

See Instructions and *Privacy
 Statement On Reverse Side

CLAIMANT'S NAME Oswald Steward			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT		
POSITION ICOC Member		CB/D No.	DIVISION or BUREAU				INDEX NUMBER	
RESIDENCE ADDRESS * [REDACTED]			HEADQUARTERS ADDRESS Same as Residence				TELEPHONE NUMBER	
CITY		STATE	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., LT., N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT			
07/13	7/25	0530 1900	Burlingame, CA						47.00	T	30.00			77.00	
														0.00	
														0.00	
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														0.00	
(10) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	47.00		30.00	0	0.00	0.00	77.00
COLUMN CODE (ACCTG. USE ONLY)															

CLAIM TOTAL 77.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)
 Attend ICOC meeting. July 25, 2013

 No receipt available for parking. - claimant will not request reimbursement from any other source. Claimant chose to not claim mileage from home to airport and back.

(12) NORMAL WORK HOURS
 [REDACTED]
 (13) PRIVATE VEHICLE OR [REDACTED]
 (14) MILEAGE RATE CLAIMED
 [REDACTED]

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, 0762, 0763 and 0764 pertaining to vehicle safety and seat belt usage.

CLAIMANT SIGNATURE [REDACTED] DATE 8/23/13
 (16) [REDACTED] DATE 9/4/13
 (17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 of reverse) [REDACTED] DATE [REDACTED]