STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page __1__ of __1__ Pages

CLAIMANT'S NAME
Francisco Prieto

SSN or EMPLOYEE NUMBER* ▉

DEPARTMENT
CIRM

POSITION
ICOC Board Memeber

CB/ID No.

DIVISION or BUREAU
CIRM

INDEX NUMBER

RESIDENCE ADDRESS *

TELEPHONE NUMBER
(415) 396-9113

CITY   **STATE**   **ZIP CODE**

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(1) MONTH/YEAR 3/2012 (2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
7	06:00	Sacramento to SF								16.00	101	56.05 ✓		72.05
8		Oakland				39.91 46.17				15.25				55.16 61.42
9	15:00	SF to Sacramento								6.00	101	56.05 ✓		62.05
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	46.17	0.00	0.00		37.25	202	112.10	0.00	189.26 195.52

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $189.26 195.52

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

7-9 Grants Working Group

Note: 3/7 Transportation 7(c) $16.00 is hotel parking ($10) & bridge toll ($6)
3/8 " " $15.25 is hotel parking ($10) & restaurant parking ($5.25)
3/9 Toll

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14)
.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 ___ed by SAM Sections 0750, 0751, 0752, 0753 and 0754

CLAIM ✍

(16) ✍

(17) SI ✍