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
Francisco Prieto	[redacted]	

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

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]					

(1) MONTH/YEAR JULY-SEP	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	(5) MEALS LUNCH	(5) MEALS O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS.	(7) (B) TYPE USED	(7) (C) CARFARE, TOLLS, PARKING	(7) (D) PRIVATE CAR USE MILES	(7) (D) PRIVATE CAR USE AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
	7/24	5:00	BURLINGAME								6.00	116	65.54	9.95	81.49
	7/25	8:00	BURLINGAME								6.00 ~~15.95~~	116	65.54		71.54 ~~81.49~~
	8/27	8:00	SACRAMENTO/SANDIEGO						30.00	T					30.00
	8/28	6:00	SAN DIEGO/SACRAMENTO								31.00				31.00
	9/18	8:00	BERKELEY								~~6.00~~	96	54.24		54.24 ~~60.24~~
	9/19		BERKELEY								5.00				5.00 ~~0.00~~
	9/20	3:00	BERKELEY								6.00 ~~11.00~~	96	54.24		60.24 ~~65.24~~
															0.00
															0.00
															0.00
															0.00
															0.00
															0.00
(10)			**SUBTOTALS**	0.00	0.00	0.00	0.00	0.00	30.00		69.95	424	239.56	9.95	333.51 ~~349.46~~
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL 333.51 ~~349.46~~

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

JULY 27, 2013 ICOC MEETING BURLINGAME CA - Business Expense Internet
AUGUST 27-28,2013 ICOC MEETING IN LA JOLLA -MARRIOTT
SEPTEMBER 18 -20, 2013 - GWG MEETING BERKELEY CA Disease Team III

TOLL charges NO Reciept available.
7/24: $6.00 toll 9/20 6.00 toll
7/25: 6.00 toll

(12) NORMAL WORK HOURS [redacted]

(13) PRIVATE VEHICLE LICENSE NUMBER [redacted]

(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 [redacted] ents as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

CLA [redacted] MENT DATE 9/23/13

(17) [redacted] on reverse) DATE