

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
STD. 262 (5/78)See Instructions and *Privacy
Statement on Reverse Side

Claimant's Name Jordan Doe					SSAN OR EMPLOYEE NUMBER* 123456789				DEPARTMENT Acctg. Services																								
POSITION Student					DIVISION OR BUREAU Administration																												
RESIDENCE ADDRESS* 123 Main St. #4 Fresno, CA 93740					HEADQUARTERS ADDRESS 5150 N Maple				TELEPHONE NUMBER																								
CITY		STATE		ZIP CODE		CITY		STATE		ZIP CODE																							
(1)MONTH/YEAR 06/25		(3)		(4)		(5) MEALS		(6)		TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY																		
(2)		LOCATION WHERE EXPENSES WERE INCURRED		LODGING		BREAK-FAST		LUNCH		O.T., L/T N/C, RELO OR DINNER		INCIDENT - TALS				(A)		(B)		(D)		(E) PRIVATE CAR USE											
Date																Time		COST OF TRANS.		TYPE USED		CARFARE, TOLLS, PARKING		MILES		AMOUNT							
6/1/25				Chico, CA		186.00						51.00				175.00		CR		15.00				285.00		712.00							
6/2/25						186.00						68.00				35.00		F		15.00						304.00							
6/3/25						186.00						68.00								15.00						269.00							
6/4/25						186.00						68.00								15.00						269.00							
6/5/25												51.00				69.00		F								120.00							
SUBTOTALS						0.00 744.00		0.00		0.00		0.00		0.00		0.00				0.00 60.00		0.00		0.00		0.00 285.00		0.00 1674.00					
COLUMN CODE (ACCTG. USE ONLY)																																	
Amount 1500.00				Account 606001				Fund 46321				Department 12345				Program				Class SP025				Project IRA123									
CLAIM TOTAL																																	
(12) NORMAL WORK HOURS																																	
(13) PRIVATE VEHICLE LICENSE NUMBER																																	
(14) MILEAGE RATE CLAIMED 0.58																																	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Student was invited to present a poster at CSU Chico.																<div style="border: 2px solid black; padding: 5px; text-align: center;">AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER</div>																	
(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 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 (Student's signature)								DATE		SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT (Reports to)								DATE															
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse) Dean/Director																VP/Provost if applicable								DATE									

Other signatures if applicable