

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
 Statement On Reverse Side

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STD. 262 (REV. 7/2005)

CLAIMANT'S NAME JEFF SHEEHY		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION ICOC MEMBER		CB/D No.	DIVISION or BUREAU ICOC		
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 KING STREET			INDEX NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY SAN FRANCISCO	STATE CA	ZIP CODE 94107
		TELEPHONE NUMBER 415-396-9100			

(1) MONTH/YEAR 11/11	(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		
07	11:38	SAN FRANCISCO TO BURLINGAME AND BACK						\$85.45	T			0	85.45
16	10:30	SAN FRANCISCO TO BURLINGAME AND BACK						\$91.00	T			0	91.00
17	10:05	SAN FRANCISCO TO BURLINGAME						\$45.00	T			0	45.00
												0	0
												0	0
												0	0
												0	0
												0	0
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												0	0
												0	0
												0	0
												0	0
(10)		SUBTOTALS	0	0	0	0	0	0	0	0	0	0	0

CLAIM TOTAL

221.45

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
ATTEND CLINICAL DEVELOPMENT GROUP ADVISORY MEETINGS ON NOV. 7, 16 AND 17 IN BURLINGAME.

(12) NORMAL WORK HOURS
[REDACTED]

(13) PRIVATE VEHICLE LICENSE NUMBER
[REDACTED]

(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.

DATE: **11-21-11**

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: [REDACTED]

DATE: **5.12.11**

TLE (See Item 17 on reverse)