STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

*See Instructions and *Privacy Statement On Reverse Side*

Page _____ of _____ Pages

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 05/09 (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
05/26	1500	Sacramento - Fresno	94.17			18.00			pc		173.00	95.15		207.32
05/27	1400	Fresno - Sacramento		6.00	10.00				pc	4.00	182.00	100.10	6.50	126.60
												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	94.17	6.00	10.00	18.00	0.00	0.00		4.00	355.00	195.25	6.50	333.92

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $333.92

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

Meeting w/ Fresno County Sheriff

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

STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and "Privacy Statement On Reverse Side

Page _____ of _____ Pages

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 05/09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAKFAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	(D) PRIVATE CAR USE AMOUNT		
05/29	0530	Sacramento - Orange County	140.30	6.00	10.00			45.00	pc		29.00	15.95		217.25
05/30	1100	Orange County - Sacramento		6.00			6.00	45.00	pc	18.00	29.00	15.95		90.95
												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	140.30	12.00	10.00	0.00	6.00	90.00		18.00	58.00	31.90	0.00	308.20

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $308.20

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

Attended the Distinguished Schools Awards Ceremony - Disneyland Hotel

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