	0
<b>(10) SUBTOTALS</b>				0	0	0	0	0	0	0	0	0	0	0

**CLAIM TOTAL**

**47.00**

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) <b>ATTEND ICOC MEETING IN BURLINGAME. May 24, 2012</b>	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED
<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> PAID BY REVOLVING FUND CHECK NUMBER	
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 mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was met the requirements as prescribed by	AND PAYMENT DATE [REDACTED] 6/4/12
DATE 5-29-12	DATE [REDACTED]

(See Item 17 on reverse)