STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

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

(1) MONTH/YEAR Nov/Dec (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
11/15	8:00 12:00	SAN FRANCISCO						28.06 ~~29.00~~	T					28.06 ~~29.00~~
11/22	8:00 12:00	SAN FRANCISCO						25.53 ~~27.00~~	T					25.53 ~~27.00~~
														0.00
12/17	8:00 1:00	SAN FRANCISCO						25.53 ~~26.60~~	T					25.53 ~~26.60~~
														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	0.00	0.00	82.60		0.00	0	0.00	0.00	79.12 ~~82.60~~

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL 79.12 ~~82.60~~

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

11/15/2013 - ATTEND PRESIDENTIAL SEARCH SUBCOMMITTEE MEETING
11/22/2013 - ATTEND SCIENCE SUBCOMMITTEE MEETING
12/17/2013- ATTEND CDAP MEETING

(12) NORMAL WORK HOURS

(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 r████████████████████████ he requirements as prescribed █████

	DATE			ENT	DATE 1/4/1/3
		(See Item 17 on reverse)			DATE