STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Jeff Sheehy	[redacted]	

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

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]					

(1) MONTH/YEAR: JULY		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAKFAST	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	(D) PRIVATE CAR USE AMOUNT		
19	8:00	SAN FRANCISCO/WASHINGTO	227.86			28.32		140.00 ~~160.06~~	T				47.65	443.83 ~~463.89~~
20		WASHINGTON DC	227.86	26.00		38.00 ~~63.25~~		20.06						311.92 ~~317.11~~
21		WASHINGTON DC	227.86	26.00		38.00 ~~45.24~~								291.86 ~~299.10~~
22		WASHINGTON DC	227.86	26.00		38.00 ~~64.00~~								291.86 ~~317.86~~
23		WASHINGTON DC	227.86		34.81	29.19 ~~47.66~~								291.86 ~~310.33~~
24	22:00	WASHINGTON DC/SFO		29.81 ~~26.00~~				106.75	T					136.56 ~~132.75~~
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			1,139.30	104.00	34.81	248.47	0.00	266.81		0.00	0	0.00	47.65	1,767.89 ~~1,841.04~~
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL $1,767.89 ~~1,841.04~~

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

ATTEND THE INTERNATIONAL AIDS SOCIETY MEETING AND INTERNATIONAL CONFERNCE ON AIDS 2012

WASHINGTON DC

BUSINESS EXPENSE - WIRELESS CHARGES FOR STAY AT HOTEL

O/S # 2012 COD4 NOTE: 7/20-23/12 meals were reduced to the $64.00 limit per CIRM policy.

(12) NORMAL WORK HOURS [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

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] ATE 7-30-12 (16 [redacted] YMENT DATE 8/1/12

(Item 17 on reverse) DATE