

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Oswald Steward		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION ICOC Board Member		CB/ID No.	DIVISION or BUREAU		INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 837 Health Science Road		TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]		STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Irvine	
		STATE CA	ZIP CODE 92697		

(1) MONTH/YEAR	(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		
12/12	11-12	Irvine to Los Angeles	230.00				38.13	28.68	PC	19.80	50.50	28.03		95.29
	12	LA TO IRVINE		18.33							50.50	28.03		28.03
SUBTOTALS			230.00	0.00	0.00	0.00	38.13	28.68		0.00	0	0.00	0.00	296.81

47.83

94.19
95.29
25.86

CLAIM TOTAL

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC meeting, Dec 11-12		(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 SIGNATURE [REDACTED]	DATE 2-13-13	AGENT SIGNATURE [REDACTED]	DATE 2/25/13
(17) SPECIAL TITLE (See Item 17 on reverse)		[REDACTED]		DATE	