STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

# TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

***See Instructions and *Privacy Statement On Reverse Side***



| CLAIMANT'S NAME | SSN or EMPLOYEE NUMBER* | DEPARTMENT |
|---|---|---|
| Oswald Steward | [redacted] | CIRM |

| POSITION | CB/ID No. | DIVISION or BUREAU | INDEX NUMBER |
|---|---|---|---|
| ICOC Board Member | | | |

| RESIDENCE ADDRESS * | HEADQUARTERS ADDRESS | TELEPHONE NUMBER |
|---|---|---|
| | [redacted] | (415) 396-9113 |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|
| [redacted] | | | [redacted] | | |

| (1) MONTH/YEAR 9/12 | | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) | (5) MEALS | | | (6) | (7) TRANSPORTATION | | | | | (8) | (9) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (2) DATE | TIME | | 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 |
| 12 | 08:00 16:00 | Irvine to Sacramento | | 5.25 ✓ | 12.96 ✓ | 36.58 ✓ | | 40.00 ✓ | T | | | | | 94.79 ✓ |
| 13 | | Sacramento to Berkely | | | | ~~49.33~~ 40.52 | | ~~275.56~~ ~~150~~ 110.00 ✓ | RC | | | | | ~~324.89~~ ~~316.08~~ 150.52 |
| 14 | 1600 | OAKLAND TO IRVINE | | | | | | | | 90.00 ✓ | | | | 90.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| | | | | | | | | | | | | | | 0.00 |
| (10) SUBTOTALS | | | 0.00 | 5.25 | 12.96 | 85.91 | 0.00 | 315.56 | | 90.00 | 0 | 0.00 | 0.00 | ~~509.68~~ |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | | | ~~500.87~~ ~~509.68~~ 335.31 |

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

26) Grants Working Group Meeting

(12) NORMAL WORK HOURS

[redacted]

(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.

| C[redacted] | DATE | (1[redacted]ENT | DATE |
|---|---|---|---|
| | 2-13-13 | | 2/25/13 |
| (1[redacted]TLE *(See Item 17 on reverse)* | | | DATE |