STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM
STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Oswald Steward	████████████	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
ICOC Board Member			

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	███████████	(415) 396-9113

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
████████		████	████████		████

(1) MONTH/YEAR 1/13 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
23	08:00 ~~16:00~~	Irvine to Berkeley		8.41				~~120.00~~ 60.00	T	60.00				188.41
24	1800	OAKLAND to IRVINE						60.00		60.00				0.00
														0.00
														0.00
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														0.00
(10) SUBTOTALS			0.00	8.41	0.00	0.00	0.00	120.00		60.00	0	0.00	0.00	188.41

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 188.41

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

26) ICOC Board Meeting

(12) NORMAL WORK HOURS
████████████

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED
.555

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 mi... equal to or greater than the rate claimed, and that I have met the requirements as pre... pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE 2/13/13

DATE 2/25/13

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