

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

Page _____ of _____ Pages

| | | | |
|--------------------------------|---------------------|---|-------------------|
| CLAIMANT'S NAME Jeff Sheehy | | SSN or EMPLOYEE NUMBER* [REDACTED] | DEPARTMENT |
| POSITION ICOC Board Member | CB/ID No. | DIVISION or BUREAU CIRM | INDEX NUMBER |
| RESIDENCE ADDRESS * | | HEADQUARTERS ADDRESS 210 King Street | TELEPHONE NUMBER |
| CITY [REDACTED] | STATE [REDACTED] | ZIP CODE [REDACTED] | |
| CITY San Francisco | | STATE CA | ZIP CODE 94107 |

| (1) MONTH/YEAR October | (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., LT, N/C, RELO. OR DINNER | | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE | | | |
| | | | | | | | | | MILES | AMOUNT | | | | | |
| 24 | 8:00 | 5:00 | San Francisco/Oakland | | | | | 21.40 21.00 | T | | | | 21.40 21.40 | | |
| 25 | 8:00 | 5:00 | San Francisco/Burlingame | | | | | 50.85 | T | | | | 50.85 | | |
| 22 | 11:00 | 1:00 | San Francisco | | | | | 15.75 10.00 | T | | | | 10.00 | | |
| | | | | | | | | | | | | | 0.00 | | |
| | | | | | | | | | | | | | 0.00 | | |
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| | | | | | | | | | | | | | 0.00 | | |
| | | | | | | | | | | | | | 0.00 | | |
| (10) | SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 82.75 | | 0.00 | 0 | 0.00 | 0.00 | 82.25 82.25 |
| | COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |

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| CLAIM TOTAL | 82.25 82.25 |
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| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend Governance Subcommittee meeting 9/22 - NO receipt available \$1000 Attend Task Force Committee meeting 9/24 Attend ICOC Meeting 9/25 | (12) NORMAL WORK HOURS [REDACTED] |
| | (13) PRIVATE VEHICLE LICENSE NUMBER — |
| | (14) MILEAGE RATE CLAIMED |

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| 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 met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754.

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|------------|--------------------------------|-----------------|-----------------|
| [REDACTED] | DATE 10-25-12 | (16) [REDACTED] | DATE 11/5/12 |
| [REDACTED] | TITLE (See Item 17 on reverse) | [REDACTED] | DATE |