

**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 [REDACTED]		DEPARTMENT	
POSITION ICOC Board Member		CB/D No.	DIVISION or BUREAU SAME AS RESIDENCE		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS			TELEPHONE NUMBER
CITY [REDACTED]	STATE	ZIP CODE [REDACTED]	CITY	STATE	ZIP CODE

(1) MONTH/YEAR 03/13	(2) DATE   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		
3/19	7:30 6:00	BURLINGAME									35	19.78 <del>19.75</del>	19.78 <del>19.75</del>	
														0.00
														0.00
														0.00
														0.00
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														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	35	19.75	0.00	19.78 <del>19.75</del>
COLUMN CODE (ACCTG. USE ONLY)														

<b>CLAIM TOTAL</b>	19.78 <del>19.75</del>
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 ATTEND ICOC MEETING BURLINGAME HILTON - 3/19/13

(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, 10862.

CLAIMANT SIGNATURE: [REDACTED] DATE: 3/26/13

(17) APPROVING OFFICER SIGNATURE AND TITLE (See Item 17 on reverse): [REDACTED] DATE: 4-8-13