STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and *Privacy Statement On Reverse Side

Page 1 of _____ Pages

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Oswald Steward	[redacted]-2843	CIRM

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

RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS		TELEPHONE NUMBER
			837 Health Science Road		(415) 396-9113
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Laguna Beach	CA	92651	Irvine	CA	92697

(1) MONTH/YEAR 09/12		(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
9/5	1200 1700	SNA to SFO						197.60	A	36.00				233.60
9/6	0800 2200	SFO to SNA					15.20			80.00				95.20
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			0.00	0.00	0.00	0.00	15.20	197.60		116.00	0	0.00	0.00	328.80
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL 328.80

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

attend ICOC meeting.
note: no detailed receipt for dinner of 9/6/12.
no alcohol purchased.

(12) NORMAL WORK HOURS: 8-5

(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.

CLAIMANT'S SIGNATURE: Oswald Steward — DATE: 9/10/12

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT: Jonathan Thorsen — DATE: 10/3/12

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE *(See Item 17 on reverse)* — DATE