TRAVEL EXPENSE CLAIM

STD 262 (REV 10/92)

See Instructions and Privacy Statement on Reverse Side

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER	DEPARTMENT
John Cruz		

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Appointments Secretary			

RESIDENCE ADDRESS	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	1350 Front Street, Suite 6054	

CITY	STATE	ZIP	CITY	STATE	ZIP
			San Diego	California	92101

MONTH/YEAR 5/10		LOCATION		MEALS				TRANSPORTATION						
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES	PRIVATE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
5.5.10	7:00 AM	OC to SAC	134.93		5.91	7.61		164.70		36.96		0.00		350.11
5.6.10	8:00 PM	SAC to OC					6.00	164.70		69.80		0.00		240.50
												0.00		0.00
5.11.10	9:00 AM	OC to SAC	134.93		6.79			164.70		37.03		0.00		343.45
5.12.10		SAC	134.93				6.00					0.00		140.93
5.13.10	7:00 PM	SAC to OC					6.00	164.70		85.00		0.00		255.70
												0.00		0.00
3.30.10		Membership dues										0.00	100.00	100.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			404.79	0.00	12.70	7.61	18.00	658.80	0.00	228.79	0	0.00	100.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													133069	~~$1,430.69~~

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

5.5.10 - 5.6.10 = Appointments Sign Time with GAS, meetings with potential appointees and staff.

5.11.10 - 5.13.10 = Meeting with GAS, meetings with staff and appointment candidates.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

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 exceeds the minimum rate, I certify the cost of the 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 sa' nd seat belt usage

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241038

CLAIMANT	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
	5/18/10		5/19/10
SIGNATURE TITLE OF AUTHORITY FOR SPECIAL			DATE