

STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION  
**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

*See Instructions and \*Privacy  
 Statement On Reverse Side*

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CLAIMANT'S NAME <b>Jonathan Thomas</b>		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION <b>Chariman</b>		CB/ID No.		DIVISION or BUREAU <b>CIRM</b>	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS [REDACTED]		TELEPHONE NUMBER	
CITY STATE ZIP CODE [REDACTED]		CITY STATE ZIP CODE [REDACTED]			

(1) MONTH/YEAR Oct 16	(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				
	10/21	7:00	LAX/JFK				12.72		19.78	T				32.50
	10/22		NY	251.82										251.82
	10/23		NY			6.04	27.85							33.89
	10/24	10:00	JFK/SFO				39.34		161.23	T				200.57
<b>SUBTOTALS</b>				251.82	0.00	6.04	79.91	0.00	181.01		0.00	0	0.00	518.78
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														
<b>CLAIM TOTAL</b>													518.78	

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

10/21- 10/24 - Travel to NYC for ATP 3 Meetings  
 No Mileage Claimed

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.54

<b>AGENCY ACCOUNTING OFFICE          USE ONLY</b>
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 equal to or greater than the rate claimed, and that I have met the requirements as prescribed

[REDACTED]	DATE 11/2/16	[REDACTED]	DATE 11/2/16
TITLE (See Item 17 of reverse)		DATE	

2016 CD02