STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

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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) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
[redacted]		

(4) MONTH/YEAR 08/13		(6)	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11)	(12)
(5) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
27	11:39	SF TO SAN DIEGO						40.71 ~~44.25~~	T			0.00		40.71 ~~44.25~~
28	7:15 23:52	SAN DIEGO TO SF		22.03		8.00		43.01 ~~44.00~~	T			0.00		73.04 ~~74.03~~
												0.00		0.00
9/4	12:00 3:00	San Francisco						7.90	T			0.00		~~0.00~~ 7.90
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13)		SUBTOTALS	0.00	22.03	0.00	8.00	0.00	96.15 ~~88.25~~		0.00	0.00	0.00	0.00	~~118.28~~ ~~126.18~~ 121.6
COLUMN CODE (ACCTG. USE ONLY)														
		CLAIM TOTAL												~~$126.18~~ ~~$116.28~~ $121.65

113.75

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

TRAVEL TO SAN DIEGO FOR ICOC MEETING, RETURN IMPACTED BY 2.5 HOUR FLIGHT DEPARTURE DELAY.

9/4 meeting at CIRM Headquarters

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) [redacted] 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 [redacted] 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 [redacted] vehicle safety and seat belt usage.

[redacted] DATE 8-30-13

(16) [redacted] DATE 9/4/13

[redacted] E (See Item 17 on reverse) DATE

[redacted]

[redacted]