STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

# TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

***See Instructions and *Privacy Statement On Reverse Side***

Page _____ of _____ Pages

| CLAIMANT'S NAME | | | SSN or EMPLOYEE NUMBER* | DEPARTMENT | |
|---|---|---|---|---|---|
| POSITION | CB/ID No. | | DIVISION or BUREAU | | INDEX NUMBER |
| RESIDENCE ADDRESS * | | | HEADQUARTERS ADDRESS | | TELEPHONE NUMBER |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |

| (1) NORMAL WORK HOURS | (2) PRIVATE VEHICLE LICENSE NUMBER | (3) MILEAGE RATE CLAIMED |
|---|---|---|
| | | |

| (4) MONTH/YEAR (5) DATE | TIME | (6) LOCATION WHERE EXPENSES WERE INCURRED | (7) LODGING | (8) MEALS BREAK-FAST | LUNCH | O.T., L/T, N/C, RELO. OR DINNER | (9) INCIDEN-TALS | (10) TRANSPORTATION (A) COST OF TRANS. | (B) TYPE USED | (C) CARFARE, TOLLS, PARKING | (D) PRIVATE CAR USE MILES | AMOUNT | (11) BUSINESS EXPENSE | (12) TOTAL EXPENSES FOR DAY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| (13) **SUBTOTALS** | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **COLUMN CODE (ACCTG. USE ONLY)** | | | | | | | | | | | | | | |

**NO TRAVEL TO REPORT**

**CLAIM TOTAL** $0.00

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

**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