STD	262 (REV	LIFORNIA – PERSONNEL ADMINIS EXPENSE CLAIM 7. 7/2005)			See I	nstructio	ns and *P	rivacy			<u> </u>		_ / 9	, 3	
Robert Price POSITION							Reverse Side SSN or EMPLOYEE NUMBER*				Page		of F	ages	
											DEPARTMENT CIRM				
ICO	DC Alte	ernate Board Member		CE	B/ID No.		DIVISION	or BUREAU			CIR	LIVI	INDEX	IUMBER	
RESII	DENCE AL	DDRESS *					HEADQUA	RTERS ADDR	FSS						
CITY STATE ZIP CODE							119 California Hall						TELEPHONE NUMBE		
				IE ZIF	CODE		Berkeley				STATE		(415) 396-9113 ZIP CODE		
1) MONTH/YEAR (3) LOCATION WHERE EXPENSES WERE INCURRED		(4)	(5) MEALS			(6)				CA		9472	94720		
			BREAK-		O.T., L/T,	-	(7) (A)		(B) (C)				(9)		
			LODGING	FAST	LUNCH	N/C, RELO OR DINNER	TALE	COST OF TRANS.	TYPE USED	(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE			TOTAL EXPENSE	
7	17:00	Berkeley to Los Angeles				CHAINER				PARKING	MILES AMOUNT		EXPENSE	FOR DAY	
8	22:00	Los Angeles to Berkeley						407.40	A		14	7.77		415.1	
Water Management								96.07	RC	20.36	14	7.77		124.2	
														0.0	
														0.00	
														0.00	
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\dagger														0.00	
	SU	BTOTALS												0.00	
LUMN CODE (ACCTG. USE ONLY)		0.00	0.00	0.00	0.00	0.00	503.47		20.36	28	15.54	0.00	539.37		
	CLA	AIM TOTAL			- L										
IRPC	SE OF TE	RIP, REMARKS AND DETAILS (Atta	ch receipts/vouche	ers when re	quired)									539.37	
COC Board Meeting											(12) NORMAL WORK HOURS				
											(13) PRIVATE VEHICLE LICENSE NUMBER				
											(14) MILEAGE RATE CLAIMED				
											.555				
											AGENC	Y ACCOUN	TING OFFI	CE	
UCD										PAI	ID BY REV	USE ON	ILY ND CHECK NI		
HERI f Cali	EBY CERT fornia. If a	IFY That the above is a true statem a privately owned vehicle was used	nent of the travel ex	xpenses ind	curred by me i	n accordanc	e with DPA ru	les in the serv	rice of the	State	DOI NEV	OLVING FU	ND CHECK N	UMBER	
		IFY That the above is a true statem a privately owned vehicle was used	not the re	quirements	as prescribe	d by SAM S	ections 0750,	of operating 0751, 0752,	the vehicle 0753 and	e was 0754					
				1/26		(16) SIGNAT	UDF OF OF			ND PAYN	MENT	DATE			
			and TITLE (See If	em 17 on r	eversel							1/3	0/17)	
			•	**								DATE			