

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME Francisco Prieto			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		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		
June	6	8:00	San Francisco								5.00	99.2	56.05	61.05 0.00
	7	5:00	San Francisco								54.72	99.2	56.05	110.77 0.00
														0.00
														0.00
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														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
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$ 171.82 0.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attend GWG Meeting - June 5th - 7th, 2013
San Francisco

\$5.00 Toll - NO Receipt available

(12) NORMAL WORK HOURS

[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER

[REDACTED]

(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 pertaining to vehicle safety and seat belt usage.

CLAIMANT SIGNATURE [REDACTED]

DATE

AGENCY SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]

DATE 6/10/13

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

[REDACTED]

DATE