STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

Page _____ of _____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
FRANCISCO PRIETO	XXX-XX-2251	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	SAME AS RESIDENCE	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]					

(1) NORMAL WORK	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
[redacted]	[redacted]	.555

(4) MONTH/YEAR: April 2012

(5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS: BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
4/19	8:00 5:00	San Francisco				39.69 ~~39.38~~						0.00		~~39.38~~ 0.00 39.69
4/20	8:00 5:00	San Francisco								10.00	86.9	48.23 0.00		58.23 0.00
4/18	8:00 5:00	San Francisco								~~10.00~~	86.9	48.23 0.00		48.23 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	39.38 0.00	0.00	0.00		10.00 0.00	0.00	96.46 0.00	0.00	~~0.00~~ 146.15

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL ~~$145.84~~ ~~$0.00~~ 146.15

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

April 18-20 2012

GRANTS WORKING GROUP MEETING

SAN FRANCISCO CA

Note: 4/19/12 Dinner - no itemized receipt available - No Alcohol purchased.

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) [redacted] 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 [redacted] 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 [redacted] vehicle safety and seat belt usage.

CL[redacted] DATE 4/20/12

(16) [redacted] AND PAYMENT DATE 4/23/12

(17 [redacted] See Item 17 on reverse) DATE