

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

| | | | | | |
|---|--|---------------------------------------|--|------------------------------------|--|
| CLAIMANT'S NAME Robert Price | | SSN or EMPLOYEE NUMBER* [REDACTED] | | DEPARTMENT CIRM | |
| POSITION ICOC Alternate Board Member | | CB/ID No. | | DIVISION or BUREAU | |
| RESIDENCE ADDRESS * | | HEADQUARTERS ADDRESS [REDACTED] | | TELEPHONE NUMBER (415) 396-9113 | |
| CITY STATE ZIP CODE [REDACTED] | | CITY STATE ZIP CODE [REDACTED] | | CITY STATE ZIP CODE [REDACTED] | |

| (1) MONTH/YEAR 12/2012 | (2) DATE 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 | | | | |
| 11 | 14:00 | Berkeley to Los Angeles | | | | | | 345.60 404.19 | A | 58.59 | 19 | 10.55 | 414.74 | |
| 12 | 20:30 | Los Angeles to Berkeley | | | | | | | | 34.56 | 19 | 10.55 | 45.11 | |
| | | | | | | | | | | | | | 0.00 | |
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| | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | 0.00 | |
| (10) SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 404.19 | | 34.56 | 38 | 21.10 | 0.00 | 459.85 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | 459.85 | | |

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| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 11-12) ICOC Board Meeting, Los Angeles | (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 rates, I certify that I have met the requirements as prescribed in the DPA.

CLAIMANT: [REDACTED] DATE: 1/3/2013

(17) SPECIAL AGENT: [REDACTED] TITLE: [REDACTED] DATE: 2/10/13