| TRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007) Statement Or | | | | | | ons and *Privacy n Reverse Side | | | | | | | | |
|--|--|---|-----------------|---------------|-------------------------|------------------------------------|------------------|-------------|---------------------------------------|--|------------------------------------|--|---------------------|--|
| CLAIMANT'S NAME | | | | | | SSN or EMPLOYEE NUMBER* | | | | Page of Pages DEPARTMENT | | ges | | |
| Marcy Feit | | *************************************** | | | | , . | | | | | | | | |
| CB/ID No. | | | | | | DIVISION or BUREAU | | | | | | INDEX NU | JMBER | |
| RESIDENCE ADDRESS * | | | | | | HEADQUARTERS ADDRESS | | | | - | | TELEBUSY | | |
| CITY | | | | | | same as k | | | | <i>lesidence</i> | | TELEPHONE NUMBER | | |
| STATE ZIP CODE | | | | | | | CITY STATE | | | | | | ZIP CODE | |
| (1) NORMAL WOR | K HOURS | | | | 1/2 |) DDIVATE | VEHICLE LIC | ENDE MI | | | | | | |
| | | | | | (2 | TINVALE | VEHICLE LIC | ENSE NU | IMBER | (3) MI | LEAGE RATE | CLAIMED | | |
| UE 2011 | DEC 2011 (0) LOCATION | | (8) | MEALS | | (9) | (10) | TRANSPORTA | | ATION | | (11) | (12) | |
| JAN 0012 | | | BREAK- | | O.T., L/T, N/C, RELO | | (A) - COST OF | (B) TYPE | (C) CARFARE, | (D) | | - | TOTAL | |
| DATE TIME | | LODGING | FAST | LUNCH | OR DINNER | TALS | TRANS. | USED | TOLLS, PARKING | MILES | TE CAR USE | BUSINESS EXPENSE | EXPENSES FOR DAY | |
| 117/12 | sandiegés sanlos Ange | | | | | | 356 | Air | FARRING | MILES | 0.00 | | 256.8 | |
| 13/8/11 | Book Los Ange | les | | | | | 336 | | | | 0.00 | | 236.7 -0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
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| | | | | | | | | | | | 0.00 | | 0.00 | |
| | | | | | | | | | | | 0.00 | | 0.00 | |
| 13) | | | | | | | 493 | 50 | | | 0.00 | | 0.00 | |
| SUBTOTALS | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| COLUMN CO | DDE (ACCTG. USE ONLY) | | | | | Burger, St. St. | 100 AS (100 AS) | | | | | 55 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0.00 | |
| CL | AIM TOTAL | | | | | | | | | | \$40 | 3.50 | \$0.00 | |
| 14) PURPOSE OF | TRIP, REMARKS AND DETAILS (Attac | h receipts/vou | ichers when i | required) | | | | | | | | | | |
| T. , | 0 | | | | | | | | | AG | ENCY ACC | OUNTING O | FFICE | |
| iravel | for 1000 1 | Neet | ings | So | m Di | ego | l L | OSA | naeles | PAID BY | REVOLVING | | K NUMBER | |
| | | | 0 | | | J | | | J | | 11270271170 | TOTAL CITEC | K NOMBEK | |
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| | | | | | | | | | 1 | | | | | |
| 15) I HEREBY O | ERTIFY That the above is a true state mileage rates exceed the minimum rat | ement of the t | ravel expens | es incurred b | ov me in accor | dance with | DPA rules in | the consis | on of the Chata | 0.11 | | | | |
| | mileage rates exceed the minimum rat | e, I certify tha | nicie satety ai | operating the | vehicle was | equal to or (| greater than t | he rate cla | ים נוחפ State of aimed, and that I | California have met | a. If a privately the requireme | y owned vehic ents as prescr | cle was ibed by | |
| | | | DATE | /- | (16) | | | | <i>(</i> 3 | YMENT | DATE | | | |
| | | | 4-11. | | B | | | | | | 5/29 | 12 | | |
| | | u aF LE (S | ee Item 17 o | n reverse) | | | | | | 2000 P.O. G. C. S. | DAT | | | |
| | | LE (S | See Item 17 o | | (3) | | | | | | | 12 | | |