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
FRANCISCO PRIETO	[redacted]	

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

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	SAME AS RESIDENCE	

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]		[redacted]			

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
[redacted]	[redacted]	.55

(4) MONTH/YEAR: June ~~of July~~	(5) DATE	(5) TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS: BREAK-FAST	MEALS: LUNCH	MEALS: O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	PRIVATE CAR USE: AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
	27	8:00	BERKELEY									82	~~45.10~~ ~~0.00~~ 45.51		~~45.10~~ ~~0.00~~ 45.51
	28		BERKELEY				25.56						0.00		25.56 ~~0.00~~
	29	5:00	BERKELEY								5.00	82	~~45.10~~ ~~0.00~~ 45.51		~~50.10~~ ~~0.00~~ 50.51
													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	0.00	~~121.58~~ ~~0.00~~

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL ~~$120.76~~ ~~$0.00~~ 121.58

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

GWG Meeting - Attendance Berkeley CA June 27-29, 2012

Basic Biology Meeting

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 ...t 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 ...hicle safety and seat belt usage.

[redacted] DATE 6/29/12

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [redacted] DATE 7/5/12

(See Item 17 on reverse) DATE