STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

*See Instructions and *Privacy Statement On Reverse Side*

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Benjamin Teigh	123-45-6789	CDF

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Fire Apparatus Engineer	R08	Nipomo Fire Station	3400

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
125 N. Thompson Ave.	450 Pioneer Street	805 929-3911

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Nipomo	CA	93444	Nipomo	CA	93444

(1) MONTH/YEAR JAN 2007		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	OT., 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
14	1400	Nipomo to San Bernardino				$18.00					246	$119.31		$137.31
15		San Bernardino		$6.00	$10.00	$18.00	$6.00					$0.00		$40.00
16		San Bernardino		$6.00	$10.00	$18.00	$6.00					$0.00		$40.00
17		San Bernardino		$6.00	$10.00	$18.00	$6.00					$0.00		$40.00
18		San Bernardino		$6.00	$10.00	$18.00	$6.00					$0.00		$40.00
19	2200	and return		$6.00	$10.00	$18.00	$6.00				246	$119.31		$159.31
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
												$0.00		$0.00
		Attended Leadership Fundamentals course at San Bernardino Training Center										$0.00		$0.00
												$0.00		$0.00
														$0.00
														$0.00
														$0.00
(10)		SUBTOTALS	$0.00	$30.00	$50.00	$108.00	$30.00	0		$0.00	492.00	$238.62	$0.00	$456.62
		COLUMN CODE (ACCTG. USE ONLY)												
		CLAIM TOTAL												$456.62

Sample

(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	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
[employee's signature]	*[date signed]*	*[supervisor (BC or higher) signature]*	*[date signed]*

(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES *(See Item 17 on reverse)* — DATE