

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME JEFF SHEEHY		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT CIRM
POSITION ICOC MEMBER	CB/ID No.	DIVISION or BUREAU ICOC	INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS 210 KING STREET	TELEPHONE NUMBER (415) 396-9100
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY SAN FRANCISCO
		STATE CA	ZIP CODE 94107

(1) NORMAL WORK HOURS 8-5	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
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(4) MONTH/YEAR	(5) DATE	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) 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				
03/13	22	SF TO BERKELEY AND RETURN						7.80	B		0.00	7.80	7.80
											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
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	7.80	7.80
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$7.80	

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
BART TO CLAREMONT FOR PARKINSON'S WORKSHOP

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

Note: 3/22 transportation expense is public transit - no receipt available - Claimant will not seek other reimbursement.

(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 mileage 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 the State of California Department of Personnel Administration.

CLA [REDACTED] DATE **3-27-13**

(17) [REDACTED] See Item 17 on reverse DATE **4.8.13**