

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

CLAIMANT'S NAME Diane Winokur		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION ICOC BOARD MEMBER	CB/ID No.	DIVISION or BUREAU Same As Residence	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS	TELEPHONE NUMBER
CITY	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			
1/13	1/22	2000-2:00	San Francisco - Berkeley, CA						50 ⁰⁰	T				50.00
	1/23	800-900	Berkeley, CA (Claremont Hotel)		15 ⁰⁸									15.08
(10) SUBTOTALS				0.00	15 ⁰⁸	0.00	0.00	0.00	50.00		0	0.00	0.00	65.08
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

65.08

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
To attend ICOC meeting at Claremont Hotel in Berkeley, CA on 1/23 - 1/24/13

(12) NORMAL WORK HOURS
0800 - 1700

(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 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE [REDACTED] DATE **2/1/13**

(17) SUPERVISOR'S SIGNATURE [REDACTED] DATE **2/12/13**