STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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

(4) MONTH/YEAR: SEPT/12		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) 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		
11	8:00 17:30	SAN FRANCISCO TO OAKLAND AND BACK						$7.80	B			0		7.80
11	8:45	SF TO OAKLAND/FROM BART TO THE CLAREMONT						$10.00	T			0		10.00
12	8:00	SAN FRANCISCO TO OAKLAND						$3.90	B			0		3.90
12	8:45	SF TO OAKLAND/FROM BART TO THE CLAREMONT						$10.00	T			0		10.00
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
												0		0
(13) SUBTOTALS			0	0	0	0	0	0		0	0	0	0	0
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL $31.70

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

ATTEND GRANTS WORKING GROUP AT THE CLAREMONT HOTEL IN OAKLAND

September 11-12, 2012 SPI Review

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 [redacted] to vehicle safety and seat belt usage [redacted]

CL[redacted] DATE 10-15-12 [redacted] DATE 10/16/12

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