

STATE OF CALIFORNIA  
**TRAVEL EXPENSE CLAIM**  
 STD. 262 (5/78)

*See Instructions and \*Privacy Statement on Reverse Side*

Claimant's Name <input style="width:95%;" type="text"/>			SSAN OR EMPLOYEE NUMBER* <input style="width:25%;" type="text"/>	DEPARTMENT <input style="width:18%;" type="text"/>	
POSITION <input style="width:95%;" type="text"/>			DIVISION OR BUREAU <input style="width:55%;" type="text"/>		
RESIDENCE ADDRESS* <input style="width:95%;" type="text"/>			HEADQUARTERS ADDRESS <input style="width:40%;" type="text"/>	TELEPHONE NUMBER <input style="width:10%;" type="text"/>	
CITY <input style="width:30%;" type="text"/>	STATE <input style="width:10%;" type="text"/>	ZIP CODE <input style="width:15%;" type="text"/>	CITY <input style="width:30%;" type="text"/>	STATE <input style="width:10%;" type="text"/>	ZIP CODE <input style="width:15%;" type="text"/>

(2) Date	Time	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY		
				BREAK-FAST	LUNCH	O.T., LT N/C, RELO OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(D) CARFARE, TOLLS, PARKING	(E) PRIVATE CAR USE					
										MILES	AMOUNT					
SUBTOTALS																
<b>COLUMN CODE (ACCTG. USE ONLY)</b>																
Amount	Account	Fund	Department	Program	Class	Project										
<input style="width:98%;" type="text"/>																

CLAIM TOTAL

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED  
 0.67

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

(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 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.

**AGENCY ACCOUNTING OFFICE  
 USE ONLY**  
 PAID BY REVOLVING FUND  
 CHECK NUMBER

CLAIMANT'S SIGNATURE	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse)			DATE

# Travel Expense Claim