

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

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

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|  |                     |                                       |                    |                           |   |
|--|---------------------|---------------------------------------|--------------------|---------------------------|---|
| CLAIMANT'S NAME<br><b>Oswald Steward</b> |                     | SSN or EMPLOYEE NUMBER*<br>[REDACTED] |                    | DEPARTMENT<br><b>CIRM</b> |   |
| POSITION<br><b>ICOC Board Member</b>     |                     | CB/ID No.                             | DIVISION or BUREAU |                           |   |
| RESIDENCE ADDRESS *                      |                     | HEADQUARTERS ADDRESS<br>[REDACTED]    |                    |                           | TELEPHONE NUMBER<br><b>(415) 396-9113</b> |
| CITY<br>[REDACTED]                       | STATE<br>[REDACTED] | ZIP CODE<br>[REDACTED]                | CITY<br>[REDACTED] | STATE<br>[REDACTED]       | ZIP CODE<br>[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., LT, N/C, RELO. OR DINNER |                 | (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE |                      |                             |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               | MILES                       | AMOUNT              |                      |                             |      |                             |
| 03/12            | 3/21     | 0800<br>1800 | Orange County to Sacramento (round trip) + |             |            |       | <del>46.16</del><br>32.84      |                 | 401.60             | A             |                             | 95.00               |                      | 529.44<br><del>542.76</del> |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
|                  |          |              |  |             |            |       |                                |                 |                    |               |                             |                     |                      | 0.00                        |      |                             |
| <b>SUBTOTALS</b> |          |              |  | 0.00        | 0.00       | 0.00  | 46.16                          | 0.00            | 401.60             |               |                             | 95.00               | 0                    | 0.00                        | 0.00 | 529.44<br><del>542.76</del> |

(10) **COLUMN CODE (ACCTG. USE ONLY)**

**CLAIM TOTAL** **529.44**  
~~542.76~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
Attend ICOC meeting.

(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

|                                |                 |            |                 |
|--------------------------------|-----------------|------------|-----------------|
| [REDACTED]                     | DATE<br>9/10/12 | [REDACTED] | DATE<br>10/5/12 |
| TITLE (See Item 17 on reverse) |                 | DATE       |                 |