TATE OF CALIFORNIA

# TRAVEL EXPENSE CLAIM

TD. 262 A (REV. 10/92)

*See Instructions and *Privacy Statement on Reverse Side*



| | | | |
|---|---|---|---|
| LAIMANT'S NAME: Villiam H. Wade II | | SS# OR EMPLOYEE NUMBER* | DEPARTMENT: Military |
| OSITION: The Adjutant General | CB/ID NUMBER: Non-Rep | DIVISION OR BUREAU: Command Section | INDEX NUMBER: 1101 |
| ESIDENCE ADDRESS* | | HEADQUARTERS ADDRESS: 9800 Goethe Road | TELEPHONE NUMBER: 916-854-3500 |
| ITY / STATE / ZIP CODE | | CITY: Sacramento | STATE: CA / ZIP CODE: 95827 |

| ) MONTH/YEAR: pr/2009 | | (3) LOCATION WHERE EXPENSES WHERE INCURED | (4) LODGING | (5) MEALS: BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO OR DINNER | (6) INCIDEN-TALS | (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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ATE | TIME | | | | | | | | | | | | | |
| 4/7 | 0800 2400 | HOR to Mather Air Field to China Lake | 45.00 | | 10.00 | 18.00 | | | Mil Air | | | | | 73.00 |
| 4/8 | 0001 1500 | China Lake to Mather Air Field to HOR | | 6.00 | 10.00 | | | | Mil Air | | | | | 16.00 |
| | | *Pupose: DSCA/State Emergency Site Visit* | | | | | | | | | | | | |
| /24 | 1300 2400 | JFHQ to Mather Air Field to Camp Roberts, CA | 30.00 | | | 18.00 | | | Mil Air | | | | | 48.00 |
| /25 | 0001 1100 | Camp Roberts, CA to Mather Air Field to HOR | | 6.00 | | | | | Mil Air | | | | | 6.00 |
| | | *Purpose: Attend (ANZAC) Commemoration* | | | | | | | | | | | | |
| ) SUBTOTALS | | | 75.00 | 12.00 | 20.00 | 36.00 | | | | | | | | 143.00 |
| CLAIM TOTAL | | | | | | | | | | | | | $ | 143.00 |

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

| NORMAL WORKING HOURS: on - Fri 0800 - 1630 | PCA | PROJECT | WORK PHASE | OBJ AO | AMOUNT | OBJ AO | AMOUNT | OBJ AO | AMOUNT | OBJ AO | AMOUNT | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PRIVATE VEHICLE LICENSE No. | | | | | | | | | | | | |
| MILEAGE RATE CLAIMED $0.550 | | | | | | | | | | | | |
| GENCY ACCOUNTING OFFICE USE ONLY | | | | | | | | | | | | |
| 'AID BY REV. FUND CHECK No. | | | | | | | | | | | | |
| | | TOTALS | | | | | | | | | | |

I HE[illegible] that the above [illegible] 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 [illegible] maximum rate, I ce[illegible] cost or [illegible] 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 [illegible] ng to vehi[illegible] it b[illegible]

AIMANT'S SIGNATURE — DATE: 28 Apr 09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT — DATE

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

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