

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

*See Instructions and \*Privacy Statement On Reverse Side*

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Alfred Rowlett		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION Board Member		CB/ID No.	DIVISION or BUREAU		
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS Same as Residence			TELEPHONE NUMBER [REDACTED]
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY	STATE	ZIP CODE

(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			
10/13	Oct	8	San Francisco-Oakland Bay Bridge CA								4.00		4.00	
	Oct	9	Carquinez Bridge								5.00		5.00	
	Oct	8-9 0800	10325 Saddle Creek Dr, Sac CA 95829 to								117	66.11	66.11	
	Oct	9 1700	600 Airport Blvd, Burlingame, CA 94010 (Roundtrip)								117	66.11	66.11 <del>0.00</del>	
<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	0.00	9.00	117	132.22 <del>66.11</del>	0.00	141.22 <del>75.11</del>

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** **\$141.22** ~~75.11~~

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

Attend CIRM - ICOC Meeting October 9, 2013.

[REDACTED]

the travel expenses incurred by me in accordance with DPA rules in the service of the State mileage rates exceed the minimum requirements as prescribed.

DATE: 10/25/13

TITLE (See Item 17 on reverse)

(12) NORMAL WORK HOURS  
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER  
[REDACTED]

(14) MILEAGE RATE CLAIMED  
.565

**AGENCY ACCOUNTING OFFICE USE ONLY**

PAYED BY REVOLVING FUND CHECK NUMBER

PAYMENT DATE: 11/6/13

DATE