

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
 Statement On Reverse Side

STD. 262 (REV. 7/2005)

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CLAIMANT'S NAME Maria Bonneville		SSN or EMPLOYEE NUMBER [REDACTED]		DEPARTMENT	
POSITION Executive Director		CB/ID No.	DIVISION or BUREAU CIRM		INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 1999 Harrsion Street, 1650			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	Oakland	CA	94612

(1) MONTH/YEAR	(2) DATE	(2) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
					BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT				
July	20	8:00	OAK/SAN						56.35 61.25	T		9	4.96 5.08	61.21 66.33	
	21	8:00	SAN/OAK		17.61	20.07			13.46 12.36	T	34.00	26	13.82	98.86 98.86	
														0.00	
														0.00	
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(10) SUBTOTALS				0.00	17.61	20.07	0.00	0.00	69.81 74.61		34.00	35	18.68 18.90	0.00	160.17 165.19
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL													160.17 165.19		

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

Travel for San Diego for ICOC/Application Subcommittee Meeting

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

.54

**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

[Handwritten signatures and dates: Maria Bonneville 8.6.16, Jonathan Thera 8/9/16]