STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

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CLAIMANT'S NAME: Joan M. Borucki		SSN or EMPLOYEE NUMBER*	DEPARTMENT: California State Lottery
POSITION: Director	CB/ID No.: E99	DIVISION or BUREAU: Executive	INDEX NUMBER: 1100
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS: 600 North 10th Street	TELEPHONE NUMBER: (916) 323-0403
CITY	STATE / ZIP CODE	CITY: Sacramento	STATE: CA / ZIP CODE: 95811
(1) NORMAL WORK HOURS: 0800-1700		(2) PRIVATE VEHICLE LICENSE NUMBER	(3) MILEAGE RATE CLAIMED: 0.550

(4) MONTH/YEAR 04/09 (5) DATE	TIME	(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(9) INCIDEN-TALS	(10) TRANSPORTATION (A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
04/06	0600	Sacramento - San Francisco - Washington D.C.	262.20	6.00	10.00	18.00		551.20	T		100.00	55.00		902.40
04/07			262.20	6.00	10.00	18.00	6.00					0.00	6.50	308.70
04/08		Personal										0.00		0.00
04/09		Personal										0.00		0.00
04/10	1500	Washington D.C. - San Francisco - Sacramento		6.00	10.00		6.00	72.00	T	36.00	100.00	55.00		185.00
												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			524.40	18.00	30.00	36.00	12.00	623.20		36.00	200.00	110.00	6.50	1,396.10

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $1,396.10

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

Meeting w/ Camelot Global
04/06 - Transportation includes airfare and cab fare
**Flight was over $1,000 less leaving from San Francisco

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(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 seat belt usage.

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