

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6-93c)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME Oswald Steward			SSN or EMPLOYEE NUMBER* [REDACTED]			DEPARTMENT		
POSITION ICOC Member		CB/ID No.	DIVISION or BUREAU				INDEX NUMBER	
RESIDENCE ADDRESS* [REDACTED]			HEADQUARTERS ADDRESS				TELEPHONE NUMBER	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY		STATE		ZIP CODE	

(1) MONTH/YEAR	(2) DATE	(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		
	TIME								MILES	AMOUNT			
8/11													
8/24	0900	Irvine to San Francisco roundtrip			15.02 15.28	33.43 41.52		314.55	RC	40.00			403.00 411.73
8/25	2300	SAN FRANCISCO				35.43 39.73							35.43 39.73
													0.00
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													0.00
(10) SUBTOTALS			0.00	0.00	15.28	81.05	0.00	314.55		40.00	0	0.00	438.43 450.88

COLUMN CODE (ACCTG. USE ONLY)												
CLAIM TOTAL												438.43 450.88

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Attend ICOC and IP/Industry Subcommittee meeting						(12) NORMAL WORK HOURS [REDACTED]					
						(13) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]					
						(14) MILEAGE RATE CLAIMED					
(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.						AGENCY ACCOUNTING OFFICE USE ONLY					
						PAID BY REVOLVING FUND CHECK NUMBER					
CLAIMANT'S SIGNATURE [REDACTED]		DATE 9-2/11		AGENT [REDACTED]		DATE 9.13.11					
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) [REDACTED]						DATE					