STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

STD 262 (REV 6/93)

*See Instructions and *Privacy Statement on Reverse Side*

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Phyllis W. Cheng		DFEH

POSITION	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Director	Exempt	Executive	

RESIDENCE ADDRESS*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[redacted]	2218 Kausen Drive	916-478-7250

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[redacted]	CA	[redacted]	Elk Grove	CA	95758

(1) MONTH/YEAR: March 2010

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	O.T., L/T N/C RELO OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION (A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
03/01	1100-1300	Los Angeles						2.50	b					2.50
03/09	1630	Oakland	93.55			18.00		3.60	b					115.15
03/10		Oak/Walnut Creek	84.00	6.00	10.00	18.00	6.00							124.00
03/11	1900	Walnut Creek		6.00	10.00	18.00	6.00	3.00	b					43.00
03/23	0930-1100	Sacramento												
03/26	0800-1300	Los Angeles								6.00				6.00
(10) SUBTOTALS			177.55	12.00	20.00	54.00	12.00	9.10		6.00				290.65
COLUMN CODE (ACCTG USE ONLY)														
CLAIM TOTAL														$ 290.65

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

All airfare paid by employee at her own private expense.

1: Meeting re DFEH & FEHC planning

9-11: Meeting re DFEH mediation division; Meeting w/Barbara Thompson & Bill Truesdell; Presentation 2010 employment law update; NCERT board meeting

23: Meeting at Agency

26: ERTSC disability training; L.A. office, meeting w/deputy director housing

(12) NORMAL WORK HOURS: 0800-1700

(13) PRIVATE VEHICLE LICENSE NBR.: 6ATW241

(14) MILEAGE RATE CLAIMED: .5

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NBR.

(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
[redacted]	4/8/10	[redacted]	4/21/10

(17.) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE *(See Item 17 on reverse)* DATE