STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM - FY 16/17 Trips

See Instructions and *Privacy Statement on Reverse Side

STD. 262 (REV. 7/2005)

CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
	N/A	

POSITION	CB/ID No.	DIVISION or BUREAU	PCA
		FSTI Grant: 2006-0102	

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER

CITY	STATE	ZIP	CITY	STATE	ZIP

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDEN-TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
(10)		SUBTOTALS												-
COLUMN CODE (ACCTG. USE ONLY)														
		CLAIM TOTAL												-

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

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

$0.545

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