

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME Oswald Steward			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION ICOC Board Member		CB/ID No.	DIVISION or BUREAU				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS			TELEPHONE NUMBER (415) 396-9113		
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE

(1) MONTH/YEAR 01/2012	(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			
	17 07:00 18:00	Irvine to San Diego to Irvine						63.10	R	47.00	T		110.10	
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(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	63.10		47.00	0	0.00	0.00	110.10

COLUMN CODE (ACCTG. USE ONLY)												
CLAIM TOTAL												110.10

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

17) ICOC Board Meeting

(12) NORMAL WORK HOURS [REDACTED]
(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
(14) MILEAGE RATE CLAIMED .555
AGENCY ACCOUNTING OFFICE USE ONLY
PAY 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'S SIGNATURE [REDACTED] DATE [REDACTED] (16) SUPERVISOR'S SIGNATURE [REDACTED]

(17) SIGNATURE [REDACTED] (See Item 17 on reverse)

PAYMENT	DATE 2/8/12
	DATE