

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME Francisco Prieto		PERSONNEL EMPLOYEE NUMBER*		DEPARTMENT	
POSITION ICOC Member		CB/D No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER
CITY San Francisco		STATE CA	ZIP CODE 94107		

(1) MONTH/YEAR March	(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., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT			
	17	5:00 9:00	Sacramento/San Francisco								5.00	175 98.88 98.31		103.88 103.21	
														0.00	
														0.00	
														0.00	
														0.00	
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														0.00	
														0.00	
														0.00	
(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00		5.00	175	98.31	0.00	103.88 103.31
(10) COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													103.88 103.31		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Attended Bridges Meeting as Speaker *grantee Meeting as speaker*

(12) NORMAL WORK HOURS
 [Redacted]
 (13) PRIVATE VEHICLE LICENSE NUMBER
 [Redacted]
 (14) MILEAGE RATE CLAIMED
 .565

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 5/23/13

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [Redacted] DATE 5/29/13

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [Redacted] DATE 5/29/13