STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 (Rev. SDSU 7-08) **Page** | **of**

Claimant's Name	**Position**	**Department**	**Mail Code**

	Headquarters Address	**Phone Number**
	SDSU 5500 Campanile Dr San Diego, CA 92182	
Note: All travel checks are mailed to the home address in HR PPSoft.	**Purpose of Trip**	

EXPENSES

Date / Description			*Hotel*	*Meals*				*Transportation*					*Other*	*Totals*
Date	Time	Location	Lodging	Break-fast	Lunch	OT IT NC Relo Dinner	Inciden-tals	Trans-portation Cost	Trans Type	Taxi Toll Parking	$.585 / Mile *for* Private Car Miles	$.585 / Mile *for* Private Car Amount	Special Business Expense	Expenses Per Day
Subtotals														

ADVANCES

Date / Description			*Hotel*	*Meals*				*Transportation*					*Other*	*Totals*
Subtotals														
Claim Total				***Expense***				***less Advance***				***Claim Amount***		

Purpose of trip, remarks and details (Attach receipts/vouchers and additional information on separate sheets, if necessary)

I here by certify that the above is a true statement of the travel expenses incurred by me in accordance with I Here by 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 seat belt usage.

Claimant's Signature	Date	**Signature of Officer approving payment**	Date
Preparer (Please print)	Date	**Telephone**	
Signature and title of authority for special expenses			Date