TRAVEL EXPENSE CLAIM TD. 262 (REV. 7/2005)					See Instructions and *Privacy Statement On Reverse Side						Page of Pages					
AIMANT'S NAME							SSN or EM	PLOYEE NUME	8ER*	1	DEPARTMENT					
		Thomas		CR/IC	N N I O		DIVISION	- DUDEALL			CIRM	<u> </u>	T INDEX NII	MADED		
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							Los Ang					CA	90049			
	rh/YEAR	(3)	(4)	(5)	MEALS		(6)	(7)		TRANSPORTATI	ION		(8)	(9)		
4/20)12	WHERE EXPENSES WERE INCURRED	'	BREAK-		O.T., L/T, N/C, RELC	O. INCIDEN			(C) CARFARE,	PRIVAT	(D) TE CAR USE				
) DATE	TIME	WEIL INCOLLES	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES		EXPENSE	FOR DA		
1	19:30	Los Angeles to San Francisco	161.79			111		58.00) Т	:	13	7,21		227.0		
2	ļ ———	San Francisco	161.79	14,80	8.847	15.12	.2			1		<u> </u>		200.		
	19:00			6,60	10.81	5.46	6	48.80) T	35.09	13	7.21		113.		
4	19:00	1007111geros to san i funcioco	161.79	<u> </u>		17.10	6	55.00	Т	:	13	7.21	10. 10. 10.	241.		
5	 	San Francisco		8.85 ,	12.43	8.4	1				'	£	11	29.		
6	20:00	San Francisco to Los Angeles		-	:	3.25	.5,	55.00) T	35.09	13	7.21		100.		
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10	07:00 18:30	EZA TO II VIIRC TO EZA	1 1	100	:	1		1		!	106	58.83		58.		
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11) PUF	RPOSE C CIRM tion to	CODE (ACCTG. USE ONLY) CLAIM TOTAL OF TRIP, REMARKS AND DETAILS (Att 1 meetings; 4-6) CIRM mee 1 CIRM; 10) IOM public m	etings and	l Standard	ds Worki						(13) PF	NORMAL WOR	HICLE LICENSE	en Pa		

(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 pertaining to vehicle safety and seat belt usage.

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