

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

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

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CLAIMANT'S NAME Jon Shestack		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC Member		CB/ID No.		DIVISION or BUREAU SAME AS RESIDENCE	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS		INDEX NUMBER	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]	
CITY		STATE		ZIP CODE	

(1) MONTH/YEAR June	(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			
5	5	8:00	San Francisco						85.00				85.00 0.00	
6	6	8:00	San Francisco				31.80						31.80 0.00	
													0.00	
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													0.00	
													0.00	
<b>(10) SUBTOTALS</b>				0.00	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00	
<b>(10) COLUMN CODE (ACCTG. USE ONLY)</b>														

**CLAIM TOTAL** **\$116.80** 0.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  Attend GWG Meeting - Early Translational <u>IV</u>	(12) NORMAL WORK HOURS [REDACTED]
	(13) PRIVATE VEHICLE LICENSE NUMBER -
	(14) MILEAGE RATE CLAIMED .565
	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 met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE	DATE
[REDACTED]	[REDACTED]

(17) DATE 6/10/13