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
JEFF SHEEHY	[redacted]	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
ICOC MEMBER		ICOC	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	210 KING STREET	(415) 396-9100

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		SAN FRANCISCO	CA	94107

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
8-5		

(4) MONTH/YEAR 05/13		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME		LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
~~22~~	~~7:30~~	~~SF TO BERKELEY AND RETURN~~						7.80	B			0.00	~~7.80~~	7.80
~~23~~	~~8:00~~	~~SF TO BERKELEY~~						3.90	B			0.00	~~3.90~~	~~3.90~~
24	7:26 13:40	SF TO BURLINGAME AND RETURN						82.15	T			0.00	~~82.15~~	82.15
												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	0.00	0.00	0.00		0.00	0.00	0.00	~~92.85~~	82.15 ~~93.85~~

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $82.15 ~~$93.85~~

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

~~BART TO CLAREMONT FOR EVALUATION SC AND ICOC MEETING PLUS~~ TAXI TO CDAP IN BURLINGAME.

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.

[redacted] DATE 5-28-13 (16 [redacted] DATE 6.3.13

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

[redacted]