

**TRAVEL EXPENSE CLAIM**

See Instructions and \*Privacy Statement On Reverse Side

STD. 262 (REV. 7/2005)

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Jeff Sheehy		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT
POSITION ICOC Member	CB/ID No.	DIVISION or BUREAU CIRM	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street	TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco
			STATE CA
			ZIP CODE 94107

(1) MONTH/YEAR 5/2013	(2) DATE	(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., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
	TIME										MILES	AMOUNT		
22	7:00 9:00	San Francisco/ <sup>Berkeley</sup> Oakland						28.25	T					28.25
23	9:00 5:00	<sup>Berkeley</sup> Oakland/San Francisco						14.75	T					14.75
														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
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	43.00		0.00	0	0.00	0.00	43.25
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														43.25

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 5/22 - Attend Evaluation Subcommittee 5/23 - Attend ICOC Board Meeting	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]
	(14) MILEAGE RATE CLAIMED
<b>AGENCY ACCOUNTING OFFICE USE ONLY</b> 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 pertaining to vehicle safety and seat belt usage.

CLAIMANT [REDACTED]	DATE 5-23-13	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 5/29/13
------------------------	-----------------	--	-----------------

(17) SIGNATURE OF CLAIMANT  
[REDACTED]