STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Oswald Steward	[redacted]	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
ICOC Board Member			

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	[redacted]	(415) 396-9113

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		[redacted]	[redacted]	

(1) MONTH/YEAR 12/12		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
5	08:00 16:00	Irvine to San Francisco			~~24.25~~	32.41 ~~42.80~~		60.00 ~~120.00~~	T					92.41 ~~187.05~~
6						~~40.00~~								~~40.00~~
7						32.61 ~~37.02~~		60.00		42.00				134.61 ~~79.02~~
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) **SUBTOTALS**			0.00	0.00	24.25	119.82	0.00	120.00		42.00	0	0.00	0.00	~~306.07~~
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL 227.02 ~~306.07~~

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

26) Grants Working Group Meeting

(12) NORMAL WORK HOURS

[redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER

[redacted]

(14) MILEAGE RATE CLAIMED

.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 Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(1 [redacted] YMENT	DATE
[redacted]	2-13-13		2/25/13
(17 [redacted] d TITLE *(See Item 17 on reverse)*		[redacted]	DATE