

STATE OF CALIFORNIA		See Instructions and *Privacy Statement On Reverse Side		Page 1 of 1 Pages										
TRAVEL EXPENSE CLAIM														
STD. 262 (REV. 10/92)														
CLAIMANT'S NAME Benjamin Teigh		SSAN OR EMPLOYEE NUMBER* 123-45-6789		DEPARTMENT CDF										
POSITION Fire Apparatus Engineer		CB/ID NUMBER R08		DIVISION OR BUREAU Nipomo Fire Station										
RESIDENCE ADDRESS* 125 N. Thompson Ave.		HEADQUARTERS ADDRESS 450 Pioneer Street		INDEX NUMBER 3400										
CITY Nipomo		STATE CA		ZIP CODE 93444										
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(1) MONTH/YEAR AUG 2007	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST LUNCH		(6) INCIDENTALS	(7) TRANSPORTATION (A) COST OF TRANS. (B) TYPE USED (C) CARFARE, TOLLS, PARKING (D) PRIVATE CAR USE MILES AMOUNT				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY			
(2) DATE TIME														
1	1400	Nipomo to lone				\$18.00					310	\$150.35		\$168.35
2		lone					\$6.00					\$0.00		\$6.00
3		lone					\$6.00					\$0.00		\$6.00
4		lone					\$6.00					\$0.00		\$6.00
5		lone					\$6.00					\$0.00		\$6.00
6	2200	and return				\$18.00	\$6.00				310	\$150.35		\$174.35
8	1400	Nipomo to lone				\$18.00						\$0.00		\$18.00
9		lone					\$6.00					\$0.00		\$6.00
10		lone					\$6.00					\$0.00		\$6.00
11		lone					\$6.00					\$0.00		\$6.00
12		lone					\$6.00					\$0.00		\$6.00
13	2200	and return				\$18.00	\$6.00					\$0.00		\$24.00
		Attended Leadership Fundamentals course at CDF Fire Academy										\$0.00	\$0.00	
												\$0.00		\$0.00
												\$0.00		\$0.00
												\$0.00		\$0.00
(10)	SUBTOTALS		\$0.00	\$0.00	\$0.00	\$72.00	\$60.00	0	\$0.00	620.00	\$300.70	\$0.00	\$432.70	
CLAIM TOTAL												\$432.70		
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(12) NORMAL WORK HOURS			
											(13) PRIVATE VEHICLE LICENSE NO. 5ABC123			
											(14) MILEAGE RATE 0.485			
											AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING 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 Section 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.														
CLAIMANT'S SIGNATURE <i>[employee's signature]</i>					DATE <i>[date signed]</i>		(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <i>[supervisor (BC or higher) signature]</i>					DATE <i>[date signed]</i>		
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES <i>(See Item 17 on reverse)</i>											DATE			