

<b>STATE OF CALIFORNIA</b>														
<b>TRAVEL EXPENSE CLAIM</b>														
STD. 262 (REV. 10/92)										See Instructions and *Privacy Statement On Reverse Side				
										Page 1 of 1 Pages				
CLAIMANT'S NAME <b>BEN E. HILL</b>						SSAN OR EMPLOYEE NUMBER* <b>123-45-6789</b>			DEPARTMENT <b>FORESTRY AND FIRE PROTECTION</b>					
POSITION <b>FIRE CAPTAIN</b>				CB/ID NUMBER <b>RO#8</b>		DIVISION OR BUREAU <b>PARKHILL FIRE STATION</b>				INDEX NUMBER <b>3400</b>				
RESIDENCE ADDRESS* <b>1234 HOGSFATHER LANE (Paso Robles 93446)</b>						HEADQUARTERS ADDRESS <b>6140 PARKHILL RD</b>				TELEPHONE NUMBER <b>(805) 438-5426</b>				
CITY <b>SANTA MARGARITA</b>		STATE <b>CA</b>		ZIP CODE <b>93454</b>		CITY <b>SANTA MARGARITA</b>		STATE <b>CA</b>		ZIP CODE <b>93454</b>				
(1) MONTH/YEAR <b>May 2008</b>	(3) <b>LOCATION</b> WHERE EXPENSES WERE INCURRED		(4) <b>LODGING</b>	(5) <b>MEALS</b> BREAK-FAST LUNCH		(6) <b>INCIDENTALS</b> OT., LT N/C. RELO. OR DINNER	(7) <b>TRANSPORTATION</b> (A) COST OF TRANS. (B) TYPE USED (C) CARFARE, TOLLS, PARKING (D) PRIVATE CAR USE MILES AMOUNT				(8) <b>BUSINESS EXPENSE</b>	(9) <b>TOTAL EXPENSES FOR DAY</b>		
(2) DATE <b>24</b>	TIME <b>0400</b>	<b>Riverside</b>						<b>SC</b>						
<b>25</b>		"	<b>\$6.00</b>									<b>\$12.00</b>		
<b>26</b>		"										<b>\$6.00</b>		
<b>27</b>		"										<b>\$6.00</b>		
<b>28</b>		"										<b>\$6.00</b>		
<b>29</b>		<b>Plumas Nat'l Forest</b>						<b>SC</b>				<b>\$6.00</b>		
<b>30</b>		"										<b>\$6.00</b>		
June <b>1</b>		<b>Lompoc</b>	<b>\$6.00</b>	<b>\$10.00</b>				<b>SC</b>				<b>\$22.00</b>		
<b>2</b>		"										<b>\$6.00</b>		
<b>3</b>	<b>2200</b>	"				<b>\$18.00</b>	<b>\$6.00</b>	<b>SC</b>				<b>\$24.00</b>		
<b>ASSIGNED AS CACHE DEMOB. SPECIALIST ON INCIDENT CARRU 001000</b>														
<b>REASSIGNED ON 05/29 AS FIELD OBSERVER ON INCIDENT CAPNF 004554</b>														
<b>REASSIGNED ON 05/31 AS PART OF STRIKE TEAM 9340-C ON INCIDENT CASBC 009988</b>														
<b>SOME MEALS NOT PROVIDED BY INCIDENTS.</b>														
<b>SUBTOTALS</b>			<b>\$12.00</b>	<b>\$10.00</b>	<b>\$0.00</b>	<b>\$18.00</b>	<b>\$54.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$94.00</b>	
<b>COLUMN CODE (ACCTG. USE ONLY)</b>														
<b>CLAIM TOTAL</b>											<b>\$94.00</b>			
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										(12) NORMAL WORK HOURS				
<b>07</b>	<b>3100</b>	<b>292</b>	<b>00900</b>	<b>\$24.00</b>	<b>CARRU 010000</b>							(13) PRIVATE VEHICLE LICENSE NO.		
<b>07</b>	<b>2153</b>	<b>292</b>	<b>00900</b>	<b>\$12.00</b>	<b>CAPNF 004554</b>							(14) MILEAGE RATE		
<b>07</b>	<b>3012</b>	<b>292</b>	<b>00903</b>	<b>\$18.00</b>	<b>CASBC 009988</b>							<b>0.505</b>	<b>AGENCY ACCOUNTING OFFICE USE ONLY</b>	
										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 <b>Ben E. Hill</b>				DATE <i>[date signed]</i>	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <b>Big Cheese</b>				DATE <i>[date signed]</i>					
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES										(See Item 17 on reverse)		DATE		