

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

See Instructions and *Privacy
 Statement on Reverse Side

Claimant's Name John Doe	SSAN OR EMPLOYEE NUMBER* 12345678	DEPARTMENT Academic Affairs
POSITION Student	DIVISION OR BUREAU Academic Affairs	
RESIDENCE ADDRESS* 12345 ABC Way Fresno, CA 93740	HEADQUARTERS ADDRESS	TELEPHONE NUMBER 559-123-4567
CITY STATE ZIP CODE	CITY STATE ZIP CODE	

(1) MONTH/YEAR	(2)	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) 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				
Date	Time										MILES	AMOUNT			
01/05/2024														120.00	120
02/07/2024		Phoenix, AZ	212.72												212.72
02/08/2024		Phoenix, AZ	212.72												212.72
															0
															0
															0
															0
															0
															0
															0
															0
															0
															0
															0
															0
															0
															0
															0
															0
SUBTOTALS			425.44					0		0		0		120	545.44

COLUMN CODE (ACCTG. USE ONLY)							
Amount	Account	Fund	Department	Program	Class	Project	
545.44	606001	00000	12345		41234		

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



ABC Inn

Bill From

Name: ABC Inn
 Company Name: _____
 Street Address: 123 ABC ST
 City, ST ZIP Code: Phoenix, AZ 85004
 Phone: 222-333-4567

Bill To

Name: John Doe
 Company Name: Fresno State
 Street Address: 12345 ABC Way
 City, ST ZIP Code: Fresno, CA 93740
 Phone: 559-123-4567

Invoice No. 98765

Invoice Date: 02/09/2024

Room: 212

Date	Description	Price per Night	Other Charges Parking, Bar, Etc.	Total (\$)
02/07/2024	Guest Room	179.99		
02/07/2024	Sales Rm Tax	24.86		
02/07/2024	City Tax	7.87		212.72
02/08/2024	Guest Room	179.99		
02/08/2024	Sales Rm Tax	24.86		
02/08/2024	City Tax	7.87		212.72

Subtotal 425.44

Payment 425.44

Other 0.00

Total Due 0.00

Balance has been paid in full.
 Thank you for your business.

Terms and Conditions



ABC Conference

ITEM	Price	Quantity	Total
Registration Fee	\$120.00	1	\$120.00

Early Bird Registration

Pain in full via visa ending in ****0000 on 01/05/2024