TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy Statement On Reverse Side

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Cecilia Silva-Martin	▮▮▮	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
Director of Finance		▮▮▮	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	1999 Harrison	(510) 340-9154

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
▮▮▮			Oakland	CA	94612

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED
▮▮▮	▮▮▮	0.540

(4) MONTH/YEAR 12/16 (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	(40) 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
12/1		Public Transit						325.00				0.00		325.00
12/21		To DGS								3.00	32.00	17.28		20.28
												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	325.00		3.00	32.00	17.28	0.00	345.28

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL — $345.28

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

December 2016 Public Transit
12/21 DGS - review year-end financial statements

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 ... ve 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		YMENT	DATE
▮▮▮	12/29/16	▮▮▮	▮▮▮	12/29/16

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) | | DATE