STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

Page ____ of ____ Pages

CLAIMANT'S NAME			SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION		CBID No.	DIVISION or BUREAU			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE
(1) NORMAL WORK HOURS			(2) PRIVATE VEHICLE LICENSE NUMBER		(3) MILEAGE RATE CLAIMED	

(4) MONTH/YEAR (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			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)

CLAIM TOTAL $0.00

NO TRAVEL TO REPORT

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

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