

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

*See Instructions and \*Privacy Statement On Reverse Side*

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CLAIMANT'S NAME Michael A. Marletta		SSN or EMPLOYEE NUMBER [REDACTED]	DEPARTMENT
POSITION ICOC Board member	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS <i>Same as Residence</i>	TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY [REDACTED]
		STATE	ZIP CODE

(1) MONTH/YEAR	(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			
May	24		Burlingame, CA						37.20					37.20	
														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
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														0.00	
														0.00	
														0.00	
														0.00	
														0.00	
<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	37.20		0.00	0	0.00	0.00	37.20
<b>COLUMN CODE (ACCTG. USE ONLY)</b>															

<b>CLAIM TOTAL</b>	37.20
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(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC Board Meeting May 24, 2012	(12) NORMAL WORK HOURS 8:00 - 5:00
	(13) PRIVATE VEHICLE LICENSE NUMBER NA
	(14) MILEAGE RATE CLAIMED NA

**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 seat belt usage.

CLAIMANT SIGNATURE [REDACTED]	DATE 5/31/12	(16) SUPERVISOR SIGNATURE [REDACTED]	DATE 6/5/12
(17) SUPERVISOR TITLE (See Item 17 of reverse)		DATE	