3-39

STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

ELECTRONIC STD. 262 (REV. 04/95)

*See Instructions and *Privacy Statement On Reverse Side*

Page ___ of ___ Pages

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER*	DEPARTMENT
Matthew R. Bettenhausen		California Emergency Management Ag

POSITION	CBND NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Secretary	E99	Executive	

RESIDENCE*	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
[illegible]	3650 Schriever Ave.	916-324-8908

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[illegible]			Mather	CA	95655

(1) MONTH/YEAR: March 2009

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAK-FAST	LUNCH	O.T., LIT, MC, RELO OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED	(C) CARRIAGE TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
5-Mar	6:15	Sacramento to DC	$ 151.53		$ 10.00	$ 18.00			PC A					$ 179.53
6-Mar		DC	$ 151.53				$ 6.00							$ 157.53
7-Mar		DC	$ 151.53	$ 6.00	$ 10.00	$ 18.00	$ 6.00							$ 191.53
8-Mar		DC	$ 151.53				$ 6.00							$ 157.53
9-Mar		DC	$ 151.53				$ 6.00							$ 157.53
10-Mar	20:00	DC to Sacramento		$ 6.00	$ 10.00	$ 18.00	$ 6.00		T A PC	78.00 72.00 ~~$ 150.00~~				$ 190.00
(10) SUBTOTALS			$ 757.65	$ 12.00	$ 30.00	$ 54.00	$ 30.00			$ 150.00				$ 1,033.65

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $ 1,033.65

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attached receipts/voucher when required)

3/5-10 Attend NEMA conference. Due to Sunday travel, unable to get to airport in time to park in economy.

(12) NORMAL WORK HOURS: 9:00 - 6:00

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED: 48.5¢/Mile

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 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 [illegible] 2752, 2753, and 2754 pertaining to [illegible]

C[illegible] SIGNATURE DATE (16) [illegible]

DATE July 1 2009

[illegible]NSES (See item 17 on reverse)

DATE

ACCOUNTING RECEIVED 09 JUL -1 AM 10:13