

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6-93c)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME Oswald Steward			SSN or EMPLOYEE NUMBER*		DEPARTMENT
POSITION ICOC 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 10/2013	(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				
10/02		8:00	SNA to SFO				24.00 145.17 57.96		12.00	T		90.00		126.68 247.17 159.96		
10/3							46.88 46.02							46.88 0.00 46.88		
10/4		5:00					20.56 21.45							21.45 0.00 20.56		
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(10) SUBTOTALS				0.00	0.00	0.00	94.13 145.17	0.00	12.00			90.00	0	0.00	0.00	247.17

COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													227.40 196.13 247.17	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend GWG meeting. <i>(B&T) Millbrae, CA WESTIN SFO</i> No receipt available for taxi SFO to Hotel claimant will not seek reimbursement from any other source. AIRPORT PARKING 10/2/13 - no receipt available (parking at San Diego airport. Claimant will not seek reimbursement from any other source.										(12) NORMAL WORK HOURS				
										(13) PRIVATE VEHICLE LICENSE NUMBER NA				
(14) MILEAGE RATE CLAIMED NA					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.										(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE 10-21-13				
CLAIMANT'S SIGNATURE DATE 10-10-13					(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)									