B-46

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	CBID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Secretary	E99	Executive	

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

CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			Mather	CA	95655

(1) MONTH/YEAR: April 2009

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAK-FAST	(5) MEALS: LUNCH	O.T., LIT, NIC, REL'D. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED	(C) CARRIAGE TOLLS PARKING	(D) PRIVATE CAR USE: MILES	(D) PRIVATE CAR USE: AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
1-Apr	9:45	Sacramento to Albuquerque	$ 90.20		$ 10.00	$ 18.00			PC A RC					$ 118.20
2-Apr		Albuquerque	$ 90.20	$ 6.00	$ 10.00	$ 18.00	$ 6.00		RC					$ 130.20
3-Apr	20:00	Albuquerque to Sacramento		$ 6.00	$ 10.00	$ 18.00	$ 6.00	$ 1.98	RC A PC	27.00 ~~$ 30.00~~				68.98 ~~$ 80.98~~
(10) SUBTOTALS			$ 180.40	$ 12.00	$ 30.00	$ 54.00	$ 12.00	$ 1.98		27.00 ~~$ 30.00~~				317.38 ~~$ 329.38~~

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $ ~~329.38~~ 317.38

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

Attended Homeland Security and Defense Executive Advisory Board meeting

(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 Section 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and that I am insured.

CL → DATE

DATE July 1, 2009

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (Item 17 on reverse)

→ DATE

09 JUL -1 AM 10:18

ACCOUNTING RECEIVED

B-56

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: Matthew R. Bettenhausen		SSAN OR EMPLOYEE NUMBER*	DEPARTMENT: California Emergency Management Ag
POSITION: Secretary	CBID NUMBER: E99	DIVISION OR BUREAU: Executive	INDEX NUMBER
RESIDENCE*		HEADQUARTERS ADDRESS: 3650 Schriever Ave.	TELEPHONE NUMBER: 916-324-8908
CITY	STATE	ZIP CODE	CITY: Mather — STATE: CA — ZIP CODE: 95655

(1) MONTH/YEAR: April 2009

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS: BREAK-FAST	(5) MEALS: LUNCH	(5) MEALS: D.T., LIT, MIC, REL'D. OR DINNER	(6) INCIDEN-TALS	(7) TRANSPORTATION: (A) COST OF TRANS.	(B) TYPE USED	(C) CAREFARE TOLLS, PARKING	(D) PRIVATE CAR USE: MILES	(D) PRIVATE CAR USE: AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
16-Apr	12:35	Sacramento to DC	$ 239.31		~~$ 10.00~~	$ 18.00		$ 15.00	PA +					$ ~~282.31~~ 272.31
17-Apr		DC to Chicago		$ 6.00	$ 10.00	$ 18.00	$ 6.00	$ 15.00	+					$ 55.00
18-Apr		Chicago												
19-Apr	13:30	Chicago to Sacramento								$ ~~26.00~~ 18.00				$ ~~26.00~~ 18.00
(10) SUBTOTALS			$ 239.31	$ 6.00	$ ~~20.00~~ 10.00	$ 36.00	$ 6.00	$ 30.00		$ ~~26.00~~ 18.00				$ ~~363.31~~ 345.31

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL $ ~~363.31~~ 345.31

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

4/17: Attend meeting with White House Counter Terrorism Chief John Brennan

Only claiming parking for 2 days, Thursday and Friday

(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 it [illegible] 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 [illegible] and 0754 pertaining to vehicle safety and seat belt usage.

CL

DATE: July 1 2009

DATE

ACCOUNTING RECEIVED 09 JUL -1 AM 10:25