

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page 1 of Pages

CLAIMANT'S NAME Oswald Steward		SSN or EMPLOYEE NUMBER*	DEPARTMENT CIRM
POSITION ICOC Board Member	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS	TELEPHONE NUMBER (415) 396-9113
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE

(1) MONTH/YEAR 07/12	(2) DATE 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		
	7/26 0500 2100	SNA to SFO round trip		2.69		37.11		379.60	A	42.00				440.68 461.40 61.08
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	2.69	0.00	37.11	0.00	379.60		42.00	0	0.00	0.00	440.68 461.40 61.08
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

~~440.68~~
~~461.40~~
61.08

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

Attend ICOC meeting

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED
.555

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.

CLAIMANT SIGNATURE	DATE 9-10-12	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 10/3/12
(17) SIGNATURE OF SUPERVISOR AND TITLE (See Item 17 on reverse)			DATE