STATE OF CALIFORNIA TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement on Reverse Side

STD. 262 (5/78	3)					Statemen	t on Keverse	Siae								
Claimant's Name								SSAN OR EMPLOYEE NUMBER*						EPARTMENT		
•																
POSITION								DIVISION OR BUREAU								
RESIDENCE ADDRESS*								HEADQUARTERS ADDRESS						TELEPHONE NUMBER		
CITY STATE ZIP CODE							CITY	Y STATE				ZIP CODE				
(1)MONTH/YEAR		(3)	(4)	(5) MEALS			(6)		TF	RANSPORTA						
(2) Date Time		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T N/C, RELO OR DINNER	INCIDEN - TALS	(A) COST OF TRANS.	(B) TYPE USED	(D)	(E)		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY		
										CARFARE, TOLLS,						
Date	Time					Dividit		TRANS.	USLD	PARKING	MILES	AMOUNT				
SUBTOTAL	S															
			0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00		
COLUMN CODE (ACCTG. USE ONLY)																
1	Amount	0.00	nt	Fund		Department		Program			Class		Project			
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) (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.														6 FUND		
CLAIMA				DATE			SIGNATURE OF OFFICER APPROVING T PAYMENT				RAVEL AND DATE					
(17) SPEC	TAL EXPI	ENSE AUTHORIZATIO	ON - SIGNAT	URE and TIT	LE (See it	tem 17 on re	everse)						DATE			