

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6-93c)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME Oswald Steward		SSN or EMPLOYEE NUMBER* XXXX -2843		DEPARTMENT	
POSITION ICOC Member		CB/ID No.		DIVISION or BUREAU	
RESIDENCE ADDRESS * XXXXXX		HEADQUARTERS ADDRESS SAME AS RESIDENCE		INDEX NUMBER	
CITY Laguna Beach		STATE CA		ZIP CODE 92651	
CITY		STATE		ZIP CODE	

(1) MONTH/YEAR	(2) DATE	(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		
	TIME									MILES	AMOUNT		
10/2013	10/09	SNA to SFO						43.00	T	30.00			73.00
													0.00
													0.00
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													0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	43.00		30.00	0	0.00	73.00
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL 73.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC meeting. BURLINGAME, CA NO MILEAGE CLAIMED FOR MEETING	(12) NORMAL WORK HOURS 0900-1800
	(13) PRIVATE VEHICLE LICENSE NUMBER
	(14) MILEAGE RATE CLAIMED
	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 10-10-13	DATE 10.2
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) _____		DATE 13