STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/00)

See Instructions and Privacy Statement On Reverse Side

Page ___ of ___ Pages

CLAIMANT'S NAME: DONALD KOCH

SSN or EMPLOYEE NUMBER:

DEPARTMENT:

POSITION: DIRECTOR

CBID No.:

DIVISION or BUREAU: DEPARTMENT OF FISH & GAME

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 June 09 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAKFAST	LUNCH	O.T., LT. INC. RELO OR DINNER	INCIDENTALS	(9) (A) COST OF TRANS	(B) TYPE USED	(10) TRANSPORTATION (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
												0.00		0.00
(14) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00

NO TRAVEL TO REPORT

COLUMN CODE (ACCTG. USE ONLY)

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 rate exceed the maximum 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: