

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

CLAIMANT'S NAME Jonathan Shestack			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT CIRM		
POSITION		CB/ID No.	DIVISION or BUREAU				INDEX NUMBER	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS [REDACTED]				TELEPHONE NUMBER [REDACTED]	
CITY [REDACTED]		STATE	ZIP CODE		CITY [REDACTED]		STATE	ZIP CODE [REDACTED]

(1) MONTH/YEAR 5/2011	(2) DATE	(2) TIME	(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			
										MILES	AMOUNT				
	23		[REDACTED] San Francisco						60.00	T				60.00	
														0.00	
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(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	60.00		0.00	0	0.00	0.00	60.00
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													60.00		

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

23-25) Grants Working Group

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.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 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 equipment usage.

CLAIMANT

DATE

10/25/2012

(16) SIGNATURE

PAYMENT

DATE

11/5/12

(17) SPECIAL COMMENTS

(See Item 17 on reverse)

DATE