

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Francisco Prieto		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC Board Member		CB/ID No.		DIVISION or BUREAU	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS SAME AS RESIDENCE		TELEPHONE NUMBER	
CITY		STATE		ZIP CODE	
[REDACTED]		[REDACTED]		[REDACTED]	

(1) MONTH/YEAR DEC	(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		
5	1:00 6:00	San Francisco									88	48.84 48.40		48.84 48.40
6	8:00 6:00	San Francisco				90.76								90.76
7	8:00 5:00	San Francisco									88	48.84 48.40		48.84 48.40
														0.00
11	8:00 5:00	SMP-LAX San Francisco						48.93						48.93
12	2:30	LAX-SMP												0.00
														0.00
														0.00
														0.00
														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	90.76	0.00	0.00		0.00	176	96.80	0.00	236.19 187.56 237.37
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$237.37 236.19 187.56
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	(12) NORMAL WORK HOURS
Attend Grants Working Group Meeting Kabuki Hotel	[REDACTED]
12/6 Dinner was with Os Steward ICOC/Patient Advocate. Paid for both parties.	(13) [REDACTED]
<i>note: 12/6 co-worker dinner - no detailed receipt available</i>	(14) MILEAGE RATE CLAIMED
12/11 ICOC Meeting LA	55.555

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 Section 9750, 9751, 9752, 9753, and 9754.	DATE 12/10/12	DATE
(See Item 17 on reverse)	[REDACTED]	DATE