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 |
|---|---|---|
| Mary S. Fernandez | | |

| POSITION | CBID No | DIVISION or BUREAU | INDEX NUMBER |
|---|---|---|---|
| Undersecretary, Admin. | | | |

| 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 9/09 (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 |
| | | | | | | | | | | | | 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) | | | | | | | | | | | | | | |

NO TRAVEL TO REPORT

CLAIM TOTAL $0.00

(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 in 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