

See Instructions and \*Privacy  
 Statement On Reverse Side

CLAIMANT'S NAME Oswald Steward		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC Member		CB/D No.	DIVISION or BUREAU		
RESIDENCE ADDRESS* [REDACTED]			HEADQUARTERS ADDRESS SAME AS RESIDENCE		TELEPHONE NUMBER
CITY [REDACTED]	STATE	ZIP CODE [REDACTED]	CITY	STATE	ZIP CODE

(1) MONTH/YEAR 3/13	(2) DATE TIME 3/19 0450 2150	(3) LOCATION Burlingame, CA	(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			
								69.00	A				69.00	
													0.00	
													0.00	
													0.00	
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													0.00	
<b>(10) SUBTOTALS</b>			0.00	0.00	0.00	0.00	0.00	69.00		0.00	0	0.00	0.00	69.00
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														

<b>CLAIM TOTAL</b>	69.00
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC meeting. 3/19- BURLINGAME CA	(12) NORMAL WORK HOURS 0900-1800
	(13) PRIVATE VEHICLE LICENSE NUMBER -
	(14) MILEAGE RATE CLAIMED -

**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.

CLERK [REDACTED]	DATE 6-5-13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 6/10/13
(17) OFFICER'S TITLE (See Item 17 on reverse)			DATE