STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
STD. 262 (5/78)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
POSITION	DIVISION OR BUREAU	INDEX NUMBER
RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE	
	CA	CA

(1) MONTH/YEAR Dec 2010		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAKFAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(D) CARFARE, TOLLS, PARKING	(E) PRIVATE CAR USE MILES	(E) PRIVATE CAR USE AMOUNT		
SUBTOTALS														
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

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

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED
$0.50

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	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▷		▷	

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

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