

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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| | | | | | |
|-----------------------------------|--|---|--|--------------------------------|--|
| CLAIMANT'S NAME Alfred Rowlett | | SSN or EMPLOYEE NUMBER* [REDACTED] | | DEPARTMENT | |
| POSITION Board Member | | CB/ID No. | | DIVISION or BUREAU | |
| RESIDENCE ADDRESS * | | HEADQUARTERS ADDRESS Same as Residence | | TELEPHONE NUMBER [REDACTED] | |
| CITY | | STATE | | ZIP CODE | |
| [REDACTED] | | [REDACTED] | | [REDACTED] | |

| (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 | | | |
| 07/13 | July | 25 | Burlingame, CA | | | | | | | | 16.00 | 233 | 131.65 | 147.65 | |
| | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
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| | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
| SUBTOTALS | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 16.00 | 233 | 131.65 | 0.00 | 147.65 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | | |

CLAIM TOTAL 147.65

| | | |
|---|--|---|
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC Board Meeting July 25, 2013. <i>Parking receipts unavailable please note: item (7)(c) above (transportation) includes \$6.00 hotel parking and \$10.00 bridge tolls.</i> | | (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) SIGNATURE AND TITLE (See Item 17 on reverse) [REDACTED] | DATE 08/06/13 | (16) [REDACTED] | DATE 8/13/13 |
|---|------------------|-----------------|-----------------|