

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
 STD. 262 (REV. 6/93)

See Instructions and Travel Regulations at: <http://admnacct.csusb.edu/travel.htm>

Privacy Statement at website address: <http://admnacct.csusb.edu/forms.htm/privacy.doc>

Page ____ of ____ Pages

CLAIMANT'S NAME			DEPARTMENT		
POSITION		CB/ID NUMBER	DIVISION OR BUREAU		INDEX NUMBER
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS		TELEPHONE / E - MAIL
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAKFAST	LUNCH	DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR		
					MILES	AMOUNT							
(10) SUBTOTALS													
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL													

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)							(12) NORMAL WORK HOURS						
							(13) PRIVATE VEHICLE LICENSE NUMBER						
							(14) MILEAGE CLAIMED						
							AGENCY ACCOUNTING OFFICE USE ONLY						
							PAID BY REVOLVING FUND CHECK NUMBER						
<p>(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, 0753, and 0754 pertaining to vehicle safety and seat belt usage.</p>													
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	
➤													