

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

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

CLAIMANT'S NAME Jeff Sheehy		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC Member		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) MONTH/YEAR SEPT	(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			
18	12:00 5:00	BERKELEY						27.90 <del>28.90</del>	T				27.90 <del>28.90</del>	
19	9:00 6:00	BERKELEY						17.90 <del>16.90</del>	T				17.90 <del>16.90</del>	
													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	
<b>(10) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	45.80		0.00	0	0.00	0.00	45.80
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														
<b>CLAIM TOTAL</b>												45.80		

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

ATTEND:  
September Grants Working Group Meeting Disease Team 3

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

**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

CLAIMANT'S SIGNATURE [REDACTED]	DATE 9/20/10	PAYMENT	DATE 9/23/10
(17) TITLE (See Item 17 on reverse)		DATE	