

TRAVEL EXPENSE CLAIM as of 1/1/2026

STD. 262 A (REV. 9/2007)

CLAIMANT'S NAME
Sandy Pacific

(3) MILEAGE RATE CLAIMED

0.725

(4) MONTH/YEAR May 2026		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(10)				(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	DINNER	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE	
		MILES	AMOUNT								
5/20	8a-1p	Office to Main Beach and back						10.00	20	14.50	24.50
5/27	9a-11a	Office to Oak School and back						120.00		0.00	120.00
										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
(13) SUBTOTALS			0.00	0.00	0.00	0.00		130.00	20	14.50	144.50

CLAIM TOTAL **\$ 144.50**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts for non-mileage expenses)
 Beach cleanup at Main Beach using company car, \$10 parking fee. Program at Oak School with rental car and gas purchase.
 Receipts attached for parking fee, rental car, and gas.

AGENCY ACCOUNTING OFFICE USE ONLY	Title	FI\$Cal Program Code	FI\$Cal Account Code	Amount	FI\$Cal Account Code	Amount	FI\$Cal Account Code	Amount	TOTAL
	PAID BY REVOLVING FUND CHECK No.	select one							
select one									-
select one									-
select one									-
select one									-
TOTALS				-		-		-	\$ -

(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, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seatbelt usage.

CLAIMANT'S SIGNATURE (GRANTEE) Sandy Pacific	DATE 6/1/26	(16) SIGNATURE OF CCC OFFICER APPROVING TRAVEL AND PAYMENT	DATE
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