

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy Statement On Reverse Side*

| | | | |
|--------------------------------------|-----------|---------------------------------------|------------------------------------|
| CLAIMANT'S NAME Jonathan Shestack | | SSN or EMPLOYEE NUMBER* [REDACTED] | DEPARTMENT CIRM |
| POSITION BOARD MEMBER | CB/ID No. | DIVISION or BUREAU | INDEX NUMBER |
| RESIDENCE ADDRESS * | | HEADQUARTERS ADDRESS [REDACTED] | TELEPHONE NUMBER (323) 854-2996 |
| CITY [REDACTED] | STATE | ZIP CODE | CITY [REDACTED] |
| | | | STATE [REDACTED] |
| | | | ZIP CODE [REDACTED] |

| (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 | | | | |
| 3/2012 | 20 | 17:30 | LA to Sacramento | | | | 13.00 | | 57.00 | T | | | | 70.00 | |
| | 21 | 21:00 | Sacramento to LA | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
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| | | | | | | | | | | | | | | 0.00 | |
| | | | | | | | | | | | | | | 0.00 | |
| (10) SUBTOTALS | | | | 0.00 | 0.00 | 0.00 | 13.00 | 0.00 | 57.00 | | 0.00 | 0 | 0.00 | 0.00 | 70.00 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | | |

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| CLAIM TOTAL | 70.00 |
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| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 20-21) Patient Advocate Mtg and ICOC Board Meeting | (12) NORMAL WORK HOURS 8-5 |
| | (13) PRIVATE VEHICLE LICENSE NUMBER |
| | (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 and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was not reimbursed and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

| | | |
|--------------------------------|------------------------------|----------------|
| DATE 11/12/12 | (16) SIGNATURE [REDACTED] | DATE 8/1/12 |
| TITLE (See Item 17 on reverse) | | DATE |