

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Diane Winokur		SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION ICOC Board Member		CB/ID No.		DIVISION or BUREAU SAME AS RESIDENCE	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS		INDEX NUMBER	
CITY STATE ZIP CODE		CITY STATE ZIP CODE		TELEPHONE NUMBER	

(1) MONTH/YEAR	(2) DATE	(2) 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			
2/23	5:00	0630	SAN FRANCISCO/WASHINGTON	131.08	/		15.61		559.80	A	111.80			818.29
2/24			WASHINGTON DC	131.08	/				1,367.80					1,626.29
2/24			San Francisco						44.00	T				44.00
3/7		2100	San Francisco						44.00	T				44.00
(10) SUBTOTALS				262.16	0.00	0.00	15.61	0.00	1,411.80		111.80	0	0.00	993.37
COLUMN CODE (ACCTG. USE ONLY)														1,801.37

CLAIM TOTAL

\$993.37 1,801.37

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

ATTEND FDA MEETING ON ALS IN SILVER SPRINGS MD 2/24

O/S # 20120010

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

NA

(14) MILEAGE RATE CLAIMED

NA

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 as prescribed in the requirements as prescribed.

CLAIMANT'S SIGNATURE: [Redacted] DATE: 3/26/13

DATE: 4.8.13

(17) SUPERVISOR'S SIGNATURE AND TITLE (See Item 17 on reverse)

DATE