

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

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

(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				
10-24			Windows by the Bay				18.12 20.84							18.12 20.84	
10-24			Hilton					9.95					9.95	9.95	
10-25			Go Bistro, SF Airport				39.50							39.50	
10-25			Taxi						40.00					40.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				0.00	0.00	0.00	60.34	9.95	40.00		0.00	0	0.00	0.00	107.57 110.29
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL														107.57 110.29	

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) ICOC Meeting in San Francisco Oct 25, 2012 Keck School of Medicine, University of Southern California alternate member <i>note: no itemized receipt for 10/25 dinner (39.50). no alcohol purchased.</i>	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(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 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 11-2-12	(16) [REDACTED]	DATE 4/13/12
(17) [REDACTED] and TITLE (See Item 17 on reverse)		DATE	