TRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007) See Instruction Statement C								n Reverse Side					Page1 of Pages			
CLAIMANT'S NAME  Art Torres  POSITION  Vice Chair - ICOC  RESIDENCE ADDRESS *								SSN or EMPLOYEE NUMBER*  DIVISION or BUREAU  CIRM  HEADQUARTERS ADDRESS					DEPARTMENT CIRM - ICOC			
													TELEPHONE NUMB			
													Same as Residence			
								TY				CITY				
			STATE	ZIP C												
NORA	MAL WO	RK HOURS				(2	2) PRIVATE V	EHICLE LICE	NSE NU	MBER	(3) MIL 0.55	EAGE RATE	CLAIMED			
4) MONTH/YEAR		(0)	(7)	(8) MEALS			(9)	(10)		TRANSPORTA			(11)	(12)		
06/13		(6)  LOCATION  WHERE EXPENSES  WERE INCURRED							(D)				('')			
00/13				BREAK-		O.T., L/T, N/C, RELO.			(B) TYPE	(C) CARFARE,	(D) PRIVATE CAR USE			TOTAL EXPENSES		
	TIME		LODGING	FAST	LUNCH	OR DINNER	TALS R	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY		
19		Sacramento								47.35		0.00		47.35		
												0.00		0.00		
												0.00		0.00		
												0.00		0.0		
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	***************************************											0.00		0.0		
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)	,	SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00		47.35	0.00	0.00	0.00	47.3:		
COL	UMN (	CODE (ACCTG. USE ONLY)														
								Lanamenta antes la compania.	Linear ten amerikan					\$47.3		
	***************************************															
) PUR	POSE	OF TRIP, REMARKS AND DETAILS (A	ttach receipts/vo	uchers wher	n required)				ON CONTRACTOR OF ACTION		AG	ENCY ACC	COUNTING	OFFICE		
		penses										US	E ONLY			
19/1	3	Meeting with Assemblyn	nember Mi	ke Gatto	•						PAID BY REVOLVING FUND CHECK NUMBER					
		BY CERTIFY That the above is a true										The second secon				

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 requirements as prescribed by safety and seat belt usag

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6/12/13

The provided in the service of the State of California. If a privately owned vehicle was requirements as prescribed by safety and seat belt usag

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6/12/13

DATE

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