STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Michael Goldberg	[redacted]	

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

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	SAME AS RESIDENCE	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]					

(1) MONTH/YEAR DEC 2013		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAKFAST	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	(D) PRIVATE CAR USE AMOUNT		
12/10	~~2:00~~ 1800	San Francisco/LA						430.80	A					430.80
12/13	~~2:00~~ 1800	LA/San Francisco						65.00	T					65.00
														0
														0
														0
														0
														0
														0
														0
														0
														0
														0
(10) **SUBTOTALS**			0	0	0	0	0	495.8		0	0	0	0	495.80

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $495.80

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

12/11 - 12/12 - Travel for ICOC Meeting in Los Angeles CA

(12) NORMAL WORK HOURS [redacted]

(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 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 perta[redacted]

CLAIMANT [redacted] DATE 1/8/14

(16) [redacted] PAYMENT DATE 1/15/14

(17) SPECI[redacted] TITLE *(See Item 17 on reverse)* DATE