

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

*See Instructions and \*Privacy Statement On Reverse Side*

CLAIMANT'S NAME M Elizabeth Fini		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION ICOC Board Member, Alternate, USC	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS [REDACTED]	TELEPHONE NUMBER (415) 396-9113
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]
STATE [REDACTED]		ZIP CODE [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]		CITY [REDACTED]	STATE [REDACTED]

(1) MONTH/YEAR	(2) DATE	(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		
	TIME									MILES	AMOUNT		
3/2012		Sheraton Grand, Sacramento					34.03						34.03
3-20		SITOA Airport Taxi									40.00		40.00
3/21		Southwest Airlines change fee						30.00					30.00
<b>(10) SUBTOTALS</b>			0.00	0.00	0.00	0.00	34.03	30.00		40.00	0	0.00	104.03
<b>COLUMN CODE (ACCTG. USE ONLY)</b>													

**CLAIM TOTAL** 104.03

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) ICOC March 2012 meeting in Sacramento, CA	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED .555

**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

DATE 4-10-12	DATE 4/17/12
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(17) TITLE (See Item 17 on reverse)