STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
JEFF SHEEHY	[redacted]	CIRM

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
ICOC MEMBER		ICOC	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	210 KING STREET	415-396-9100

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	[redacted]		SAN FRANCISCO	CA	94107

(1) MONTH/YEAR AUG/11		(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		
25	8:46 1700	SF TO PALO ALTO						$132.00	T			0		132.00 ~~0~~
												0		0
												0		0
												0		0
												0		0
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												0		0
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												0		0
												0		0
												0		0
(10)		SUBTOTALS	0	0	0	0	0	0		0	0	0	0	132.00

CLAIM TOTAL 132.00 ~~0~~

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

THIS REFLECTS COST OF A TAXI FROM SF TO PALO ALTO (STANFORD) TO ATTEND ICOC MEETING. THE TAXI FARE REFLECTS A $78.25 METER CHARGE WITH A STANDARD-SF CITY AND COUNTY TAXI CODE/ROYAL TAXI COMPANY 50% OUT OF COUNTY SURCHARGE ($39.12) FOR A TOTAL FARE OF $117.37 PLUS A $14.63 TIP.
I'VE ENCLOSED A ROYAL TAXI RECEIPT CARD WITH THEIR PHONE NUMBER IF THE THE SURCHARGE NEEDS CONFIRMATION.
I NOTE THAT LIKE MANY IN SF, WE ARE A ONE CAR FAMILY AND IT FOLLOWS OUR DAUGHTER, WHOSE SCHOOL STARTS AT 9:25 AM.

(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 [redacted] ve met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

C[redacted]	DATE Aug. 29-11	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [redacted]	DATE 9.13.11
(1[redacted]	TITLE (See Item 17 on reverse) [redacted]		DATE