

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Lars Berglund		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION ICOC Board Member - Alternate		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS SAME AS Residence		INDEX NUMBER	
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE	
CITY		STATE		ZIP CODE	

(1) MONTH/YEAR	(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				
July	25	24	Davis, CA								174	98.31		98.31	
	25	24	San Francisco, CA									5.00		5.00	
														0.00	
														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		5.00	174	98.31	0.00	103.31

<b>(10) SUBTOTALS</b>														0.00	0.00	0.00	0.00	0.00	0.00	0.00		5.00	174	98.31	0.00	103.31	
<b>COLUMN CODE (ACCTG. USE ONLY)</b>																											

<b>CLAIM TOTAL</b>													103.31
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<b>(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)</b> Attend ICOC Board Meeting July 25, 2013											<b>(12) NORMAL WORK HOURS</b> [REDACTED]			
											<b>(13) PRIVATE VEHICLE LICENSE NUMBER</b> [REDACTED]			
											<b>(14) MILEAGE RATE CLAIMED</b> .565			

**AGENCY ACCOUNTING OFFICE USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

<b>(15) I HEREBY CERTIFY</b> 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											<b>(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)</b> [REDACTED]			
											DATE 7/30/13			
											DATE 8/13/13			