STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD. 262 (REV 10/92)

CLAIMANT'S NAME: Will Bush		SSAN OR EMPLOYEE NUMBER*: on file	DEPARTMENT: Department of General Services
POSITION: Director	CB/ID NUMBER: Exempt	DIVISION OR BUREAU: Executive Division	INDEX NUMBER:
RESIDENCE ADDRESS: on file		HEADQUARTERS ADRESS: 707 Third Street, 8th Floor	TELEPHONE NUMBER: on file
CITY: on file	STATE:	ZIP CODE:	CITY: West Sacramento
STATE: CA	ZIP CODE: 95605		

(1) MONTH/YEAR: Nov 08 - Feb 09

(1) DATE	(3) TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAK-FAST	MEALS: LUNCH	MEALS: O.T., L/T, N/C, RELO, OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED SC / PC	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	(D) PRIVATE CAR USE: AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
6-Nov	1430 1530	Sacramento								10.00				10.00
19-Feb	0900 1330	Sacramento								22.50				22.50
23-Feb	1130 1330	Sacramento								1.50				1.50
23-Feb	1530 1630	Sacramento								4.50				4.50
SUBTOTALS										38.50				38.50

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $38.50

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

11/6/08 - Meeting with Office of the Chief Information Office (OCIO)
2/19/08 - Meetings - OCIO and Enterprise Leadership Council
2/23/09 - Meetings - Capitol Area Development Authority (CADA) and OCIO

(12) NORMAL WORK HOURS: 8:00am to 5:00pm

(13) PRIVATE VEHICLE LICENSE NUMBER: on file

(14) MILEAGE RATE CLAIMED: 55 cents

AGENCY ACCOUNTING OFFICE USE ONLY

PAID 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 the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Section ... usage.

CLAIMANT'S SIG: REDACTED DATE: 3/16/09

(16) SIG: REDACTED DATE: 3-23-09

(See Item 17 on reverse)

(17) SIGNATURE AND TITLE OF AUTHORITY FOR OFFICIAL EXPENSES

DATE

WB 709

OCIO mtg ✓
2/19

AMPCO SYSTEM PARKING
900 13TH STREET
SACRAMENTO CA

Rcpt#411464
02/19/09 12:36 L# 1 A# 38 Txn# 26938
02/19/09 08:01 In 02/19/09 12:36 Out
Tkt# 968376

regular pkrs	$	18.00
Total Fee	$	18.00
CASH PAID	$	18.00-
Cash Tender	$	18.00
Change Due	$	0.00

THANK YOU

Leadership Council mtg.

CENTRAL PARKING SYSTEMS
501 1ST
SACRAMENTO, CA
(916) 441-1074
Rcpt# 1405
02/19/09 13:28 L# 3 A# 3 Txn# 3064
02/19/09 12:40 In 02/19/09 13:28 Out
Tkt# 132072

MAIN	$	4.50
Total Fee	$	4.50
CASH PAID	$	4.50
Cash Tender	$	5.00
Change Due	$	0.50

THANK YOU

CADA lunch mtg
2/23

Wells Fargo Center
400 Capitol Mall
Sacramento, CA. 95814

...ter Number:		1
		Sunny ID #4
...ion Number:		121382
		02/23/09 11:32
		02/23/09 13:34
37230		Dispenser #4
		Area 1
Fee:		$10.50
...lo 2 Hour	(1)	-$9.00
		$1.50
...e:		$1.50
		$5.00
		$3.50

Ampco System Parking
443.0891

OCIO mtg.
2/23

AMPCO SYSTEM PARKING
900 13TH STREET
SACRAMENTO CA

Rcpt#411842
02/23/09 16:24 - L# 1 A# 4 Txn# 28481
02/23/09 15:30 In 02/23/09 16:24 Out
Tkt# 558362

regular pkrs	$	4.50
Total Fee	$	4.50
CASH PAID	$	4.50-
Cash Tender	$	4.50
Change Due	$	0.00

THANK YOU

11/6/08

OCIO Mtg. -
WB $24 parking
lost ticket in door