

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME Oswald Steward		SSN or EMPLOYEE NUMBER*		DEPARTMENT CIRM	
POSITION ICOC Board Member		CB/ID No.		DIVISION or BUREAU	
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS	
CITY		STATE		ZIP CODE	
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(1) MONTH/YEAR 10/2011	(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		
	26	08:00 16:00	Irvine								T	13.00		13.00
														0.00
														0.00
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														0.00
														0.00
														0.00
(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	13.00	0	0.00	0.00	13.00

(10) SUBTOTALS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 13.00 0 0.00 0.00 13.00

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 13.00

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

(12) NORMAL WORK HOURS
8-5

(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 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.

CL [Signature] DATE (16) [Signature] PAYMENT DATE
2/09/12

(17) [Signature] TITLE (See Item 17 on reverse) DATE