

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6-93c)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME Oswald Steward		SSN or EMPLOYEE NUMBER*	DEPARTMENT
POSITION ICOC Member	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS SAME AS Residence	TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE

(1) MONTH/YEAR	(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			
5/13	5/23	Berkeley, CA				20.99		55.00	T	30.00				105.99
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
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														0.00
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														0.00
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														0.00
														0.00
														0.00
SUBTOTALS			0.00	0.00	0.00	20.99	0.00	55.00		30.00	0	0.00	0.00	105.99
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL 105.99

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC meeting. May 23RD Berkeley, CA		(12) NORMAL WORK HOURS [REDACTED]	
		(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	
(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.		(14) MILEAGE RATE CLAIMED .565	
		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
CLAIMANT SIGNATURE [REDACTED]	DATE 6-5-13	OFFICER APPROVING TRAVEL AND PAYMENT SIGNATURE [REDACTED]	DATE 6/10/13
(17) SIGNATURE AND TITLE (See Item 17 on reverse)		DATE	