

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Anne Marie Duliege		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC BOARD MEMBER		CB/ID No.	DIVISION or BUREAU SAME AS RESIDENCE		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

(1) MONTH/YEAR	(2) DATE	(2) TIME	(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			
										MILES	AMOUNT				
DEC	10	8:00	SAN JOSE/LOS ANGELES						55.00	T		30	16.95	71.95	
	11		LOS ANGELES		37.79									37.79	
	12	5:00	LOS ANGELES/PALO ALTO						85.00	A				85.00	
														0.00	
														0.00	
														0.00	
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														0.00	
														0.00	
<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	140.00		0.00	30	16.95	0.00	156.95

**COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** \$194.74  
197.74 ~~156.95~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
DECEMBER 10TH - 12TH, 2013 ATTEND ICOC MEETING

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER  
**6ZFL087**

(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 the State of California, Department of Personnel Administration pertaining to vehicle safety and seat belt usage.

CLAIMANT SIGNATURE: [REDACTED] DATE: **Dec 17 2013**

DATE: **12/17/13**

(17) SPECIAL EXPENSES (If any) - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED]